

Vermont Department of Mental Health Designation

*I, Frank Reed, Commissioner of the Department of Mental Health, acting in accordance with my powers and duties under Title 18 of the Vermont Statutes, including 18 V.S.A., 8907(a), do hereby **REDESIGNATE** the*

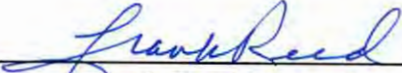
- *Adult Outpatient program,*
- *Community Rehabilitation and Treatment program,*
- *Emergency Services, and*
- *Services for Children, Youth, and Families of:*

Clara Martin Center, Inc.

to provide community-based services and supports for individuals in the agency's geographic region. Ongoing programming must continue to conform to the Department's program requirements, including any changes in the program requirements subsequent to the date of this designation.

This designation shall remain in effect until the Department completes an evaluation for redesignation, which shall occur during calendar years 2018 – 2019.

SIGNED and DATED at Waterbury, Vermont, this 27th day of January, 2016.



Frank Reed, Commissioner
Department of Mental Health



CLARA MARTIN CENTER

Designation Report

FINAL

December 7, 2015

AMENDED

January 19, 2016

Table of Contents

| | |
|--|-------------------------------|
| Relevant Dates and Data Submitted with Application | Unified – Page 1 |
| Section A – Overall Agency Operations | Unified – Page 2 |
| Section B – Adult Mental Health | Adult Mental Health – Page 7 |
| Section C – Child/Family Mental Health | Child Mental Health – Page 11 |

Agency: Clara Martin Center

Programs Reviewed: AMH CMH

Relevant Dates: Date of Notification Letter: 12-05-14
 Public Comment Period: 2-13-15 – 2-26-15
 Report Completion Date: 12-7-15/01/19/16
 SPSC Recommendations Due Date: 6-12-15
 VDH Commissioners Decision Date: 7-2-15
 Designation Expiration Date: 9-25-15/1-31-16

Information Submitted with Application:

| Regulation Citation | Designation Requirement | Evidence | Received |
|---------------------|---|--|--------------------------|
| 4.5 | Technological Infrastructure for Cost-Effective Information Collection, Analysis, and Telecommunication | Monthly Service Report (MSR) Data Quality Issues Report Human Resources Data HRD Reporting Results Agency of Human Services (AHS) Interconnections Security Agreement Monthly DA IT manager meetings | Date Received: 3-15-15 |
| 4.6 | Medicaid Certification | Medicaid Certification Document | Date Verified: 2-24-2015 |
| | | Annual Financial and Compliance Audit | Date Verified: 2-24-2015 |
| | | Liability and Insurance Coverages | Date Verified: 2-24-2015 |
| 4.12 | Accessibility | ADA Checklists | Date Received: 11-5-2015 |

SECTION A

Adult Mental Health, Child and Family Mental Health, and Emergency/Crisis Services Unified Report

SECTIONS:

| | | |
|------|--|--------------------|
| 4.1 | Corporate Status | Page – Unified - 3 |
| 4.2 | Governance | Page – Unified - 3 |
| 4.3 | Agency Organization and Administration | Page – Unified - 4 |
| 4.5 | Data and Information Systems | Page – Unified - 4 |
| 4.6 | Fiscal Management | Page – Unified - 5 |
| 4.10 | Personnel Practices | Page – Unified - 5 |
| 4.11 | Training | Page – Unified - 5 |
| 4.12 | Accessibility | Page – Unified - 6 |
| 4.14 | Confidentiality | Page – Unified - 6 |

Contributors to the Unified Agency Redesignation Report

DMH:

Business: Cara McSherry

IT: Brian Isham, Jessica Whitaker

Legal: Dena Monahan

Medical Director: Jaskanwar Batra, M.D.

Adult Services Staff: Patricia W. Singer, M.D.; Melinda Murtaugh, Ph.D.; JP Hayden, Licensed Psychologist-Master; Emma Harrigan, MA
Child, Adolescent, and Family Services Staff : Charlie Biss, Sarah Merrill, Tracey Mongeon, Laurel Omland, Dana Robson, Jessie MacKinnon,
and Bill McMains, M.D.

4.1 CORPORATE STATUS (*Agencies Shall Be Incorporated to Do Business in the State of Vermont as a Nonprofit Organization, and Shall Have Received or Applied for Federal Recognition as a Tax-Exempt Charitable Organization as Defined in Section 501(c)(3) of the Internal Revenue Code of the United States*).

| | |
|---------------------------------------|---|
| <p>Finding: Meets Standard</p> | <p>Sources of Information: Verification of IRS notification recognizing DA as 501(c) 3 Organization; Verification of State of Vermont Nonprofit Organization License</p> |
| <p>Action Required: None</p> | |

4.2 GOVERNANCE (*Sections 4.2.1 – Board of Directors Representative of Demographics in Area Served; 4.2.2 – Executive Director; 4.2.3 – Bylaws; 4.2.4 – Board of Directors Responsibilities; 4.2.5 – Program Standing Committee Composition and Expense Reimbursement Policy; and 4.2.6 – Program Standing Committee Responsibilities*)

| | |
|---|---|
| <p>Finding: Does Not Meet Standard 4.2.3: Bylaws 4.2.5: Local Program Standing Committee composition</p> | <p>Sources of Information: 4.2.1: Lists of Board membership and committees; statement of compliance from Board chairman 4.2.2: Linda Chambers is Executive Director 4.2.3: Copy of Bylaws 4.2.4: Letter from Board Chairman, January 27, 2015 4.2.5: List of LPSC composition. <i>Agency Review Report</i>, June 9, 2014; see also <i>Designation Report</i> of May 17, 2011, in which LPSC composition was noted at that time as a minor deficiency as well 4.2.6: DA policies and procedures Review of meeting minutes from LPSC</p> |
|---|---|

| | |
|--|--|
| <p>Action Required: 4.2.3: CMC needs to update the “Executive Director” section of the bylaws to clarify that the board hires, supervises, annually evaluates and, if necessary, terminates the executive director. It should be clear also that the executive director may not be an officer or a member of any board committee. 4.2.5 and 4.2.6: Local Program Standing Committee composition was a minor deficiency in 2011, and it is still an issue in 2015. CMC needs to provide copies of at least six months of minutes from recent LPSC meetings held in 2015, together with an amended and simplified list of members with information sufficient to determine membership compliance with §§ 4.2.5 and 4.2.6 of the <i>Administrative Rules on Agency Designation</i>. (The most recent minutes that DMH has date from October 2013. The list of members submitted with designation documentation is dated 2/5/15.)</p> | |
|--|--|

4.3 AGENCY ORGANIZATION AND ADMINISTRATION (Section 4.3.1 – Consistent Agency Vision and Mission; 4.3.2 – Communication and Collaboration Between Managers, Staff, and Administration; 4.3.3 – Timely and Shared Organizational Decision-Making; 4.3.4 – Positive Staff Morale, Satisfaction, and Feedback; 4.3.5 – Communication and Collaboration with Stakeholders; 4.3.6 – Positive Community Presence; 4.3.7 – Organizational Chart)

| | |
|---------------------------------------|--|
| <p>Finding: Meets Standard</p> | <p>Sources of Information: DMH Agency Review surveys from Local Program Standing Committee members, staff, and stakeholders DMH designation survey of Board members CAFU Clinical Care and Minimum Standards Review 12/13/2013 Organizational Chart (2/6/15) Updated CMC Operating Plan, “Leadership in Mental Health Delivery System,” July 2014-June 2015 DA statement describing various types of regular meetings for administrative, clinical, managerial and other matters Team management policy demonstrating commitment to teamwork and communication</p> |
| <p>Action Required: None</p> | |

4.5 DATA AND INFORMATION SYSTEMS (Sections 4.5.1 – Data Submitted to DMH in Required Format and Time Line; 4.5.2 – Ability to Monitor Costs, Outcomes, Consumer Information, Service Provisions, Service Accessibility; 4.5.3 – Data and Information System Support High-Quality and Responsive Service Provision; 4.5.4 – Support Appropriate Treatment Payment and Health Operations on Quality Assurance, Quality Improvement, and Outcome Activities; and 4.5.5 – Conduct Business Internally, and with External Entities, Including DMH and Other State and Local Service Agencies and Systems; 4.5.6 Protect Confidentiality of Consumers in Data Transfer)

| | |
|--|---|
| <p>Finding: Meets Standard</p> | <p>Source of Information: Monthly Service Report (MSR) Data Quality Issues Report Human Resources Data HRD Reporting Results Agency of Human Services (AHS) Interconnections Security Agreement Monthly DA IT manager meetings</p> |
| <p>Action Required: No plan of corrective action is necessary. Given developments in the field, CMC will need to continue to make progress, specifically in items #2 and #3 below.</p> <ol style="list-style-type: none"> 1) CMC is continuing to work on correcting non-critical edit errors occurring in the MSR process. 2) DMH and CMC are working to align ICD 10 changes according to Federal requirements going in effect in 2015. 3) AHS IT and CMC are working to complete the Agency of Human Services <i>IT Interconnections Security Agreement</i>. | |

4.6 FISCAL MANAGEMENT (Sections 4.6.1 – Fiscal Solvency; 4.6.2 – Medicaid Certification; 4.6.3 – Published Fee Schedule and Reasonable Efforts to Collect All Fees; 4.6.4 – Monitoring of Expenditures vs. Revenue by Consumer, Staff, Service, Program and Service Provider; 4.6.5 – Accounting Practices in Accordance with DMH and DS Standards and Procedures; 4.6.6 – Annual Financial and Compliance Audit; 4.6.7 – Adequate Insurance Coverage Within Guidelines Set by DMH and DS; and 4.6.8 – Efficient Administrative Practices in Format Specified by DDMHS; 4.6.9 – May Receive Funds from Other Sources to Serve Population and Report to DMH; 4.6.10 – Report All Related-Party Transactions)

| | |
|--------------------------------|---|
| Finding: Meets standard | Sources of Information: Electronic financial data, analysis of key performance indicators, and independent audit report |
| Action Required: None | |

4.10 PERSONNEL PRACTICES (Sections 4.10.1 – Agency Personnel Are Assigned Duties and Responsibilities Appropriate to Level of Training, Education, and Experience; 4.10.2 – Regular Evaluation of Each Staff Member by Capable People; 4.10.3 – Position Description for Each Employee; and 4.10.4 – Non-Discrimination Policies)

| | |
|--|---|
| Finding: Meets standard for both programs | Sources of Information: Personnel Policies, revised January 2014 Review of sample position descriptions Agency Review: SurveyMonkey questionnaires from program staff |
| Action Required: None | |

4.11 TRAINING (Sections 4.11.1 – The Agency Must Identify Training Needs for Staff, Boards and Committees; 4.11.2 – Annual Agency Training Plan; 4.11.3 New Staff Orientation and Training Process)

| | |
|--------------------------------|--|
| Finding: Meets standard | Sources of Information: AMH and CMH Agency Review: surveys from staff, supervisors, and LPSC members Review of DA staff training schedules, 2014 and 2015; also orientation forms Review of Updated Operating Plan, July 2014-June 2015 Board surveys |
| Action Required: None | |

4.12 ACCESSIBILITY (Sections 4.12.1 – Agency Adheres to Physical Accessibility Standards in the ADA; 4.12.2 – Agency Provides or Arranges Adequate Transportation for Consumers Who Could Otherwise Not Reach Services; 4.12.3 – Information and Communication in Format Accessible to Consumers; and 4.12.4 – Agency Provides Other Accommodations, As Needed by Individuals)

| | |
|--------------------------------|---|
| Finding: Meets standard | Sources of Information: ADA Checklists for buildings in Bradford and Wilder; statement from DA about 24 South Main Street in Randolph |
| Action Required: None | |

4.14 CONFIDENTIALITY (Sections 4.14.1 – Staff and Contracted Service Providers’ Contracts Explicitly State Expectations About Confidentiality of Service or Care Plan Information; 4.14.2 – Policies and Procedures to Assure Informed Consent; 4.14.3 – Policies and Procedures to Safeguard Client Information and Records)

| | |
|--|---|
| Finding: Meets standard* *Awaiting documentation for shaded area (12/7/15) | Sources of Information: CMH Agency Review: staff surveys CMH DMH perception of care surveys by parents (2012) and adolescents (2013) AMH Agency Review: SurveyMonkey staff questionnaires AMH: DMH annual report on CRT consumer evaluations CMH and AMH: DA Personnel Policy 3.19, Revised January 2014; other DA policies on employee confidentiality and on confidentiality and release of clients’ clinical records CMH and AMH: Policy on consent for use of protected health information for treatment, payment, and health care operations Consumer Handbook |
| Action Required: None | |

SECTION B

Adult Mental Health Services Division

SECTIONS:

| | | |
|------|--|---------------------------------|
| 4.4 | Consumers and Family Involvement and Input | Page – Adult Mental Health - 8 |
| 4.7 | Comprehensive Service System | Page – Adult Mental Health - 8 |
| 4.8 | Quality Improvement and Outcomes | Page – Adult Mental Health - 9 |
| 4.9 | Consumer Support, Treatment, and Records | Page – Adult Mental Health - 9 |
| 4.13 | Rights and Responsibilities of Recipients | Page – Adult Mental Health - 9 |
| 4.18 | Complaints, Grievances, and Appeals Procedures | Page – Adult Mental Health - 10 |
| 4.16 | Local System of Care Plan | Page – Adult Mental Health - 10 |

Contributors to the Adult Mental Health Services Redesignation Report

Division of Mental Health Adult Services Staff: J Batra, M.D.; JP Hayden, Licensed Psychologist-Master; Dena Monahan, Legal Unit; Emily Hawes; Melinda Murtaugh, Ph.D.; Patricia W. Singer, M.D.; Norm McCart, RN

4.4 CONSUMER AND FAMILY INVOLVEMENT (Sections 4.4.1 – Monitor and Use of Consumer and Family Satisfaction Information; 4.4.2 – Consumer/Family Inclusion in Program Design; 4.4.3. – Documentation of Consumer/Family Inclusion in Reviews of Trends, Types of Services, Requests for Services, Monitoring of Quality of Services, and Evaluation of Agency Effectiveness; and 4.4.4 – Consumer/Family Involvement in Design, Delivery, and Evaluation of Training Activities)

| | |
|--------------------------------|--|
| Finding: Meets Standard | Sources of Information: DMH Agency Review Report for Adult Mental Health Programs DMH report on consumer evaluations of CRT programs DA policy on consumer, family and community input, revised 9/2013 |
| Action Required: None | |

4.7 COMPREHENSIVE SERVICE SYSTEM (Sections 4.7.1 – Provide [Directly or Through Contract] Required Services as Detailed in the State System of Care Plans for Adult Mental Health Services; 4.7.2 – Provide [Directly or Through Contract] Crisis Response and Services; 4.7.3 – Provide [Directly or Through Contract] Secure and Safe Services for People Who Have Been Committed to the Custody of the Commissioner; 4.7.4 – Provide [Directly or Through Contract] Services Required to Assist Commissioner in Legal Proceedings for Commitment; 4.7.5 – Provide [Directly or Through Contract] Timely Return to Community from Inpatient or Institutional Placements; 4.7.6 – Provide [Directly or Through Contract] Timely Review of Applications for Services and Supports, Information and Referral, Consumer-Directed Service Plan, Education About Service Options, and Periodic Review of Eligibility and Need for Services; 4.7.7 – Effective Collaboration With Related Community/Human Services Agencies in the Region)

| | |
|--------------------------------|--|
| Finding: Meets Standard | Sources of Information: Monthly Service Reports submitted to DMH Consultation with DMH Care Management Consultation with DMH Legal Division Minimum Standards Chart Review Stakeholder Surveys; Agency Review Report |
| Action Required: None | |

4.8 QUALITY IMPROVEMENT AND OUTCOMES (Sections 4.8.1 – Quality Improvement and Assurance System [Must Meet Requirements 4.8.1.1 – 4.8.1.2]; 4.8.2 – Timely and Effective Response to DMH Recommendations; 4.8.3 – A Written Description of the Utilization Review and Management Program [Must Meet Requirements 4.8.3.1])

| | |
|--------------------------------|--|
| Finding: Meets Standard | Sources of Information: Agency Review Report on Adult Mental Health programs Leadership in Mental Health Delivery System CMC 7/14-6/15 Update Adult Minimum Standards/Clinical Care Review MSR data submissions CRT Variance Reports |
| Action Required: None | |

4.9 CONSUMER SUPPORT, TREATMENT, AND RECORDS (Sections 4.9.1 – Consumer Service Plan in Consumer-Accessible Format; 4.9.2 – Signature of Consumer or Guardian, Documenting Participation in Planning; 4.9.3 – Plans Should Be Family-Directed for Children and Adolescents; 4.9.4 – Policies That Allow for Consumer Requests for Changes in Therapist, Case Manager, or Support Staff; 4.9.5 – Opportunities for Consumers to Include Other Persons or Systems in Shared Information; 4.9.6 – Responsive to Consumer Preferences for Services and Supports; 4.9.7 – Treatment Plans That Comply with Practice Guidelines and Records Standards; 4.9.8 – Review of Eligibility, Need for Services and/or Service Plan; 4.9.9 – Provide for or Arrange Services That Safeguard Health and Safety of the Consumer; 4.9.10 – Consumer Support and/or Treatment Planning for Coordination of Service Delivery with Other Systems as Needed by Consumer; 4.9.11 – Assure Communication and Information Sharing as Required)

| | |
|--------------------------------|--|
| Finding: Meets Standard | Sources of Information: Adult Minimum Standards/Clinical Care Review |
| Action Required: None | |

4.13 RIGHTS AND RESPONSIBILITIES OF RECIPIENTS (Sections 4.13.1 – Right to Information on Eligibility Criteria and Services; 4.13.2 – Right to Respect and Dignity; 4.13.3 – Right to Participate in Decision-Making; 4.13.4 – Right to Grievance and Appeal Process; 4.13.5 – Responsibility to Provide Information Needed to Provide Appropriate Services and Supports; 4.13.6 – Responsibility to Follow Agreed Service and Support Plan; 4.13.7 – Right to Comprehensive Service Plan; 4.13.8 – Right to Refuse or Terminate Services Unless Court-Ordered; 4.13.9 – Right to Legal Protection and Due Process)

| | |
|--------------------------------|--|
| Finding: Meets Standard | Sources of Information: CRT Provider Manual CRT Client Handbook Adult Minimum Standards/Clinical Care Review |
| Action Required: None | |

4.15 GRIEVANCE AND APPEALS PROCEDURES (Section 4.15 Written Policy and Procedures for Complaints, Grievances, and Appeals and Dispute-Resolution Information to All Recipients Consistent with Program Requirements)

| | |
|---|--|
| Finding: Meets Standard | Source of Information: CMC Grievance and Appeals Policy, Client Handbook, DMH <i>Grievances and Appeals</i> guidelines (November 2013) |
| Action Required: Agency must make one minor correction to policy section on Expedited Appeals: Denial of expedited appeal must be communicated orally within 2 calendar days (and not 3 calendar days, as stated in current CMC policy) | |

4.16 LOCAL SYSTEM OF CARE PLAN (Sections 4.16.1 – Determination of Needs for Agency Operations Informed by Consumers, Families, and Area Stakeholders; 4.16.2 – Plan Includes Training Needs and Gaps and Anticipated Provision or Need for New/Additional Services or Training to Address Gaps; 4.16.3 – Facilitate Involvement of People in the Geographic Region in the Development of the Local System of Care Plan; and 4.16.4. – Review and Update Plan Annually with Full Revision Every Three Years)

| | |
|--------------------------------|---|
| Finding: Meets Standard | Source of Information: Submission of Local System of Care Plan and update tables for FYs 2015-2016, February 2015 |
| Action Required: None | |

SECTION C

Child and Family Mental Health Services Division

SECTIONS:

| | | |
|------|--|---------------------------------|
| 4.4 | Consumers and Family Involvement and Input | Page – Child Mental Health - 12 |
| 4.7 | Comprehensive Service System | Page – Child Mental Health - 12 |
| 4.8 | Quality Improvement and Outcomes | Page – Child Mental Health - 13 |
| 4.9 | Consumer Support, Treatment, and Records | Page – Child Mental Health - 13 |
| 4.13 | Rights and Responsibilities of Recipients | Page – Child Mental Health - 13 |
| 4.18 | Complaints, Grievances, and Appeals Procedures | Page – Child Mental Health - 14 |
| 4.16 | Local System of Care Plan | Page – Child Mental Health - 14 |

Contributors to the Child and Family Mental Health Services Re-designation Report

Child, Adolescent, and Family Services Staff : Charlie Biss, Sarah Merrill, Tracey Mongeon, Laurel Omland, Dana Robson, Jessie MacKinnon, and Bill McMains, MD

4.4 CONSUMERS AND FAMILY INVOLVEMENT (Sections 4.4.1 – Monitor and Use of Consumer and Family Satisfaction Information; 4.4.2 – Consumer/Family Inclusion in Program Design; 4.4.3. – Documentation of Consumer/Family Inclusion in Reviews of Trends, Types of Services, Requests for Services, Monitoring of Quality of Services, and Evaluation of Agency Effectiveness; and 4.4.4 – Consumer/Family Involvement in Design, Delivery, and Evaluation of Training Activities)

| | |
|--------------------------------|--|
| Finding: Meets Standard | Sources of Information: Consumer, Family and Community Input Policy updated 9/13 Agency Review: surveys from staff and families, review of minutes from various committees (e.g., Board, LPSC) DMH perception of care surveys by parents (2012) and adolescents (2013) |
| Action Required: None | |

4.7 COMPREHENSIVE SERVICE SYSTEM (Sections 4.7.1 – Provide [Directly or Through Contract] Required Services as Detailed in the State System of Care Plans for Child, Adolescent, and Family Mental Health Services; 4.7.2 – Provide [Directly or Through Contract] Crisis Response and Services; 4.7.3 – Provide [Directly or Through Contract] Secure and Safe Services for People Who Have Been Committed to the Custody of the Commissioner; 4.7.4 – Provide [Directly or Through Contract] Services Required to Assist Commissioner in Legal Proceedings for Commitment; 4.7.5 – Provide [Directly or Through Contract] Timely Return to Community from Inpatient or Institutional Placements; 4.7.6 – Provide [Directly or Through Contract] Timely Review of Applications for Services and Supports, Information and Referral, Consumer-Directed Service Plan, Education About Service Options, and Periodic Review of Eligibility and Need for Services; 4.7.7 – Effective Collaboration With Related Community/Human Service Agencies in the Region)

| | |
|--------------------------------|---|
| Finding: Meets Standard | Sources of Information: Monthly Service Report (MSR) data CAFU Clinical Care and Minimum Standards Review 12/13/2013 Various documents submitted (e.g., CMC 2014 Outcomes Report-Child and Family Program) Agency Review: surveys from staff, families, and stakeholders, Program Status Update Forms for CMC Children’s Mental Health Services DMH perception of care surveys by parents (2012) and adolescents (2013) |
| Action Required: None | |

4.8 QUALITY IMPROVEMENT AND OUTCOMES (Sections 4.8.1 – Quality Improvement and Assurance System [Must Meet Requirements 4.8.1.1 – 4.8.1.2]; 4.8.2 – Timely and Effective Response to DMH Recommendations; 4.8.3 – A Written Description of the Utilization Review and Management Program [Must Meet Requirements 4.8.3.1])

| | |
|--------------------------------|---|
| Finding: Meets Standard | Sources of Information: CMC 2014 Outcomes Report CMC QI Plan Agency Review: staff surveys Leadership in Mental Health Delivery System CMC 7/14-6/15 Update |
| Action Required: None | |

4.9 CONSUMER SUPPORT, TREATMENT, AND RECORDS (Sections 4.9.1 – Consumer Service Plan in Consumer-Accessible Format; 4.9.2 – Signature of Consumer, or Guardian, Documenting Participation in Planning; 4.9.3 – Plans Should Be Family-Directed for Children and Adolescents; 4.9.4 – Policies That Allow for Consumer Requests for Changes in Therapist, Case Manager, or Support Staff; 4.9.5 – Opportunities for Consumers to Include Other Persons or Systems in Shared Information; 4.9.6 – Responsive to Consumer Preferences for Services and Supports; 4.9.7 – Treatment Plans That Comply with Practice Guidelines and Records Standards; 4.9.8 – Review of Eligibility, Need for Services and/or Service Plan; 4.9.9 – Provide for or Arrange Services That Safeguard Health and Safety of the Consumer; 4.9.10 – Consumer Support and/or Treatment Planning for Coordination of Service Delivery with Other Systems as Needed by Consumer; 4.9.11 – Assure Communication and Information Sharing as Required)

| | |
|--------------------------------|---|
| Finding: Meets Standard | Sources of Information: CAFU Clinical Care and Minimum Standards Review 12/13/2013 Agency Review: surveys from families and staff DMH perception of care surveys by parents (2012) and adolescents (2013) |
| Action Required: None | |

4.13 RIGHTS AND RESPONSIBILITIES OF RECIPIENTS (Sections 4.13.1 – Right to Information on Eligibility Criteria and Services; 4.13.2 Right to Respect and Dignity; 4.13.3 – Right to Participate in Decision-Making; 4.13.4 – Right to Grievance and Appeal Process; 4.13.5 – Responsibility to Provide Information Needed to Provide Appropriate Services and Supports; 4.13.6 – Responsibility to Follow Agreed Service and Support Plan; 4.13.7 – Right to Comprehensive Service Plan; 4.13.8 – Right to Refuse or Terminate Services Unless Court-Ordered; 4.13.9 – Right to Legal Protection and Due Process)

| | |
|--------------------------------|--|
| Finding: Meets Standard | Source of Information: Agency Review: DA policies and procedures, surveys from families and staff DMH perception of care surveys by parents (2012) and adolescents (2013) |
| Action Required: None | |

4.15 GRIEVANCE AND APPEALS PROCEDURES (Section 4.15 Written Policy and Procedures for Complaints, Grievances, and Appeals and Dispute-Resolution Information to All Recipients Consistent with Program Requirements)

| | |
|---|--|
| Finding: Meets Standard | Source of Information: Client Grievance and Appeals Process Policy updated 8/14 CAFU Clinical Care and Minimum Standards Review 12/13/2013 Quarterly reports sent from agency DMH perception of care surveys by parents (2012) and adolescents (2013) |
| Action Required: Agency must make one minor correction to policy section on Expedited Appeals: Denial of expedited appeal must be communicated orally within 2 calendar days (and not 3 calendar days, as stated in current CMC policy) | |

4.16 LOCAL SYSTEM OF CARE PLAN (Sections 4.16.1 – Determination of Needs for Agency Operations Informed by Consumers, Families, and Area Stakeholders; 4.16.2 – Plan Includes Training Needs and Gaps and Anticipated Provision or Need for New/Additional Services or Training to Address Gaps; 4.16.3 – Facilitate Involvement of People in the Geographic Region in the Development of the Local System of Care Plan; and 4.16.4. – Review and Update Plan Annually with Full Revision Every Three Years)

| | |
|--------------------------------|---|
| Finding: Meets Standard | Source of Information: Review of current Child, Youth and Family Services plan (7/1/14-6/30/17) |
| Action Required: None | |

**Vermont Department of Mental Health
Agency of Human Services**

**Agency Review Report
Clara Martin Center**

FINAL

June 9, 2014

Table of Contents

| | |
|--|-----------|
| A. Process Overview | 4 |
| B. Child and Family Services..... | 8 |
| C. Community Rehabilitation and Treatment Services..... | 17 |
| D. Adult Outpatient Services | 38 |
| E. Emergency Services | 48 |
| F. Psychiatric Services | 56 |

**Agency Review Report
Clara Martin Center
2013-2014**

A. Process Overview

The Agency Review is the Department of Mental Health's (DMH) mechanism for evaluating the performance of mental health programs offered by Vermont's designated agencies (DAs). DMH is responsible for conducting and reporting on the results of the reviews every four years. The reviews offer opportunities to focus on the system of care's ability to achieve desired outcomes, to recognize program accomplishments and challenges, and to identify areas for quality improvement. In the interest of resuming more comprehensive oversight activities, DMH has begun to reintroduce on-site visits to agencies in addition to the desk audits that dominated the agency review process in the recent past. In addition, DMH is discontinuing the deeming process used previously for some components of the agency review for agencies that hold a national accreditation status.

Areas of Review

The Agency Review evaluates the performance of the Designated Agency's programs in four quality domains.

I. Access

Core services are available to those in need.

II. Practice Patterns

Services provided are appropriate, of high quality, and reflect current best practices.

III. Outcomes/Results of Treatment

The quality of life for consumers will improve.

IV. Agency Organization and Administration

Designated Agencies will be fully functional and have strong working relationships with the Department, consumers, families, and other stakeholders.

Methods of Review

Various areas of the agency's functioning are reviewed:

- review of program information compiled by the agency for the Department of Mental Health;
- review of agency policies and supporting documentation;
- review of data from the Monthly Service Reports (MSR) that the agency submits to the department under the master grant with the Agency of Human Services;
- review of agency participation in major DMH initiatives to improve the functioning of the system of care and outcomes for clients;
- surveys with Designated Agency's supervisors, staff, Local Program Standing Committees, and community stakeholders;
- annual DMH perception of care surveys of parents of all children served and of adolescents served; and

- annual DMH perception of care survey of Community Rehabilitation and Treatment (CRT) clients served at a given recent time interval.

The surveys, policies and documents that the team reviews focus on elements detailed in *Administrative Rules on Agency Designation*. The three primary questions which all the above methods address are:

1. What are the strengths of the program and agency?
2. What challenges does the agency face at this time? What future challenges can be predicted? (These challenges may or may not be totally under the agency's control as much of mental health unfolds within an interagency system of care. However, if a challenge must be faced by any designated agency, we wish to track it and use the information to help develop solutions.)
3. What are suggested areas for next steps in the program's quality improvement process?

Report of Findings

The Review Team reports its findings in writing to:

- the Designated Agency's Board President, Executive Director, and Program Directors;
- the State Program Standing Committee for Adult Mental Health;
- the State Program Standing Committee for Child, Adolescent, and Family Mental Health; and
- the Commissioner and Deputy Commissioner of the Department of Mental Health and other central office staff with a role in agency review and re-designation.

Findings in each of the four quality domains are divided into four sections.

- **Strengths** highlight accomplishments or assets of which the agency staff should be proud and which may be used as a springboard for further accomplishments;
- **Challenges** point out areas for which the Department recommends changes, at least some of which should be addressed in your agency's annual *Quality Improvement Plan* and work. Some of the issues raised may be beyond the direct control of the agency, reflecting system of care challenges for the state as a whole. We note them because it is important not to lose sight of their impact on specific agencies, consumers, and families as together we search for solutions.
- **Recommendations** offer suggestions for improving the performance of the program reviewed. Please note that these are suggestions, not requirements, and therefore do not involve a plan of corrective action.
- **Requirements** are areas identified by the Department of Mental Health as being in need of a plan of corrective action. The requirements will generate an opportunity for dialogue between the DA and DMH in order to clarify DMH's expectations. DMH will set a specific timeline for the receipt of the plan of corrective action. All plans must be approved by the Department.
- **Additional Comments, Notes or Data** may be provided which do not fit the previous categories, but may help to add context or detail for additional planning efforts. We note that all the Designated Agencies provide a different service mix beyond the core capacity services and utilize funding sources and strategies based on each region's resources and history of creative problem solving. All of this may lead to variations in numbers and types of clients served and to differences in service strategies needed or available to produce optimum results. This type of data can help us to look for variations in the system's performance. This is important because research in the field of quality improvement has shown that variations in process can provide us with clues about why outcomes

vary. Generally data that are “substantially different” will be noted (*i.e.*, a variation of 20% or more from the state average for all designated agencies).

DMH envisions that the Agency Review reports will lead to further analysis and discussion about how we can work together to continue to improve the system of care in each region.

Sources for Findings

The information presented in the pages that follow came primarily from the following sources:

- Responses to DMH’s online survey for:
 - ◆ Child, Youth, and Family Services (CYFS) staff
 - ◆ Community Rehabilitation and Treatment (CRT) staff
 - ◆ Adult Outpatient(AOP) staff
 - ◆ Emergency Services (ES) staff
 - ◆ CYFS supervisors; zero responses
 - ◆ Stakeholders
 - ◆ Local Program Standing Committees: Individual responses from Standing Committee members
- Program Status Updates for
 - ◆ CRT Services
 - ◆ Evidence-Based Practices in Adult Mental Health: Dialectical Behavioral Therapy (DBT), Integrated Dual Disorders Treatment (IDDT) for mental illness and substance abuse, and Supported Employment
 - ◆ Adult Outpatient Services
 - ◆ Emergency/Crisis Services
 - ◆ Psychiatry
 - ◆ Early Childhood and Family Mental Health
 - ◆ JOBS
 - ◆ Respite
 - ◆ Success Beyond Six
 - Behavior Interventionist Program
 - School Based Therapy Program
 - ◆ Children’s Outpatient/Case Management/Community Support
 - ◆ TAY/YIT
- DMH *Statistical Reports* for Fiscal Years 2012 and 2013
- DMH perception of care surveys
 - ◆ *Consumer Evaluation of Community Rehabilitation and Treatment Programs in Vermont, FY 2012: Technical Report*, February 2013
 - ◆ *Evaluation of Child and Adolescent Mental Health Programs by Young People Served in Vermont, 2013 and 2011*
 - ◆ *Evaluation of Child and Adolescent Mental Health Programs by Parents of Young People Served in Vermont, 2012 and 2010*
- Vermont Mental Health Performance Indicator Project (PIP) Reports on
 - ◆ CRT Annual Employment and Average Wages Earned, Fiscal Years 2000-2013, January 31, 2014
 - ◆ “Child and Adolescent Caseload Segregation/Integration in Vermont” April 23, 2010
- *Clara Martin Center Operating Plan July 2013 – June 2014*
 - ◆ Leadership in Mental Health Delivery System
 - ◆ Sustainable Agency and Community Resources
 - ◆ Integrated Collaboration and Partnerships in Health Care Delivery System

- ◆ Comprehensive Mental Health Care
- ◆ Comprehensive Substance Abuse Care
- *Clara Martin Center Performance Management and Data Reporting Plan 2013*
- *Quality Improvement Plan*
- *Utilization Review Protocol*
- Policies:
 - ◆ Access to Care: Clinical 5.02 (revised 5/12)
 - ◆ Client Grievance and Appeals Process: Clinical 5.11 (revised 12/13)
 - ◆ Transportation: Personnel 3.04 (revised 5/12)

B. Child and Family Services

I. Access

Core services are available to those in need.

Strengths:

1. In FY13, the agency served the third smallest number of children and adolescents of the 10 Designated Agencies (592 or 5.7%), but had the fourth highest penetration rate of clients served per 1,000 age-specific population (92.0).
2. Parents responding to the DMH 2012 (P12) and 2010 (P10) perception of care surveys agreed with adolescents responding to the DMH 2013 (A13) and 2011 (A11) perception of care surveys that the location and time of services was convenient. The adolescents responding to the 2013 survey were not as positive about either item.

| | <u>A11</u> | <u>A13</u> | <u>P10</u> | <u>P12</u> |
|---------------------------|------------|------------|------------|------------|
| ▪ Location was convenient | 91% | 67% | 100% | 88% |
| ▪ Time was convenient | 90% | 58% | 90% | 88% |
3. As reported to DMH by CMC's *Program Status Update* forms:
 - a. The Children's Integrated Services (CIS) Early Childhood Mental Health (ECMH) process provides numerous doorways into services. This has helped many families get services earlier than they might have otherwise. The program served 92 children in the previous year, approximately 16% of all children served by the agency.
 - b. The agency has numerous respite providers which means that the service can usually be provided close to the family's home and the providers can usually provide transportation for the child, an important consideration in this rural area.
 - c. The Access program stated its number of intakes increased over the previous 3 years and has stayed at the higher level. In order to accommodate the increased demand, the program had:
 - i. added intake times;
 - ii. worked with outpatient staff to change service modalities to deliver more short-term treatment and to increase group programming; and
 - iii. triaged high-needs clients for shorter wait-time.
4. All 4 of the members of the Local Program Standing Committee agree (strongly) that the agency provides all of the core capacity services; 100% (17) of the staff responding to the DMH survey agreed with them; 60% of the 5 stakeholders responding to the DMH survey agreed with them and 40% reported they did not know.
5. 76% of the staff reported that the wait for services was usually or always reasonable; 60% of the 5 stakeholders responding to the DMH survey agreed with them.

Challenges:

1. As reported to DMH by CMC's *Program Status Update* forms:
 - a. The Respite program reported it is very difficult to find and retain providers for teenagers and youth with complicated behavioral challenges.
 - b. Although the agency has contracts with two highly respected child psychiatrists, they have each one for only 8 hours per month. Therefore, when there is need for a psychiatric evaluation, they refer out whenever possible. The remaining evaluations are triaged each month. Attempts in the last 2 years to contract for 3 days per month with Psychiatric Fellows at Dartmouth-Hitchcock Medical Center (DHMC) did not materialize.
 - c. The agency reported a recent influx of clients with more intense needs. To provide quicker access to services, the agency:

- i. offered clients walk-in hours while they waited for an intake appointment;
 - ii. relied on its integrated team approach, especially between Access, Crisis, and Outpatient Teams, to provide supports while new clients waited for a specific service;
 - iii. worked with clinicians to learn new forms of short-term treatment; and
 - iv. relied on existing strategies to minimize lack of transportation for many clients (*e.g.*, satellite offices, services in 30 schools, and co-location in private health practices).
- d. The Crisis program noted that:
- i. after-hours calls may have a longer response time for face-to-face service as it could be quite a distance between the worker and the client; and
 - ii. it has struggled to access inpatient care given the limited number of beds in the state, the lack of a hospital diversion bed in the region, and the difficulty for families as most designated hospitals are 1 ½ hours away.
- e. The JOBS program stated that they regret not being able to serve many youth who could benefit from their services because the youth do not fit all the criteria for eligibility (*e.g.*, not in immediate danger of dropping out of high school, not within six months of graduation).

II. Practice Patterns

Services provided are appropriate, of high quality, and reflect current best practices.

Strengths:

1. Parents responding to the DMH 2012 (P12) and 2010 (P10) perception of care surveys agreed with adolescents responding to the DMH 2013 (A13) and 2011 (A11) perception of care surveys on the following points.

| | <u>A11</u> | <u>A13</u> | <u>P10</u> | <u>P12</u> |
|---|------------|------------|------------|------------|
| ▪ Staff treatment them with respect. | 91% | 93% | 90% | 88% |
| ▪ Staff listened to them. | 86% | 83% | 95% | 85% |
| ▪ Staff spoke in a way they understood. | 91% | 83% | 95% | 100% |
2. There was less agreement on 4 items.

| | | | | |
|---|-----|------|-----|-----|
| ▪ Services were of good quality. | 91% | 100% | 78% | 83% |
| ▪ Staff asked them what they wanted/needed. | 77% | 75% | 90% | 93% |
| ▪ Helped to choose treatment goals. | 77% | 75% | 95% | 88% |
| ▪ Staff knew how to help. | 82% | 75% | 68% | 78% |
3. 100% of the stakeholders responding to the DMH survey reported that the agency maintains a qualified workforce.
4. Virtually all staff reported on the DMH survey reported that they received regular clinical supervision which they rated as either superior (53%) or adequate (41%).
5. As reported to DMH by CMC's *Program Status Update* forms:
 - a. The Crisis Team has expanded its working relationship with local law enforcement agencies, responding with them when possible. The agency now has 4 clinicians who have been trained as Team Two Trainers, one of DMH's initiatives coming out of the recommendations from the Act 80 Task Force on Law Enforcement and Mental Health.
 - b. The agency has shifted its practice to use Clinical Case Managers who provide both therapy and case management to clients on their caseload. They have found that this has reduced the number of providers with whom the client interacts, consolidates the treatment team, and provides more efficient service delivery.
 - c. The Success Beyond Six (SBS) program:
 - i. hired an internal Behavioral Consultant which has greatly improved the scope and capacity of the services CMC provides. They can now provide comprehensive assessment,

- evaluation, screening, and treatment. In the past, the Behavioral Consultant capacity was quite limited because they had to contract out for it.
- ii. Encourages staff to play active roles in the Positive Behavioral Interventions and Supports (PBIS) initiatives in their respective schools;
 - iii. all school staff (BIs, clinicians, and alternative school) cross train; and
 - iv. most school clinicians participated in the statewide suicide pre- and post-vention trainings.
- d. Respite providers:
- i. receive quarterly training;
 - ii. have access to weekly consultation and training with the Respite Coordinator; and
 - iii. have regular contact with each child’s clinician to support the respite experience.
- e. The TAY and JOBS clinicians have been trained in the TIPS (Transition into Independence) model. Staff credit the integrated team approach with allowing them to provide the supports needed to make employment-related services effective.
- f. The TAY program is very pleased with its clinicians who are reported to be dynamic, flexible, and well trained. Clients are reported to have access to DBT, CBT, ARC, substance abuse treatment, art therapy, adventure programming, yoga and mindfulness, sex offender treatment, re-entry focused treatment, solutions focused therapy, and the resiliency model.
6. The *Utilization Review Protocol* is thorough and should help the agency to meet its stated goal to “insure continuous quality improvement and provide a high quality of care....” If UR occurs as frequently as is described in the protocol, it should provide supervisors an excellent training mechanism for all their new staff.
7. Virtually all of the 17 staff responding to the DMH survey reported that:
- a. they have been assigned duties and responsibilities appropriate to their level of training, education, and experience;
 - b. service plans are reviewed with children and families periodically; and
 - c. staff write proactive crisis plans for children, and families.

Challenges:

1. Surprisingly, the ratings given by parents responding to the DMH 2012 (P12) and 2010 (P10) perception of care surveys and by adolescents responding to the DMH 2013 (A13) and 2011 (A11) perception of care surveys have both taken on dip on the following points.

| | <u>A11</u> | <u>A13</u> | <u>P10</u> | <u>P12</u> |
|--|------------|------------|------------|------------|
| • Staff respected by family’s religious/spiritual beliefs. | 82% | 67% | 84% | 76% |
| • Staff were sensitive to my cultural/ethnic background. | 90% | 67% | 87% | 79% |
2. Although 88% of staff responding to the DMH survey reported the agency conducted satisfaction surveys with children and families, their numbers were considerably lower on related questions.

| | |
|--|-----|
| • The agency conducts such surveys with staff. | 31% |
| • The agency conducts such surveys with the community. | 47% |
| • They have seen the results of the agency’s surveys. | 38% |
| • They have seen the results of DMH’s surveys. | 18% |
3. 30% of agency staff reported that they did not receive a regular evaluation; this is somewhat improved from the 40% of staff who reported this situation in the previous *Agency Review Report*. Hopefully the agency’s stated intention in their *Sustainable Agency and Community Resources* document to “Develop and enhance the tracking and reporting process for the evaluation of staff annual via ADP Performance Management Software” will enable leadership to increase the focus on and monitoring of this valuable process.
4. As reported to DMH by CMC’s *Program Status Update* forms, ideal clients for the TAY program can be challenging to engage. Clinicians frequently have to engage a particular client in a community setting.

III. Outcomes/Results of Treatment
The quality of life for consumers will improve.

Strengths:

1. Parents responding to the DMH 2012 (P12) and 2010 (P10) perception of care surveys generally agreed with adolescents responding to the DMH 2013 (A13) and 2011 (A11) perception of care surveys on the following points.

| | <u>A11</u> | <u>A13</u> | <u>P10</u> | <u>P12</u> |
|---|------------|------------|------------|------------|
| ▪ The services were helpful. | 86% | 83% | 87% | 83% |
| ▪ Overall, I am satisfied with the services received. | 77% | 75% | 80% | 78% |
| ▪ I would use this agency again. | 68% | 92% | 83% | 83% |
| ▪ I would recommend this agency to a friend. | 67% | 75% | 78% | 80% |
2. Half-way through FY14, the agency had zero involuntary admissions to inpatient care. This is a marked improvement from FY10.
3. As reported to DMH by CMC’s *Program Status Update* forms:
 - a. The strong foundation of the JOBS program has resulted in exceeding their contract’s target “rehabilitation” numbers for the last few years.
 - b. The Early Childhood Mental Health (ECMH) Program’s data has shown that:
 - children whose parents participated in parenting groups tended to have decreased use of services over time; and,
 - although there was an increase in requests for Behavioral Interventionists and behavioral consultation services for early elementary age students (K-grade 2) in the past year, only one of those referrals was for a child who had previously received ECMH services.
4. 88% of the staff responding to the DMH survey:
 - a. described the level of satisfaction with the agency by children and families, by agency staff, and by the greater community as satisfied or very satisfied; and
 - b. rated the results of the agency’s crisis response, outreach, and clinic-based interventions as either adequate or superior. The one exception was the crisis response interventions which received a 100% rating.
5. 100% of the 5 stakeholders responding to the DMH survey believed that:
 - a. youth placed in hospital or residential settings return as quickly as possible to the community;
 - b. services provided by this agency are effective; and
 - c. the agency’s work performed under contract or agreement with them was either adequate (80%) or superior (20%). This point is an improvement from the previous *Agency Review Report* in which 6 stakeholders responding to the DMH survey had interagency agreements or contracts with the agency. Of those, 3 had rated the work performed under these agreements as inadequate and three had rated the work as adequate; no one had rated the work as superior.
6. The agency reported that it was 2 years into its electronic health record (EHR) and continued to build tracking mechanisms on desired indicators (*e.g.*, CBCL scores, DCF reports, GAF scores). They had new data, but not trend data.

Challenges:

1. Outcome ratings by parents responding to the DMH 2012 (P12) from the 2010 (P10) perception of care surveys improved somewhat and ratings by adolescents responding to the DMH 2013 (A13) and 2011 (A11) perception of care surveys sagged a bit resulting in closer alignment between the two groups on the following points.

| | <u>A11</u> | <u>A13</u> | <u>P10</u> | <u>P12</u> |
|---|------------|------------|------------|------------|
| • Doing better in school and/or work. | 67% | 64% | 46% | 63% |
| • Get along better with friends and other people. | 82% | 75% | 55% | 68% |

- Better able to cope when things go wrong. 77% 67% 45% 59%
 - Better at handling daily life. 73% 58% 45% 61%
 - Get along better with family. 64% 67% 55% 63%
2. Half-way through FY14, the agency had the 4th lowest number of voluntary inpatient days (152) and the highest median length of stay (22.5 days).

IV. Structure/Administration

Designated Agencies will be fully functional, and have strong working relationships with the Department, consumers, families, and other stakeholders.

Strengths:

1. The agency remains committed to three basic goals: to be effective, efficient, and have satisfied customers.
2. Although it is a small agency, its leadership participates in more than 30 state-wide planning groups and several regional groups.
3. The agency has designed and will track several strategies to improve its staff retention rate (e.g., promotion of values, focus on mission, team building, cooperative learning, training, and supervision link to management).
4. 100% of staff and stakeholders agreed on the DMH survey that it is clear whom to ask for help if they have a question or a problem.
5. Virtually all of the 17 staff responding to the DMH survey reported that:
 - a. the agency works well with other related agencies to implement service plans;
 - b. the agency works well with other related agencies to build and sustain the system of care;
 - c. they are familiar with the agency’s policies for managing confidentiality of client information;
 - d. the agency gives children and families information about their rights, including the grievance and appeal process.
6. Virtually all of the staff also rated the agency’s actions highly in the following areas:
 - a. adherence to confidentiality policies and procedures as superior (77%) or adequate (24%);
 - b. adherence to policies and procedures related to the release of child and family information as superior (71%) or adequate (23%);
 - c. ability to determine the training needs of staff as superior (41%) or adequate (41%); and
 - d. response to the staff’s training needs as superior (53%) or adequate (41%). These last two ratings are very unusual in this period of marked pressure on agency budgets and the agency is to be commended for making them a priority and finding strategies to make it happen. The investment in staff, even knowing that many of them will come in with limited experience and leave when they have sufficient experience to become licensed, has paid off in the improved ratings by stakeholders in the areas of staff qualifications and results of services.
7. As reported to DMH by CMC’s *Program Status Update* forms:
 - a. After Tropical Storm Irene in 2011 and the abrupt closing of the Vermont State Hospital, the agency re-designed its emergency services program. The Crisis program:
 - i. was renamed Acute Care Services;
 - ii. expanded from one full-time clinician to a continuum of community resources designed to reduce the use of inpatient bed days. Although most of the changes were focused on the adult system, they seem to have impacted the children’s system as well as the number of voluntary hospital admissions went from 41 in FY10 to 14 in FY11 and 13 in FY12.
 - iii. selected employees for training as Mental Health First Aid Trainers. They completed 2 trainings in 2013 for internal CMC employees and external community partners; they have additional trainings planned for 2014.

- iv. trained the same staff as Team Two Trainers under a DMH initiative to improve collaboration between law enforcement and mental health professionals.
 - b. The Hartford region has completed its first full year with an integrated CIS system. The agency has worked with other regional providers (*e.g.*, HCRS, The Family Place, and the Orange County Parent Child Center) to identify priority needs and identify best practices for their families. As part of this effort, the agency has worked to improve its family group programming. They will continue to focus on comprehensive community integration of services, including consultation for area daycares and preschools.
8. The four Local Program Standing Committee members who replied to DMH’s survey are in positive agreement on numerous essential points of their ability to function and the agency’s support.
- a. They were aware that the agency conducted satisfaction surveys with children and families, the staff, and the community; have seen the results; believed all three groups were generally satisfied; and reported that the data frequently was used to improve the system of care.
 - b. They frequently received information reports from the agency and had seen the agency’s annual *Quality Improvement Plan*.
 - c. They routinely advised the agency in establishing general priorities for resource allocation with the *Local System of Care Plan*.
 - d. They rated the agency as either excellent or good in:
 - i. meeting their training needs,
 - ii. supporting consumer/family participation in the committee, and
 - iii. responding to the committee’s input.
9. The tone of an agency making improvements that are showing results was evident in the responses to the DMH surveys. In open comment questions, two people who had been associated with the agency for many years made the following statements.
- a. Staff: “We function so much better than we used to. The C&F leadership...has really turned around a lot of things that were problematic for a long time....”
 - b. Stakeholder: “Over the years, I have seen an increase in working together on behalf of children/families and a serving the customer attitude.”

Challenges:

- 1. In the 19 years (1993 – 2011) that DMH tracked caseload segregation/integration ratios or CSIR (*i.e.*, the amount of caseload overlap among child serving agencies stated as a number from 0 [no overlap] to 100 [total overlap]), the agency’s CSIR value doubled from its original 13, but never made it into the optimal range (33-66).
- 2. As reported to DMH by CMC’s *Program Status Update* forms:
 - a. The Acute Care Services program reported the need to train additional staff on emergency response and has begun an annual training plan to meet that need.
 - b. The ECMH program had data demonstrating positive results for its clients and would like to expand its ability to do outreach and prevention work with the many families who could benefit, but limited funding restricts them to families who have been referred for service. They will continue to search for ways to fund psycho-education and consultation to area daycare centers and preschools in order to improve the overall community’s levels of education and skill.
 - c. The JOBS program has seen staff turnover in multiple positions in the last 2 years. It has been difficult to fill the positions; one position was vacant for 6 months.
 - d. The TAY program stated that funding streams to pay for services are not as flexible and dynamic as their staff. The agency at times finds it challenging to combine funding options sufficiently to cover the individual service packages desired by the clinicians and the clients. They will continue:
 - i. to search for ways to fund programming that had been funded by the Youth in Transition (YIT) grant which is about to end; and

- ii. to expand offerings within the Adventure Program through the addition of a Wilderness Outbuilding that will be built on the Bradford farmhouse property.
 - e. Several programs reported that good staff are frequently lured away by private sector agencies which can pay better wages. Several members of the Local Program Standing Committee voiced the opinion that DA staff should be paid at rates similar to state employees; this belief was shared by several staff in the comments section of the DMH survey.
 - f. The SBS program noted that:
 - i. when a specific Behavior Interventionist (BI) contract ends, it is not always easy to transfer the worker as various school locations can be 2 hours apart. This necessitates letting trained staff go and finding and training new staff closer to the new contract site.
 - ii. although Behavior Interventionists are collecting Child Behavior Checklist (CBCL) scores on clients 100% of the time, school-based clinicians are not. They intend to expand the collection of this data to include the latter.
 - g. The agency wishes to continue making changes to its new Acute Care System by relooking at how the youth-oriented Access system interacts with the adult-oriented Acute Care System to streamline services. In addition, they have begun a yearly plan to train additional internal staff on emergency response.
 - h. The Respite program experienced 2 changes in the position of Respite Coordinator in the last 2 years. This is an “add-on” position for clinicians, which increases the likelihood of supervisor rotation and decreases the likelihood of inconsistency in recruitment and training for providers.
- 3. It remains unclear from meeting minutes of the Board Advisory and LPSC how much input and feedback the members give to the agency and program after they have been informed about on-going developments. It is clear that the agency presents much relevant information to the group and that the group votes on items, but there is no way to determine if any discussion occurs or if committee members ever question the content or direction or initiate a discussion.

CHILD AND FAMILY SERVICES:

| Quality Domain | Recommendations |
|----------------------------------|--|
| Access | <ol style="list-style-type: none"> 1. Continue implementing strategies to reduce staff turnover rates. 2. Continue exploring strategies to reduce wait time for psychiatric services. |
| Practice Patterns | <ol style="list-style-type: none"> 3. Increase the percentage of staff who receive a regular evaluation as part of the program’s quality improvement efforts. Although this is particularly important for young and less experienced staff, it benefits all staff if well designed. Follow through on the agency’s stated intention in their <i>Sustainable Agency and Community Resources</i> document to “Develop and enhance the tracking and reporting process for the evaluation of staff annually via ADP Performance Management Software.” 4. Given the agency’s increasing focus on Results Based Accountability, it would be beneficial and cost effective to increase the percentage of staff who see the results of various existing perception of care surveys conducted by the agency and by DMH. |
| Outcomes | <ol style="list-style-type: none"> 5. Continue implementing performance indicator/outcome tracking with new Electronic Health Record capacities. |
| Structure/ Administration | <ol style="list-style-type: none"> 6. Continue to explore strategies to retain staff in spite of salary range. |

| Quality Domain | Requirements |
|----------------------------------|---------------------|
| Access | None identified. |
| Practice Patterns | None identified. |
| Outcomes | None identified. |
| Structure/ Administration | None identified. |

Children, Youth, and Family Services

Current Data: Substantially Different* from other DAs

(*20% or more different from the state average for all designated agencies as reported in DMH annual *Statistical Report*)

| Key: | ↑ = above average | ↓ = below average | -- = not different | |
|---|-------------------------|----------------------------|-------------------------|----------------------------|
| | DA avg. FY13 | State avg. FY13 | DA avg. FY12 | State avg. FY12 |
| <i>Clients Served per 1,000</i> | | | | |
| ↑↑ | 92.0 | 82.3 | 93.5 | 75.7 |
| <i>Responsibility for Fee</i> | | | | |
| --↓ Medicaid | --- | --- | 35% | 77% |
| --↓ Other insurance | --- | --- | 9% | 15% |
| ↓↑ Unknown/Uninsured | 6% | 11% | 58% | 13% |
| <i>Diagnosis of Clients Served:</i> | | | | |
| ↓↑ no Dx data | 3% | 11% | 10% | 7% |
| ↓↓ affective disorder | 10% | 16% | 10% | 17% |
| ↑-- adjustment disorder | 40% | 32% | --- | --- |
| ↓↓ social problem | 10% | 15% | 11% | 15% |
| <i>Length of Stay:</i> | | | | |
| ↑-- previous fiscal year | 33% | 25% | --- | --- |
| ↓↓ 6 – 10 years earlier | 4% | 9% | 6% | 9% |
| <i>Clinical Interventions:</i> | | | | |
| ↑↑ % of clients receiving | 79% | 57% | 71% | 57% |
| <i>Individual, Family, and Group Therapy:</i> | | | | |
| ↑↑ % of clients receiving | 59% | 38% | 54% | 38% |
| ↑↑ services as % of children's non-residential services | 16% | 10% | 14% | 11% |
| <i>Medication, Medical Support, and Consultation Services</i> | | | | |
| ↓↓ % of clients receiving | 8% | 11% | 8% | 13% |
| <i>Clinical Assessment Services:</i> | | | | |
| ↑↑ % of clients receiving | 45% | 33% | 45% | 34% |
| <i>Service Planning and Coordination:</i> | | | | |
| ↓↓ services as % of children's non-residential services | 14% | 22% | 17% | 22% |
| ↓↓ services per client | 8 | 18 | 11 | 18 |
| <i>Community Supports</i> | | | | |
| ↑↑ % clients receiving | 93% | 74% | 91% | 72% |
| ↓↓ units per client | 25 | 42 | 30 | 42 |
| <i>Emergency/Crisis Assessment...</i> | | | | |
| ↓↓ % of clients receiving | 0% | 17% | 1% | 18% |

C. Community Rehabilitation and Treatment Services

I. **Access**

Core services are available to those in need.

The Clara Martin Center (CMC) served 152 clients enrolled in its CRT program in Fiscal Year 2013; it is the second-smallest CRT program in the state. CMC's penetration rate that fiscal year was 5.9, the third-highest among Vermont's ten designated agencies. The statewide average was 5.5. The penetration rate is measured as clients served per 1,000 adults in an agency's catchment area.

Strengths:

The Program Status Update form identifies several strengths of CMC's CRT program:

- ◆ CMC has a centralized and integrated Access Team, which enables the agency to manage referrals in an organized manner
- ◆ The agency has strong relationships with primary care providers
- ◆ Walk-in times for currently enrolled clients and also the community are available without cost in Bradford, Randolph, and Wilder
- ◆ For individuals initiating services, the waiting time for first intake is generally less than two weeks; once someone is enrolled as a client, there is no waiting list for services
- ◆ Care Coordinators provide an immediate access point for individuals coming out of an inpatient setting or primary care. The addition of an Access Coordinator position has enhanced front-end capacity so that now anyone can be seen for immediate needs
- ◆ The CRT program also includes a part-time RN, whose position focuses on the integration of physical health and mental health. The RN works specifically to monitor and coordinate care for high-risk CSP consumers with medical needs in addition to mental-health needs
- ◆ An Open Any Door Bi-directional grant from the Health Resources and Services Administration (HRSA) of the Department of Health and Human Services (HHS) allows primary care access for CMC adult clients at the Bradford site
- ◆ Integrated dual-diagnosis treatment (IDDT) for clients with mental health and substance abuse issues is offered in all programs
- ◆ CMC offers a DBT program, WRAP (Wellness Recovery Action Plan) groups, therapy groups for both mental health and substance abuse, and recovery groups with a focus on wellness skill development
- ◆ DMH's recent Trauma Initiative included a two-day training on cognitive behavioral therapy (CBT) for post-traumatic stress disorder (PTSD), followed by fourteen weeks of telephone consultation; clinical staff from both CRT and CMC's Adult Outpatient program took part in this training
- ◆ Thirteen of CMC's twenty full-time equivalent (FTE) CRT staff members responded to the Department of Mental Health's SurveyMonkey questionnaires for this agency review. All thirteen of them said that:
 - The agency responds to requests for emergency services within a reasonable amount of time
 - The agency provides all of the CRT core services
 - The wait for services at CMC is reasonable
 - They believe that consumers who are admitted to inpatient psychiatric hospitals for treatment return as quickly as possible to the community
- ◆ Three of the CRT staff respondents answered the SurveyMonkey's open-ended question about access to services. One of them said that "CMC has a very high access to care—no waiting list"

- ◆ Four members of CMC's Adult Standing Committee filled out the Survey Monkey questionnaires for this agency review. All four members indicated that CMC provides all of the CRT core capacity services and that they consider the wait for services at the agency to be reasonable.
- ◆ DMH sent e-mail to thirteen community stakeholders chosen by CMC to request their input on a SurveyMonkey questionnaire for this agency review. Six of them responded. Four of them (67%) said that they were satisfied with CRT services available from the agency, but one (16.7%) answered no to this question and one (16.7%) answered that he/she did not know.
- ◆ Of the six stakeholder respondents to the SurveyMonkey, four (66.7%) said that the agency provides all of the core capacity services, but the other two respondents indicated that they did not know.
- ◆ On access to care, one stakeholder respondent commented that "it seems easy to access for those who are seeking or referred to your resources."
- ◆ According to the *Consumer Evaluation of Community Rehabilitation and Treatment Programs in Vermont: FY 2012. Technical Report* (February 2013), CMC had the best overall score, 90%, among all of Vermont's designated agencies that year. It was the only DA in Vermont that scored 100% on some of the individual items in the survey. Those items were:
 - Staff treat me with respect
 - Staff encourage me to adopt and maintain a healthy life style
 - I have been given information about my rights
 - Staff respect my wishes about who is, and is not, to be given information about my treatment
 - Staff help me to solve problems when they arise
- ◆ CMC's lowest score on the Consumer Evaluation of FY2012 was a 71 on the statement that "I do better at work and/or school." That score was higher than all other designated agencies in the state.

Challenges:

- ◆ Individuals who are not eligible for the program according to the DMH criteria for CRT may have similar needs but do not qualify for the same level of services and resources. This situation can be challenging to explain to individuals who are aware that others are getting supports that are not available for them
- ◆ The Family Psychoeducation group that had been meeting consistently over the past ten years is now in a period of transition and planning; it is slated to resume shortly
- ◆ The Program Status Update form for IDDT notes that the catchment area is rural and therefore barriers such as travel and lack of financial resources contribute to inconsistencies with attendance at IDDT groups or individual appointments
- ◆ Only eight (61.5%) of the thirteen CRT staff respondents to the SurveyMonkey indicated awareness of how many consumers are admitted to inpatient psychiatric hospital settings from Orange County
- ◆ Two of the three CRT staff respondents to the SurveyMonkey's open-ended question about access to services saw shortcomings at CMC. Transportation is a barrier, said one of them. The other indicated that more therapeutic groups for CRT clients would be helpful and suggested skills-building and money-management groups
- ◆ Three stakeholder respondents (50%) to the SurveyMonkey indicated that there are needs for additional mental health services in the region, but they were not specific about the service needs they see. The other three stakeholders answered no to this question
- ◆ Two of the stakeholder respondents considered the wait for services at the agency to be reasonable only "sometimes" (the other choices were never, usually, and always)

Dialectical Behavioral Therapy (DBT)

Developed by Marsha Linehan, Ph.D., ABPP, at the University of Washington, DBT is a comprehensive cognitive-behavioral treatment for chronically suicidal individuals suffering from borderline personality disorder (BPD). DBT has been found to be especially effective for those with suicidal and other severely dysfunctional behaviors. Research has shown DBT to be effective in reducing suicidal behavior, psychiatric hospitalization, treatment dropout, substance abuse, anger, and interpersonal difficulties.

The Program Status Update form for DBT notes that seven clinicians are currently providing DBT sessions at CMC. Two of them have advanced training. Eighteen clients are receiving regular DBT; seven of them are also enrolled in the CRT program. Thirty-one clients are receiving modified DBT; fifteen of them are also in CRT. There is no waiting list for DBT services.

Strengths:

- ◆ DBT programming is offered to both CRT and AOP clients
- ◆ There is no waiting list to join the groups
- ◆ The agency supports DBT programming and is committed to supporting clinicians to get the training that they need
- ◆ Clients who are referred into the DBT program are assigned to a therapist trained in DBT, and the therapist and client work together to determine commitment and program readiness
- ◆ The DBT Consult group offers weekly support to clinicians providing this treatment
- ◆ A Modified DBT program is offered to provide an introduction to skills training, with a less intensive requirement to participate in the program
- ◆ Clients who begin in the modified group can be transitioned into the full DBT program

Challenges:

- ◆ Not all clinicians are trained in DBT; if someone is a client of a clinician not trained in DBT, then he/she must transition to a clinician trained in DBT, and the process can be very hard for both the client and the clinician
- ◆ The DBT Consult group is an additional group during the week, therefore it represents one less hour that clinicians are able to provide direct services to clients
- ◆ Providing treatment to clients diagnosed with BPD can be difficult and exhausting work

Integrated Dual Diagnosis Treatment (IDDT)

The CRT team in Bradford has a Licensed Alcohol and Drug Abuse Counselor (LADAC). In addition, the agency has four clinicians who have apprentice status and are on track for LADAC status. There are also LADACs in both Bradford and Randolph who lead dual-diagnosis consultation groups, which CRT clinicians attend. Case consultations are also being done during team meetings. For Fiscal Year 2013, 40% of CMC's CRT population was dually diagnosed with a substance-abuse disorder and mental illness. The agency has historical information for a five-year period.

Strengths:

- ◆ The agency has an integrated Access Team which enables management of referrals in an organized manner
- ◆ There are no waiting lists for appointments

Challenges:

- ◆ The catchment area is rural and therefore barriers such as travel and lack of financial resources contribute to inconsistencies with attendance at clinical appointments

Supported Employment

CMC's Supported Employment program served seventy CRT clients in Fiscal Year 2013, down from eighty-three in Fiscal Year 2012. The agency has two FTE staff, with a staff-to-client ratio of 1:35/40, with other staff assisting as well, according to the Program Status Update form for Supported Employment. The program's expectation is that SE services will be discussed at each intake for clients entering the agency's Community Support Program and that each discussion will be followed by a face-to-face discussion between the newly enrolled client and the SE staff member. For clients already enrolled in CRT, SE staff work toward following up on referrals from consumers, staff members or community partners.

Strengths:

- ◆ The Program Status Update form says that the agency's ability to provide access to SE services depends on the close integration of SE services within the Randolph and Bradford treatment teams.
- ◆ The inclusion of SE staff as full team members facilitates rapid access to services without the need of a cumbersome referral process or eligibility criteria for services that could potentially create a bottleneck for SE referrals.

Challenges:

- ◆ Considering the large client-to-staff ratio within SE services, the Program Status Update form notes, one challenge to the access to services is the lack of available training in fundamental benefits counseling for non-SE staff members such as case managers.
- ◆ With a more rounded skill set in these areas, it may be possible for case managers to continue to incorporate discussions about employment into treatment planning, identify additional consumers who are interested in employment, and assist more clients with appropriate follow-along supports outside of SE services.

II. Practice Patterns

Services provided are appropriate, of high quality, and reflect current best practices.

The Clara Martin Center has 20 FTE (full-time equivalent) staff in its CRT program; the staff-to-client ratio is estimated to be 1:15. Seven staff members have Bachelor's Degrees, nine have Master's Degrees, two have MD's, one has an Associate's Degree, two are RNs/LPNs, and two have high school diplomas.

Clients are discharged from the program if they move out of state, pass away, or if they no longer require the intensity of support that the CRT program offers. In this case, clients are transitioned into the AOP program where they can continue to receive individual monitoring and medication management in addition to monitoring for case management needs. If clients move to another location within Vermont, then their case is transferred to the DA that serves the new catchment area. CRT staff determine when it is time to end program involvement based upon ongoing clinical assessment and feedback from the client. The goals sections of annual individual plans of care (IPC) identify what would be clinically required for graduation from services and provide space to outline a plan for discharge. Discharge planning is a component

of clinical work beginning with intake, and it occurs as an ongoing discussion with clients throughout services. It is documented at least on a yearly basis.

Strengths:

- ◆ CMC's Program Status Update form states that "clients receive individualized care based on their needs." This includes various intensities of case management, individual therapy, a wide range of therapeutic and supportive counseling groups, and medication management. In addition to evidence-based practices, the CRT program has created individual and group programming based on an emphasis on health and wellness.
- ◆ Services within the CRT program are high in quality, reflect current best practices, and are provided by a team of individuals who are dedicated to their work with clients.
- ◆ In addition to medical facilities, the CRT programs at the Clara Martin Center have put a great deal of energy and emphasis into relationships with area community/residential care homes including Merry Meadows in Bradford and Riverbend in Chelsea
- ◆ CMC works in collaboration with Vermont Psychiatric Survivors for the operation of Safe Haven homeless shelter, which caters specifically to the needs of homeless individuals with mental illness. Safe Haven has proven to be a tremendous asset to the CRT programs and to Orange, Washington and Windsor counties
- ◆ All twelve (100%) of the CRT staff who responded to the following questions answered yes:
 - Do clients write crisis plans?
 - Do you believe that staff are able to implement treatment plans adequately?
 - Do you receive regular clinical supervision?
 - Are treatment plans reviewed periodically with consumers?
 - Does your agency work well with other related agencies to implement treatment plans?
 - Has your agency worked well with other related agencies to build and sustain the system of care for consumers?
 - When the agency's counselors or case managers try to communicate with clients, is the communication easy to understand?
 - When non-clinical staff (e.g., the business office staff) try to communicate with clients, is the communication easy to understand?
- ◆ Ten (83.3%) of the twelve CRT staff respondents who answered the SurveyMonkey question about assigned duties indicated that their duties and responsibilities are appropriate to their level of training, education, and experience
- ◆ Eleven (91.7%) of the twelve CRT staff respondents who answered the SurveyMonkey question about training indicated that they have participated in training(s) over the past year
- ◆ All eleven (100%) of the CRT staff respondents who answered the SurveyMonkey question about performance evaluation indicated that they receive regular performance evaluations
- ◆ All twelve of the CRT staff respondents who answered the SurveyMonkey question about evidence-based practices at the Clara Martin Center knew about IDDT, and eleven of them (91.7%) knew about DBT and Supported Employment
- ◆ One of the two CRT staff members who answered the SurveyMonkey's open-ended question about practice patterns said that "services are of high quality"
- ◆ All four of the members of the Local Program Standing Committee who filled out the Survey Monkey questionnaires for this agency review indicated that they are aware of satisfaction surveys conducted by the agency for consumers and staff
- ◆ Three of the Local Program Standing Committee respondents indicated awareness of satisfaction surveys in the greater community (but one Standing Committee member did not know about these broader surveys)
- ◆ Three of the four Local Standing Committee respondents (75%) indicated that they had seen the results of these surveys.
- ◆ Three of the four Standing Committee respondents said that they had seen the results of the Department of Mental Health's satisfaction surveys.

- ◆ All four Standing Committee respondents described clients, staff, and community as "satisfied" or "very satisfied" with the agency
- ◆ All four Standing Committee respondents indicated that
 - They have used the results of satisfaction surveys to make decisions
 - They and other consumers have been included in reviews of the quality of services
 - They have received reports from the designated agency that can be used to inform clients' decisions and make improvements
 - They and other consumers use agency reports to help improve the system of care
 - They know of a staff person who is referred to as a Quality Assurance/Quality Improvement manager, or someone responsible for creating an annual Quality Improvement Plan
- ◆ Three of the four Standing Committee respondents answered "yes" to questions on the Practice Patterns section of the Survey Monkey questionnaire about:
 - the agency's use of consumer satisfaction survey data to improve the system of care
 - consumer inclusion in looking at the effectiveness of services received
 - seeing the agency's annual Quality Improvement Plan
- ◆ Four of the five (80%) stakeholder respondents who answered the following questions on the SurveyMonkey answered "yes":
 - Does the agency maintain a qualified workforce?
 - Do the agency staff use appropriate people and community resources and supports in stabilizing consumers and families in crisis?
 - Do you believe that people who are admitted to an inpatient psychiatric hospital setting for treatment return as quickly as possible to the community?
- ◆ Four of the six stakeholder respondents indicated that the agency has provided educational material on mental health and support groups to consumers, families, and other providers

Challenges:

- ◆ Lack of financial resources for clients
- ◆ Transportation services in a rural area
- ◆ Clients in the CRT program often experience significant physical health conditions that have an impact on individual clients' motivation and self-confidence. At times the level of needs that CRT clients have exceeds the capacity of case managers to support them. Some clients would benefit from intensive daily supports to improve their basic living skills and increase socialization.
- ◆ Challenges within the CRT program tend to center around the increasing needs of CRT clients (apparent increase in severity of symptoms of clients being referred to the program) and pressures for more clinical services by case managers and therapists
- ◆ Another major challenge is appropriate housing for CRT clients who may need additional supports but do not have the same level of needs that someone might deem eligible for a residential care home. Orange County also needs group homes and supportive apartments.
- ◆ Only two of the six stakeholder respondents (33.3%) to the SurveyMonkey indicated that they are aware of how many people are admitted to an inpatient psychiatric hospital setting from Orange County
- ◆ Only two of the six stakeholder respondents (33.3%) indicated knowing about agency activities in the past year to contribute to public awareness about mental health and the system of care. One of those two considered the effort to have been effective while the other did not.

Dialectical Behavioral Therapy (DBT)

The Program Status Update form states that DBT organizes treatment into stages and targets, and, with very few exceptions, adheres strictly to the order in which problems are addressed. The treatment includes a weekly two-hour skills group, weekly individual counseling, and phone coaching as needed.

CMC offers two DBT groups, one in Randolph and one in Bradford. Each group meets weekly for two hours. Two group leaders are present at each session. Clients are expected to attend the groups for a year, although group leaders are willing to contract for less time (six months) to meet an individual client's needs, with the goal of extending the contract for another six months. Skills coaching is offered over the telephone, and individual DBT therapists are available between sessions for coaching. If non-DBT staff provide skills coaching, they will have received one or two days of basic training. In addition, they attend the DBT consult group and have individual supervision.

DBT therapists and group leaders meet one hour weekly for the consult group. They cover the following topics: brief mindfulness practice, teaching time (DBT-related), presenting case materials, and reviewing skills currently being taught along with the progress made by clients in the skills group.

Strengths:

- ◆ DBT is an evidence-based treatment that is shown to be the most effective in treating individuals diagnosed with BPD.
- ◆ The program is designed to offer intensive support to clients and the therapists who are providing the treatment.
- ◆ The skills taught in DBT are applicable to a wide range of clients and disorders, so that having training in the treatment is beneficial

Challenges:

- ◆ DBT is a structured treatment, and it can be challenging for clinicians to find their own style of delivery
- ◆ DBT is time-consuming for both clients and therapists in that it calls for a two-hour weekly skills group, one hour a week of individual therapy, one hour weekly of DBT consult group, and telephone coaching during the day and after hours

Integrated Dual Diagnosis Treatment (IDDT)

The Program Status Update form lists the following core IDDT services provided by the Clara Martin Center:

- ◆ Multidisciplinary team
- ◆ Integrated Substance Abuse Specialist
- ◆ Stage-wise interventions
- ◆ Access for IDDT clients to comprehensive dual-diagnosis services
- ◆ Time-unlimited services
- ◆ Outreach
- ◆ Motivational interventions
- ◆ Substance abuse counseling
- ◆ Stage-specific substance abuse groups, including Motivation, Recovery, and Group Dual Diagnosis Treatment
- ◆ Family psychoeducation on dual diagnosis
- ◆ Participation in alcohol and drug self-help groups

- ◆ Pharmacological treatment
- ◆ Interventions to promote health
- ◆ Secondary interventions for non-responders to substance abuse treatment

Strengths:

- ◆ The agency has been committed since the initial CCISC initiative in CRT to full integration of substance abuse services with mental health services (CCISC stands for Comprehensive, Continuous, Integrated System of Care for individuals with co-occurring psychiatric and substance-abuse diagnoses)
- ◆ The agency has consistently trained new staff by offering substance abuse trainings that focus on the basics of dual-diagnosis treatment
- ◆ Substance-abuse experts are embedded in each program at the agency
- ◆ CMC is seen as a leader in the state in substance abuse services and in integration of these services with mental health services
- ◆ The agency continues to have all new staff take a CODECAT (Co-occurring Disorders Educational Competency Assessment Tool) at hire and at the initial six-month employee evaluation in order to stress the importance of co-occurring/dual diagnosis treatment to new staff
- ◆ The agency continues to monitor training of new staff in the importance of the CCISC model

Challenges:

- ◆ The last fidelity review for IDDT in the CRT program was in 2004
- ◆ There are still some significant differences in funding and documentation between DMH and the Department of Health's Division of Alcohol and Substance Abuse Programs
- ◆ Barriers to providing and billing for treatment due to the complex credentialing process and criteria/regulations include turnover of clinical staff and the length of time required to become a LADAC
- ◆ The agency puts great emphasis on supporting staff to be on the substance-abuse credentialing track. Due to workforce development issues, there are challenges to constantly training staff and maintaining LADAC and credentialed staff because of the specific requirements that these entail.

Supported Employment

CMC's most recent fidelity review for Supported Employment was November 12-14, 2013. The Program Status Update form for Supported Employment states that the agency assures compliance with fidelity in a variety of ways. Best practices are discussed with SE staff in individual and group supervision, including but not limited to: regular tracking of the percentage of time SE staff spend in the community; regular reviews of employer contacts, including discussions about the quality and quantity of employer contacts and about disclosure and approaches to job development; case discussions that review methods for incorporating assessments and benefits counseling to reduce barriers to employment; and transition planning to review, case by case, transitioning SE consumers to supports outside of the SE program.

In addition, the agency finalized an action plan based on the fidelity report of February 22, 2010. The plan includes goals for the lowest three scoring areas that are actionable and measurable and also include in-process measures. As a result, the agency will continue to implement quality assurance initiatives within SE and adult programming that will support the implementation of best practices.

Any individual receiving services within the agency's Community Support Program is both eligible and encouraged to participate in vocational services. Although the end of clients'

involvement in SE services is discussed case by case, SE staff members work toward the goal of transitioning follow-along supports to clients' natural supports and to other treatment team members, such as case managers, when employment is secured and appears stable.

No strengths or challenges for Supported Employment are noted on the Program Status Update form.

III. Outcomes/Results of Treatment

The quality of life for consumers will improve.

CMC's Performance Measurement spreadsheet lists several outcomes that are tracked for CRT clients: housing, level of family involvement, mortality rates (number of deaths by suicide and natural causes), significant events, hospitalizations, number of days hospitalized, employment, orders of nonhospitalization, disability, stable housing, family involvement, smoking rates, contact with a primary care physician, annual physical examinations, and participation in a fitness program. [It would be interesting to see specifically how some of these outcomes are expressed or defined: disability, stable housing, and family involvement, for example.]

Strengths:

- ◆ The Program Status Update form for CRT says that the program has a standing CRT Advisory Committee, which includes consumers and family members. The goal is to create a place to have a continuous dialogue regarding the services that the program offers. In past years, the CRT program has sent out a survey to family members as a way to receive feedback about the program.
- ◆ All twelve (100%) of the CRT staff who answered the SurveyMonkey questions about results of interventions rated CMC as adequate or superior in:
 - Crisis response: adequate (4, or 33.3%); superior (8, or 66.7%)
 - Outreach interventions: adequate (7, or 58.3%); superior (5, or 41.7%)
 - Clinic-based interventions: adequate (6, or 50%); superior (6, or 50%)
- ◆ All twelve (100%) of the CRT staff who answered the SurveyMonkey question about satisfaction surveys indicated awareness that CMC conducts such surveys among clients
- ◆ All twelve (100%) of the CRT staff who answered the SurveyMonkey question about client satisfaction with the agency indicated that clients are either satisfied (6, or 50%) or very satisfied (6, or 50%)
- ◆ Ten of the twelve (83.3%) indicated that staff are satisfied (8, or 66.7%) or very satisfied (2, or 16.7%) with the agency
- ◆ Eleven of the twelve (91.7%) indicated community satisfaction with the agency, but none of them indicated a "very satisfied" community
- ◆ Two of the four Local Program Standing Committee respondents to the SurveyMonkey answered the open-ended question about three important outcome markers to track for all clients to show that their quality of life improves; both rated the agency as very good with help to clients to achieve these three outcomes. Both of the respondents named employment and good health as two of the three markers to track. One of them listed living independently as the third, while the other one listed friends.
- ◆ All five of the stakeholder respondents who answered the question about outcomes for CMC clients indicated that they feel that agency services improve the quality of life for those clients

Challenges:

- ◆ Finding effective ways to measure quality-of-life improvements for decreases in psychosocial stressors and increases in socialization skills
- ◆ Measurement of outcomes for quality of life continues to be a challenge in day-to-day service delivery. Individual clinicians may administer rating scales to monitor client progress, but these are not done on a consistent basis in a standardized way with all clients. Further evaluation of the benefits of utilizing rating scales should be investigated, as this may be a clinically useful component of treatment.
- ◆ The agency would benefit from more regular feedback from consumers, family members, and the community
- ◆ One of the two CRT staff respondents to the SurveyMonkey's open-ended question about outcomes suggested that "it would be helpful to have more family education involvement from many consumers"
- ◆ Only two (18.2%) of the eleven CRT staff respondents who indicated awareness of client satisfaction surveys said that they had seen the results of those surveys
- ◆ Only one (8.3%) of twelve CRT staff respondents to the Survey Monkey had seen the results of the Department of Mental Health's annual survey of CRT clients
- ◆ Of the eleven CRT staff respondents who answered the SurveyMonkey question about satisfaction surveys among staff, only five (45.5%) indicated that the agency conducts such surveys, while six (54.5%) said that the agency does not conduct such surveys.
- ◆ Of the eleven CRT staff respondents who answered the SurveyMonkey question about satisfaction surveys in the greater community, only three (27.3%) indicated that the agency conducts these surveys, while eight (72.7%) said that the agency does not conduct surveys in the larger community
- ◆ Only six (60%) of ten CRT staff respondents to the SurveyMonkey said that the agency has adequate ways of knowing if services are effective.
- ◆ Only three of the four Standing Committee respondents answered the SurveyMonkey question about return to community after inpatient psychiatric hospitalization, and two of them indicated that they do not believe that people return as quickly as possible to the community
- ◆ On outcomes/results of care, one stakeholder respondent to the SurveyMonkey commented that "due to confidentiality laws we are often not informed of what took place"

Dialectical Behavioral Therapy (DBT)

The Program Status Update form states that outcomes that are monitored for DBT clients are the same as those monitored for CRT clients overall (see p.24 of this report).

Strength:

- ◆ For individuals who are participating in the DBT programs, the numbers indicate that these clients are spending fewer days in the hospital and are actively engaged in treatment

Challenge:

- ◆ It is difficult to assess more subjective information such as how a person is feeling or how someone's life has improved with the addition of treatment.

Integrated Dual Diagnosis Treatment (IDDT)

The Program Status Update form for IDDT lists the following outcome measures that the agency tracks for IDDT clients:

- ◆ Staff CODECATs from initial hire to six-month evaluation
- ◆ Number of individuals with dual diagnoses served
- ◆ Clients by diagnosis

- ◆ Clients with dual diagnoses of mental illness and substance abuse
- ◆ Clients with dual diagnoses of mental illness and developmental disabilities
- ◆ Number of clients who showed improvement at discharge
- ◆ Number of clients who are no-shows or cancel appointments
- ◆ Other outcomes monitored for other clients of CMC (see list on p. 24)

The Program Status Update form lists two strengths and one challenge for IDDT:

Strengths:

- ◆ Utilizing the Results-Based Accountability framework to be consistent with specific population goals
- ◆ Using a common language

Challenge: It can be difficult to standardize data and to find a common definition of measures to ensure data integrity (for example, what is the definition of homelessness?)

Supported Employment

The Program Status Update form for Supported Employment lists the following among performance/outcome measures monitored at CMC:

- ◆ Percentage of staff time in the community
- ◆ Total and active caseloads for SE staff
- ◆ Number of individuals on SE caseload who participate in education programs
- ◆ Number of new job starts
- ◆ Number of clients placed in jobs lasting at least ten days (placements)
- ◆ Number of clients placed in jobs lasting more than ninety days (rehab)

The agency participates in the Johnson & Johnson-Dartmouth Community Mental-Health Program as a means of reporting data for caseloads, individuals in education programs, and new job starts. The agency also utilizes its relationship with Vocational Rehabilitation to track the number of clients placed and rehabilitated. The SE supervisor manages the tracking of staff time in the community.

Data from these measures are reviewed during individual supervision for SE staff and in planning quality assurance initiatives within SE programming. During supervision job contacts and employer contacts are regularly discussed. In addition, the percentage of staff time in the community is also discussed during individual supervision as a means of developing skill within staff members and in evaluating the effectiveness of each staff member's direct-service expectation.

SE staff members also frequently highlight important employment data with the Community Support Program treatment teams in Randolph and Bradford as a means of furthering the integration of SE with the treatment teams and highlighting consumer success. In addition, case consultations and discussions take place regularly during team meetings and individual supervision.

Strengths:

- ◆ The Program Status Update form lists one strength for Supported Employment under the Outcomes section: the availability and utilization of data from internal data sources, the Johnson & Johnson-Dartmouth Community Mental-Health Program, and Vocational Rehabilitation

Challenges:

- ◆ The Program Status Update form lists two challenges for Supported Employment under the Outcomes section:
 - Agencies are not given credit for job placements for clients that have successfully completed treatment and have graduated from the program
 - Agencies are not given credit for clients who are in school or volunteering
- ◆ Results of employment for CRT clients at CMC are mixed, according to DMH's Performance Indicator Project (PIP) report of January 31, 2014. The percentage of clients employed in Fiscal Year 2013 was 16%, a substantial increase over the 13% of the previous three fiscal years but still well below the statewide average of 20% employment in FY 2013. Wages earned per employed client in FY 2013 were \$3209, substantially below the statewide average of \$6,650 that year. The comparison with wages earned by CMC clients in FY 2010 was even worse: \$3,209 in FY 2013 and \$7,487 in FY 2010. See Emma Harrigan and Sheila Leno, "Employment of CRT Clients from FY2000 Through FY2013," January 31, 2014.

IV. Structure/Administration

Designated Agencies will be fully functional, and have strong working relationships with the Department, consumers, families, and other stakeholders.

CMC's *Performance Management and Data Reporting Plan* addresses all clinical programs and administrative functions, but it is still in the development phase according to correspondence of December 2013 from the agency. The goals of the plan are:

- ◆ To ensure that the agency understands and meets its reporting requirements both contractually and programmatically
- ◆ To define as an organization what indicators the agency wants to know to assure high quality of care to clients and community
- ◆ To assure that the Avatar Dashboard system supports programs in an efficient and effective manner
- ◆ To include measures of effectiveness, efficiency, and satisfaction
- ◆ To develop a proactive process to review, renew, or revise business strategies to provide excellent service
- ◆ To balance alignment of organizational purpose, service, business practices, and organizational resources
- ◆ To utilize Results-Based Accounting
- ◆ To collect data, set organization business and service delivery performance goals, measure indicators for review and analysis of results
- ◆ To continue to meet CARF standards
- ◆ To participate on the State Outcome Workgroup and incorporate information for the agency

The Program Status Update form identifies the following outcome measures that CMC monitors: direct staff turnover, record compliance, critical incidents, health and safety incidents, direct service, company mileage, complaints, grievances and appeals, and client satisfaction.

Strengths:

- ◆ All twelve of the CRT staff who responded to the SurveyMonkey answered yes to the following questions:
 - Does your agency give clients information about their rights?

- Does your agency inform clients about the grievances and appeals process?
- Is it clear whom to ask for help if you have a question or a problem?
- Are you familiar with your agency's policies and procedures for managing the confidentiality of information?
- Does your agency require that you inform consumers of their right to approve or reuse the release of information?
- ◆ All twelve of the CRT staff respondents to the SurveyMonkey rated CMC as adequate (4, or 33.3%) or superior (8, or 66.7%) in:
 - Adherence to confidentiality policies and procedures
 - Adherence to the policies and procedures related to the release of client information
- ◆ All twelve of the CRT staff respondents who answered the SurveyMonkey question about clinical supervision rated the agency as adequate (7, or 58.3%) or superior (5, or 41.7%)
- ◆ Nine (75%) of the twelve CRT staff respondents who answered the SurveyMonkey's questions about training needs rated the agency as adequate or superior in its ability to determine and respond to the training needs of staff (adequate: 8, or 66.7%; superior: 1, or 8.3%)
- ◆ The two CRT staff respondents to the SurveyMonkey's open-ended question about agency structure and administration commented on the agency's hard work to maintain rapport and relationships and the staff's strong community and interagency bonds
- ◆ Six CRT staff respondents answered the SurveyMonkey's open-ended question about improving the quality of care at the agency. They offered several suggestions:
 - Improve salaries (2)
 - Include the cost of insurance
 - More assistance with additional education
 - Offer more trainings through the agency for staff during group supervisions or agency retreats
 - Reduce electronic documentation requirements
 - Provide more time for documentation
 - Another case manager
 - Opportunity for a lunch break, thus making the focus healthy staff and healthy consumers
 - Provide both short- and long-term housing in the area
 - Better transportation options
- ◆ On questions about agency performance and administration, all four Standing Committee respondents answered yes to questions about:
 - Standing Committee advice to the agency in establishing general priorities for resource allocation through the local System of Care Plan
 - Receiving timely information about the agency's direction and performance
 - Timely, respectful, and helpful connections to supports
 - The agency's activities to increase public awareness about mental health in the past year
 - Membership of at least one Local Program Standing Committee member on the agency's board
- ◆ All four of the Standing Committee respondents rated the agency's efforts to provide training in order for them to be fully functional members of the Local Program Standing Committee as good (2, or 50%) or very good (2, or 50%)
- ◆ All four Standing Committee respondents considered the agency's policy support for consumer and family participation on the Standing Committee to be adequate (2, or 50%) or superior (2, or 50%)
- ◆ Three of the four Standing Committee respondents considered their understanding of their responsibilities as Standing Committee members to be adequate, while the fourth considered his or her understanding to be superior

- ◆ The Standing Committee respondents indicated how effectively the committee meets its responsibilities in the following areas along a scale from inadequate to adequate to superior, as follows:
 - Providing feedback on appointment of a new program director: Adequate 3 (75%), no rating 1 (25%)
 - Evaluating the quality and responsiveness of services: Adequate 4 (100%)
 - Providing input on the local *System of Care Plan* and its updates: Adequate 4 (100%)
 - Reviewing and commenting on frequency, type, and resolution of grievances and appeals: Adequate 3 (75%), Superior 1 (25%)
 - Reviewing and recommending policy for CRT programming: Adequate 3 (75%), Superior 1 (25%)
 - Providing annual feedback on program management: Adequate 3 (75%), Superior 1 (25%)
- ◆ On how receptive the agency is to input from the Standing Committee, two respondents indicated that CMC is always responsive, one indicated frequently, and the fourth did not answer the question
- ◆ Two (40%) of the five stakeholder respondents to the SurveyMonkey considered agency communication with stakeholders to be fair, while the other three (60%) considered communication to be good. None considered communication to be excellent.
- ◆ Four stakeholder respondents have interagency agreements or contracts with CMC; three answered that the agency's work is adequate, and one answered that the work is superior
- ◆ Five of the six stakeholder respondents (83.3%) agree that it is clear whom to ask for help with a question or problem
- ◆ All five of the stakeholder respondents who answered the Survey Monkey question about community connections through CMC agreed that the agency makes referrals and connections with other services and resources in the community (such as primary care physicians, schools, housing, homeless shelters, the Department for Children and Families, and Vocational Rehabilitation)

Challenges:

- ◆ Only two of the four Local Program Standing Committee respondents to the SurveyMonkey indicated that at least 51% of the committee membership is comprised of peers/consumers and family members, while one indicated lack of knowledge on the membership composition and the fourth did not answer the question
- ◆ Only two of the four Local Program Standing Committee respondents indicated that the agency has a reimbursement policy for participation on the Standing Committee; one respondent did not know about such a policy, and the fourth said that the agency does not have a reimbursement policy
- ◆ None of the Standing Committee respondents had additional comments to offer pertaining to any of the four quality domains for this review
- ◆ Two of the Standing Committee respondents gave answers to the SurveyMonkey question "If you could do one thing to improve the quality of care at this agency, what would it be?" centered entirely on increasing employee compensation at the agency
- ◆ The Local Program Standing Committee is in need of strengthening in at least three ways:
 - It should be comprised of a minimum of five members, with a majority of disclosed consumers and family members
 - All members should be aware of the agency's reimbursement policy
 - The Standing Committee minutes do not show that the LPSC advises the agency in key areas as set forth in §4.2.6. of the *Administrative Rules on Agency Designation*

Dialectical Behavioral Therapy (DBT)

The Program Status Update form for DBT identifies the following client outcome measures that CMC tracks: staff turnover, record compliance, critical incidents, health and safety incidents, direct service, company mileage, client satisfaction, and complaints, grievances, and appeals.

Strengths:

- ◆ DBT programming is viewed as a core treatment model at the agency and has administrative backing and support from the Medical Director, who has been trained in the model
- ◆ The agency has been committed to providing this treatment for consumers as well as necessary support for staff
- ◆ Over the years the agency has had great clinical outcomes and plans to extend the program to Children's Services. These clinical outcomes include decreased hospitalization, improved quality of life, decrease in unhealthy behaviors, decrease in emergency contacts, and improved social supports.

Challenges:

- ◆ Access to DBT intensive trainings and cost to the agency to get clinicians trained
- ◆ With implementation of the electronic health record, the agency is working on ways to track this population and its outcomes separately from the general CRT and AOP populations

Integrated Dual Disorders Treatment (IDDT)

The Program Status Update form for IDDT lists the same performance and outcome measures as those under DBT (see p. 29), and adds that Human Resources tracks staff scores on the CODECAT.

Strengths:

- ◆ The agency has multiyear data in these areas, allowing for a view of improvement over time
- ◆ IDDT programming is viewed as a core treatment model at the agency and has administrative assistance and support from the Medical Director
- ◆ The agency has been committed to providing this treatment for consumers and to provide the support to the staff
- ◆ Over the years we have had great clinical outcomes, which include a cross-trained workforce, not needing to refer to a specialty service, all clients are screened for dual diagnosis, higher access to care, identification of stage of change for all clients, and increased identification of dual diagnosis across all programs

Challenges:

- ◆ Staff turnover
- ◆ Requirement that staff have specific substance-abuse credentialing in order to provide the therapeutic services

V. Significant Changes and Plans for Improvement

Significant Changes:

- ◆ The addition of the HRSA Open Any Door Bi-directional grant has allowed primary care access for CMC adult clients at the Bradford site
- ◆ Continued development and growth in the CRT Wellness Program: It embraces the philosophy that physical health is an important component of overall health. Clients are encouraged to engage in activities that promote physical as well as mental health. All members of the CRT team work together to assist clients to identify measures to decrease physical risk factors and to engage in activities that promote physical health. The nurse works to promote physical health on four levels: individual, group, program, and community.

Dialectical Behavioral Therapy (DBT)

The Program Status Update form for DBT states that “in addition to the DBT program that requires a yearlong commitment by the participant, a modified less intensive skills group is offered that allows for participants to get exposed to the skills but without the yearlong commitment. These groups are offered in both Randolph and Bradford sites as well as the formal DBT programming. These groups have been shown to be beneficial in the goal of skills acquisition.”

Integrated Dual Disorder Treatment (IDDT)

The Program Status Update form notes the following significant changes at CMC over the previous three years:

- ◆ Agency-wide implementation of the Addiction Severity Index (ASI) for all individuals screened for a substance abuse issue; CMC has since moved away from using the ASI and is working with the Department of Health’s Division of Alcohol and Drug Abuse Programs (ADAP) to create a “toolbox” for assessment. This “toolbox” includes the PHQ-9 (Patient Health Questionnaire-9), the Modified Mini Screen, and the Post-Traumatic Stress Check List (PCL), which are now used for all adults.
- ◆ Involvement with the Hub-and-Spoke programming including providing medication-assisted treatment coordination (Hub and Spoke is the initiative sponsored by Vermont’s Agency of Human Services and the to integrate treatment services for substance abuse and substance dependence)
- ◆ Participation in monthly care coordination meeting with Gifford Medical Center to collaborate around opiate-dependent pregnant women
- ◆ Substance abuse programming is available in all programs including CRT, AOP, Child and Family services, and Transition-Age Youth
- ◆ Reimplementation of dual Diagnosis Consult Group at all sites

Supported Employment

The Program Status Update form for Supported Employment notes that the agency continues to utilize:

- ◆ Peer-to-peer SE staff-member job-development observation schedules
- ◆ Mentoring within vocational services
- ◆ The participation of employers within Creative Workforce Solutions
- ◆ Computer workstations for consumers in Randolph and Bradford

Plans for Improvement:

For CRT as a whole, plans for improvement include:

- ◆ Outcome development and data collection
- ◆ Development of peer services
- ◆ Identify dually-eligible clients and begin to track medical services and providers
- ◆ Pursue housing options in both Randolph and Bradford
 - Investigate supervised living possibilities
 - Develop a plan to meet with local landlords
 - Look at other housing options for this population with special needs
- ◆ Continue to develop the Randolph Wellness programs and track outcomes for consumers in the program
- ◆ Increase transitional housing programs in Orange County, to increase Shelter + Care vouchers and housing services for those who need them
 - Work with new Challenges for Change grant as well as the Adult Local Interagency Team to look for funding opportunities
 - Identify local communities interested in housing opportunities
- ◆ Increase transportation options for individuals who need to go to White River Junction for Quitting Time or district offices: work with the subcommittee of Regional Leadership Team on transportation issues
- ◆ Further evaluation of the benefits of utilizing rating scales as clinically useful components of treatment
- ◆ Implement Illness Management and Recovery: send staff for training and implement group and individual work with clients

Dialectical Behavioral Therapy (DBT)

- ◆ The Program Status Update form for DBT notes that the Clara Martin Center is committed to improving the DBT Program and supports staff in receiving intensive training through:
 - Increasing participation in DBT skills group
 - Increasing the availability of phone coaching
 - Developing behavioral plans to support positive self-care and coping skills
 - Developing a work group to define criteria for clinical decision-making
 - Utilizing crisis beds and housing recovery money to support the use of DBT skills in the community when possible
 - Examining the need for DBT skills information and support to family members

Integrated Dual Diagnosis Treatment (IDDT)

CMC's Program Status Update form for IDDT lists four projects for improvement:

- ◆ Use of evidence-based screening tool to identify dual-diagnosis concerns
- ◆ Use of assessment tool to diagnose specific mental health and substance use disorders
- ◆ Implementation of the COMPASS survey, a substance-abuse screening tool for staff; report results in the management report
- ◆ Redesign of staff training for IDDT to include most up-to-date and relevant issues facing this population including up-to-date classification of illegal substances, most current best practices for working with people with substance disorders, information on medication-assisted therapies, and use of the new Diagnostic and Statistical Manual-5.

Supported Employment

The Program Status Update form for Supported Employment states that:

- ◆ The agency will continue to focus on the areas identified on the fidelity report from 2010 and will plan to include areas identified from the most recent report done in November 2013. It is expected that each goal within the three categories will be actionable and measurable and will include benchmarks based on the five-point fidelity scale. This approach will allow the agency to identify any in-process measures that may lead to amendments to the fidelity action plan.
- ◆ The agency is also looking to make enhancements within the electronic health record that will allow for improved data collection, which in turn will help with data reporting on outcomes

Community Rehabilitation and Treatment Services:

| Quality Domain | Recommendations |
|----------------------------------|---|
| Access | <ul style="list-style-type: none"> • None identified |
| Practice Patterns | <ul style="list-style-type: none"> ◆ Plans for Improvement (see pp. 32-33) are all praiseworthy and should be encouraged, with priorities on peer services, housing options, and integration/coordination of mental health services with other health care ◆ Consider increasing budget for staff training (see p. 22) ◆ Consider ways of making the agency and its role in mental health issues better known among stakeholders in the community (see p. 22) |
| Outcomes | <ul style="list-style-type: none"> • Continue to work on defining outcomes for clients and data for measuring them (see p. 25) • It is not possible to tell with certainty from the responses to the Survey-Monkey questions about satisfaction surveys, but it appears that the agency does not administer them regularly and/or does not follow up very well with dissemination of the information gained. The agency might consider approaching such surveys in a more organized fashion. (See p. 26.) |
| Structure/ Administration | <ul style="list-style-type: none"> • Continue development and implementation of CMC's <i>Performance Management and Data Reporting Plan</i> |

| Quality Domain | Requirements |
|----------------------------------|---|
| Access | <ul style="list-style-type: none"> • None identified |
| Practice Patterns | <ul style="list-style-type: none"> ◆ None identified |
| Outcomes | <ul style="list-style-type: none"> • None identified |
| Structure/ Administration | <ul style="list-style-type: none"> • Local Program Standing Committee: Bring the current membership and the Standing Committee's responsibilities into line with §§4.2.5 and 4.2.6 of the <i>Administrative Rules on Agency Designation</i> (see p. 30 of this report). It should be noted that a similar requirement appeared in the <i>Agency Review Report</i> of March 25, 2011. |

Community Rehabilitation and Treatment Services

Current Data: Substantially Different* from other DAs

(*20% or more different from the state average for all DAs in at least one of the two most recent fiscal years for which data are available)

Source: DMH *Statistical Reports* for Fiscal Years 2012 and 2013

| | DA avg. FY2012 | State avg. FY2012 | DA avg. FY2013 | State avg. FY2013 |
|---|---------------------------|------------------------------|---------------------------|------------------------------|
| <i>Age of clients served:</i> | | | | |
| ↑ 20-34 | 21% | 17% | --- | --- |
| <i>Responsibility for fee of clients served</i> | | | | |
| ↓↓ Medicare | 38% | 54% | 38% | 56% |
| ↓ Other insurance | --- | --- | 12% | 23% |
| ↑↑ Unknown/uninsured | 9% | 3% | 4% | 3% |
| <i>Diagnosis of clients served</i> | | | | |
| ↑↓ No diagnosis data | 4% | 1% | 2% | 4% |
| ↓ Organic brain syndrome | --- | --- | 1% | 2% |
| ↓ Schiz. & other psychoses | --- | --- | 40% | 50% |
| ↓ Affective disorder | 32% | 41% | --- | --- |
| ↑ Anxiety disorder | 29% | 24% | --- | --- |
| ↑↑ Personality disorder | 25% | 19% | 26% | 20% |
| ↓↓ MR/DD | 4% | 1% | 2% | 4% |
| <i>Length of stay of clients served</i> | | | | |
| ↑↓ Current fiscal year | 9% | 7% | 1% | 7% |
| ↑ Previous fiscal year | 12% | 9% | --- | --- |
| ↑↑ 6-10 years earlier | 28% | 17% | 28% | 18% |
| ↓ 11+ years earlier | 31% | 43% | --- | --- |
| <i>Clinical interventions</i> | | | | |
| Services as %age of all | | | | |
| ↑ CRT non-res. services | --- | --- | 20% | 13% |
| ↑↑ Services per client | 28 | 20 | 29 | 19 |
| <i>Individual, family and group therapy</i> | | | | |
| ↑↑ %age of clients receiving | 65% | 39% | 66% | 44% |
| Services as %age of all | | | | |
| ↑↑ CRT non-res. services | 10% | 7% | 15% | 6% |
| ↑ Therapy sessions per client | 28 | 22 | 29 | 18% |
| <i>Medication and medical support and consultation services</i> | | | | |
| Services as %age of all | | | | |
| ↓↓ CRT non-res. services | 4% | 7% | 5% | 7% |
| ↓↓ Services per client | 8 | 11 | 7 | 11 |

| | DA avg. FY2012 | State avg. FY2012 | DA avg. FY2013 | State avg. FY2013 |
|--|---------------------------|------------------------------|---------------------------|------------------------------|
| <i>Day Services</i> | | | | |
| ↓↓ %age of clients receiving | 13% | 18% | 12% | 17% |
| ↓↓ Services as %age of all CRT non-res. services | 1% | 8% | 0% | 7% |
| ↓↓ Day services per client | 11 | 55 | 5 | 50 |
| <i>Service planning and coordination</i> | | | | |
| ↓ Services as %age of all CRT non-res. services | --- | --- | 12% | 17% |
| ↑↓ Services per client | 34 | 24 | 18 | 25 |
| <i>Community supports</i> | | | | |
| ↑↑ Services per client | 121 | 83 | --- | --- |
| <i>Employment services</i> | | | | |
| ↑ %age of clients receiving | 45% | 32% | --- | --- |
| ↑ Services per client | --- | --- | 14 | 23 |
| <i>Emergency/crisis assessment, support and referral</i> | | | | |
| ↑ %age of clients receiving | --- | --- | 34% | 23% |
| ↓ Services per client | --- | --- | 4 | 7 |
| <i>Emergency/crisis beds</i> | | | | |
| ↓↑ %age of clients receiving | 4% | 12% | 0% | 9% |
| ↓? Services per client | 3 | 14 | ---* | 20 |
| <i>Housing and home supports</i> | | | | |
| ↓ %age of clients receiving | --- | --- | 6% | 9% |
| ↓↓ Services per client | 110 | 184 | 3 | 204 |

*No number reported in *Statistical Report* for FY 2013.

D. Adult Outpatient Services

The mission of the Adult Outpatient Program is to deliver high-quality, cost-effective outpatient mental health services to adults to promote health and well-being through the reduction or elimination of harmful psychiatric symptoms. The objectives of the program are:

- ◆ To provide outpatient treatment in a variety of sites to meet the needs of consumers
- ◆ To assist individuals in increasing functioning and improving the quality of their lives through stress and symptom management, development of coping skills and processing of emotions
- ◆ To individualize plans of care to meet specific needs, including treatment for multiple diagnoses or co-occurring substance abuse issues
- ◆ To provide services that are gender-, culture- and trauma-sensitive
- ◆ To work collaboratively with other providers to ensure continuity of care

I. Access

Core services are available to those in need.

As reported in the Department of Mental Health's *Statistical Report* for Fiscal Year 2013, the Clara Martin Center served 616 clients assigned to Adult Outpatient Services that year. That number makes CMC's AOP program the seventh largest in the state. CMC's penetration rate was 23.8, the second highest in the state. The statewide average penetration rate was 13.6. Penetration rate is measured as the number of clients served per 1,000 individuals in the population.

Strengths:

- ◆ The Clara Martin Center provides a continuum of services specific to the criminal-justice population. Specialty treatment services and programming are available to individuals (1) involved within the state's criminal-justice facilities, (2) reentering the community under supervision, and (3) voluntarily wanting to address criminogenic need areas
- ◆ According to CMC's Program Status Update form for AOP, the program's strengths include:
 - Centralized and integrated Access Team
 - Usually less than two weeks' waiting time to intake for new clients, and no wait for services after intake
 - Walk-in times are available in Bradford, Randolph, and Wilder for both new and current clients
 - Care Coordinators provide immediate access for individuals coming out of an inpatient setting or primary care; the addition of an Access Coordinator enhances front-end capacity in that care coordinators can see anyone for immediate needs
 - Non-categorical case management is now offered to AOP clients
 - IDDT is offered in all programs
 - CMC's Medical Director is involved in all adult services
 - The agency offers a DBT program, WRAP groups, therapy groups for both mental health and substance abuse, and recovery groups with a focus on wellness skill development
 - Collaborative relationships with primary care practices including Little Rivers Health Center, Gifford Medical Center, Upper Valley Pediatrics, White River Family Practice, and Dr. Melanie Lawrence in Bradford. CMC is co-located with Gifford Medical Center physicians at the Chelsea Health Center
 - Involvement with Community Health Teams in Randolph, Bradford and White River Junction

- Involvement with SASH (Support and Services at Home) teams in Randolph and Bradford
- The HRSA Open Any Door Bi-directional grant allows primary care access for CMC adult clients in Bradford
- Strong relationships with the Department of Corrections; Batterer's Intervention Program (BIP) and sex offender treatment (SOT) programming offered
- Challenges for Change funding included in AHS Master Grant for Fiscal Year 2014; the funding targets individuals who meet specific targeted AHS services
- Continuing collaboration with Washington County Mental Health for ElderCare services
- Trauma Initiative: two-day training on cognitive behavioral therapy (CBT) for PTSD followed by fourteen weeks of telephone consultation. Clinical staff from both CRT and AOP took part in the training.
- ◆ Six of CMC's eleven AOP staff answered the Survey Monkey's questions about access to AOP services. All six, or 100%, said that the agency responds to requests for services and supports within a reasonable amount of time.
- ◆ Five of the six staff (83.3%):
 - Consider the wait for services reasonable
 - Are aware of how many clients are admitted to inpatient psychiatric hospital settings from the CMC catchment area
 - Believe that clients admitted to inpatient psychiatric hospital settings for treatment return as quickly as possible to the community
- ◆ Four of the six stakeholder respondents to the Survey Monkey questionnaire (66.7%) indicated satisfaction with access to Adult Outpatient services at CMC; one of the remaining two respondents answered no to this question, and the sixth did not know
- ◆ Three of the six stakeholder respondents (50%) indicated satisfaction with ElderCare services at the agency, while the other three did not know

Challenges:

- ◆ The AOP Program Status Update form lists the following challenges:
 - Transportation
 - Lack of housing and resources
 - Lack of transitional housing
 - Regional challenges owing to split AHS districts: overlap of services with other designated agencies and involvement with multiple service providers
 - Offering services to individuals who are not financially able to pay insurance copayments
 - Continuing collaboration with Washington County Mental Health for ElderCare services

II. Practice Patterns

Services provided are appropriate, of high quality, and reflect current best practices.

CMC's Utilization Review Protocol includes several components:

- ◆ Assessment/treatment planning
- ◆ Supervision/team meetings/case consultation
- ◆ Supervisor responsibilities (clinical documentation, clinical record reviews)
- ◆ High-risk/high-need clinical consultation
- ◆ Professional quality record review
- ◆ Administrative review of care delivery

Strengths:

The Program Status Update form mentions the following strengths under practice patterns:

- ◆ All clinicians receive at a minimum an hour of individual supervision per week, as well as a weekly AOP team meeting to discuss cases and to provide supervision and further case planning
- ◆ The Medical Director attends the weekly AOP team meeting
- ◆ The first half-hour of the weekly meeting overlaps with the Emergency team meeting as a way to facilitate communication and coordination of the client's needs
- ◆ The AOP team works closely with the Access and Emergency teams to facilitate timely linkage to ongoing services for clients
- ◆ Weekly clinical group supervision, led by a senior AOP clinician licensed in both mental health and substance abuse counseling
- ◆ Internal clinical training once a month; clinicians in all programs are invited to attend
- ◆ On the Survey Monkey questionnaire, all six AOP respondents, or 100% of them, indicated that:
 - Staff are able to implement treatment plans adequately
 - They have been assigned duties and responsibilities appropriate to their level of training, education, and experience
 - They have participated in some training(s) during the past year
 - Treatment plans are reviewed periodically with clients
 - The agency works well with other related agencies to implement treatment plans
 - The agency has worked well with other local related agencies to build and sustain the system of care
 - The agency's counselors and case managers communicate with clients in ways that are easy to understand
 - Non-clinical staff communicate with clients in ways that are easy to understand
 - They receive regular clinical supervision
- ◆ Five of the six respondents answered the SurveyMonkey question about regular evaluations, and all five respondents replied (100%) in the positive.
- ◆ All six AOP respondents rated CMC as adequate or superior on:
 - The results of the agency's crisis response interventions (adequate: 2, or 33.3%; superior: 4, or 66.7%)
 - The results of the agency's clinic-based interventions (3, or 50%, in each category)
 - Clinical supervision (adequate: 2, or 33%; superior: 4, or 66.7%)
 - The agency's ability to determine the training needs of staff (3, or 50%, in each category)
 - The agency's response to determined training needs (adequate: 4, or 66.7%; superior: 2, or 33.3%)

Challenges:

The AOP Program Status Update form lists the following challenges:

- ◆ Separate funding streams and licensing requirements that are a workforce barrier to co-occurring treatment
- ◆ Transition to electronic health records (EHRs) in 2012, and continuing development of systems and reports to be able to capture and produce data in a routine manner
- ◆ The agency has adopted Results-Based Accountability and has begun to incorporate data needs into all programs, but the challenge remains to develop a streamlined way to collect and produce relevant data that are also in line with data requested by various other agencies to which CMC is accountable (e.g., the Division of Alcohol and Drug Abuse Programs, DMH, and the Department of Corrections)
- ◆ Although four of the five AOP respondents (80%) who answered the SurveyMonkey's question about ElderCare outreach interventions rated CMC as adequate in this regard, one of them (20%) rated the agency as inadequate.

- ◆ CMC states that the move toward health care reform and population management makes it more challenging to contract with outside agencies for ElderCare services because of the need for more collaboration and integration with other providers.

III. Outcomes/Results of Treatment

The quality of life for consumers will improve.

CMC tracks outcomes in a variety of ways: EHRs, Excel spreadsheets, crystal reports, even manually if necessary. The agency uses the Results-Based Accountability model to manage client outcomes. The Chief Operating Team works with an RBA committee to establish, implement, track, address, and set priorities for outcomes for each program area. Outcomes are tracked on a daily, weekly, monthly, quarterly, or annual time frame.

The Program Status Update form identifies the following as client outcome measures that are monitored:

- ◆ Number of people served
- ◆ Number of client hours provided
- ◆ Percentage of clients with two or more services within thirty days
- ◆ Age of clientele
- ◆ Diagnosis
- ◆ Number with dual diagnoses of substance abuse and mental illness
- ◆ Total number of admissions
- ◆ Total number of discharges
- ◆ Average length of stay
- ◆ PCL, PHQ-9 (Patient Health Questionnaire-9), and the Modified Mini Screen (MMS) assessment scores

Strengths:

The Program Status Update form lists the following strengths under outcomes for CMC:

- ◆ Implementation of three assessment tools being given out to all adults at intake: the PHQ-9, the PCL, and the MMS
- ◆ Hospital Diversion case managers added under the provisions of Vermont's Act 79 offer support to AOP clients (Hospital Diversion tracks progress through use of the Self-Sufficiency Matrix both at initial meeting and later at quarterly updates)
- ◆ System in place that promotes excellent coordination between AOP clinicians and Hospital Diversion case managers
- ◆ Psychiatric services are available to AOP clients once they are engaged, as determined in collaboration with primary care providers
- ◆ CMC is a fully integrated treatment center for mental health, substance abuse, and physical health
- ◆ CMC provides spoke services for clients on Suboxone if they are deemed appropriate and are in the maintenance stage of treatment
- ◆ The Medication Assisted Treatment program provides case coordination and nursing support for Medicaid patients in the program

Challenges:

- ◆ Not all AOP programs offer psychiatric services, thus resulting in outreach from clients outside CMC's service-provider area looking for these services

- ◆ Individuals in the medication-assisted treatment program are complex, also requiring a great deal of resources
- ◆ Care coordination and nursing support are available only to clients of Medicaid; for other clients, the services provided are not reimbursable
- ◆ AOP staff responses to the SurveyMonkey questions about outcomes for consumers were mixed. All six, or 100% of the AOP respondents, indicated that:
 - The agency does not conduct satisfaction surveys with the agency staff
 - The agency does not conduct satisfaction surveys in the greater community
 - They have not seen the results of the Department of Mental Health's satisfaction surveys
- ◆ Five of the six (83.3%) indicated that the agency conducts satisfaction surveys with clients; five AOP respondents also indicated that they have not seen the results of the agency's surveys
- ◆ Four respondents answered the SurveyMonkey's question about whether or not the agency has adequate ways of knowing if services are effective; three of the four answered yes.

On satisfaction with the agency:

- ◆ All six respondents rated clients as satisfied or very satisfied with the agency (satisfied: 4, or 66.7%; very satisfied: 2, or 33.3%)
- ◆ All six respondents rated staff as satisfied or very satisfied with the agency (3, or 50%, in each category)
- ◆ All six respondents, or 100% rated the community as satisfied with the agency.

IV. Structure/Administration

Designated Agencies will be fully functional, and have strong working relationships with the Department, consumers, families, and other stakeholders.

The Program Status Update form states that CMC monitors the following performance and outcome measures:

- ◆ Staff turnover
- ◆ Record compliance
- ◆ Critical incidents
- ◆ Health and safety incidents
- ◆ Direct service
- ◆ Company mileage
- ◆ Complaints, grievances, and appeals
- ◆ Client satisfaction

Strengths:

- ◆ The Program Status Update form states that CMC maintains strong working relationships with a number of community partners and committees with an emphasis on primary care integration. The agency's two care coordinators help facilitate the relationships with primary care and other area providers, including:
 - Adult Outpatient Directors meeting
 - Little Rivers Health Care
 - Gifford Health Care
 - White River Family Practice
 - Randolph, Bradford and White River Community Health Teams
 - Randolph and Bradford SASH (Support and Services at Home) teams

- Member of Advisory Board for Gifford Health Center’s Randolph and White River Junction teams
- Member of Advisory Board for Upper Valley Community Health Team (CHT) for Blueprint initiatives that promote physical health
- Chelsea Health Board
- Community Action Councils
- ◆ All six AOP staff respondents to the SurveyMonkey agreed that:
 - The agency gives clients information about their rights
 - The agency informs clients about the grievance and appeal process
 - It is clear whom to ask for help with a question or a problem
 - The staff are familiar with the agency’s policies and procedures for managing the confidentiality of information
 - The agency requires staff to inform clients of their right to approve or refuse the release of information
- ◆ All six AOP respondents rated the agency as adequate (3, or 50%) or superior (3, or 50%) on the following points:
 - Agency adherence to its confidentiality policies and procedures
 - Agency adherence to policies and procedures related to release of client information
- ◆ One of the three AOP staff who answered the SurveyMonkey’s open-ended question about access to services commented that staff work hard not to have a long wait; some therapists hold people until they have a longer-term match
- ◆ Two of the three AOP staff respondents to the SurveyMonkey’s open-ended question about practice patterns commented that:
 - CMC makes an effort to provide training and supervision to improve quality of care
 - Yes, we do a good job of staying current and relevant with the needs of the community and advances in the field
- ◆ On results of care, the three AOP respondents indicated that:
 - Our holistic and team approach means that clients’ needs are met no matter where they are
 - Consumers appear to benefit significantly and quality of life is improved as a result of engagement in services with CMC
 - That is a goal and we adequately address that
- ◆ On structure and administration, one AOP respondent praised the agency for working to create an atmosphere in which staff are supported and that sense of support is carried to work with clients

Challenges:

- ◆ The Program Status Update form for AOP states that overlap exists in access in every area because of the rural nature of the county and its diverse town structures
- ◆ The catchment area includes not only Orange County but also five towns in the Hartford District, so that CMC is overseen by two separate AHS districts and interacts with three Community Health Teams, two SASH teams, two FQHCs (Federally Qualified Health Centers) and various group medical practices, two Community Action agencies, and other agencies. The need to attend multiple individual community meetings to maintain representation and effectively advocate for the needs of the area at those meetings places a burden on staff time and availability to provide direct care.
- ◆ Only three of the five AOP staff respondents (60%) who answered the SurveyMonkey question about “enough time to get things done” said yes, while two of them (40%) said no
- ◆ One of the three AOP staff who answered the SurveyMonkey’s open-ended question about access to services indicated that “for a while this year, intakes for AOP admission were backed up”

- ◆ In answer to the SurveyMonkey's question about improving the quality of care at CMC, the AOP respondents offered the following ideas:
 - More training funds
 - Improved infrastructure (i.e., rooms conducive to providing therapy)
 - Provide increased time for treatment preparation/training

**Significant Changes Over the Previous 3 Years and
Plans for Improvement**

Significant Changes:

- ◆ The AOP Program Status Update form lists the following changes:
 - Addition of Care Coordinators to meet the needs of inpatient facilities and primary care
 - Addition of hospital diversion beds
 - Addition of non-categorical and hospital-diversion case management services to help divert individuals from hospital-level care
 - Added capacity of an Access Coordinator
 - Care Coordination services added to the White River Family Practice
 - Involvement with Blueprint Community Health Teams and SASH
 - Gifford Area Recovery Program: To improve coordination of services for pregnant women who are opiate-dependent
 - Involvement with Community Health Teams in Randolph, Bradford, and White River Junction
 - The HRSA Open Any Door Bi-directional grant allows primary care access for CMC adult clients in Bradford

Plans for Improvement:

- ◆ The AOP Program Status Update form lists the following plans for improvement:
 - Outcome development and data collection
 - Development of peer services
 - Increase transitional housing programs in Orange County, increase Shelter + Care vouchers, and housing services for those who need them

Adult Outpatient Services:

| Quality Domain | Recommendations |
|---|------------------------|
| <i>Access</i> | • None identified. |
| <i>Practice Patterns</i> | ◆ None identified. |
| <i>Outcomes</i> | • None identified. |
| <i>Structure/ Administration</i> | • None identified. |

| Quality Domain | Requirements |
|---|---------------------|
| <i>Access</i> | • None identified. |
| <i>Practice Patterns</i> | • None identified. |
| <i>Outcomes</i> | • None identified. |
| <i>Structure/ Administration</i> | • None identified. |

Adult Outpatient Services

Current Data: Substantially Different* from other DAs

(*20% or more different from the state average for all DAs in at least one of the two most recent fiscal years for which data are available)

Source: DMH *Statistical Reports* for Fiscal Years 2009 and 2010

| | <u>DA avg. FY2012</u> | <u>State avg. FY2012</u> | <u>DA avg. FY2013</u> | <u>State avg. FY2013</u> |
|---|---------------------------|------------------------------|---------------------------|------------------------------|
| <i>Age of clients served:</i> | | | | |
| ↑↓ 13-19 | 3% | 2% | 1% | 3% |
| ↑↑ 35-49 | 36% | 30% | 37% | 29% |
| ↓↓ 65+ | 4% | 11% | 5% | 11% |
| <i>Responsibility for fee of clients served</i> | | | | |
| ↓↓ Medicare | 15% | 26% | 19% | 25% |
| <i>Diagnosis of clients served</i> | | | | |
| ↑↓ No diagnosis data | 11% | 6% | 4% | 10% |
| ↓↓ Organic brain syndrome | 0% | 2% | 1% | 4% |
| ↓↓ Schiz./other psychoses | 1% | 4% | 2% | 4% |
| ↓↓ Affective disorder | 38% | 56% | 39% | 55% |
| ↓ Personality disorder | 6% | 8% | --- | --- |
| ↑↑ Adjustment disorder | 25% | 18% | 25% | 18% |
| ↓↓ Social problem | 1% | 3% | 1% | 3% |
| ↑↑ Substance abuse | 20% | 15% | 23% | 14% |
| ↑ Other DSM disorder | 6% | 2% | 0% | 2% |
| <i>Length of stay of clients served</i> | | | | |
| ↑ Previous fiscal year | --- | --- | 32% | 22% |
| ↓↓ 6-10 years earlier | 5% | 9% | 4% | 8% |
| ↓↓ 11+ years earlier | 4% | 7% | 3% | 7% |
| <i>Medication and medical support and consultation services</i> | | | | |
| ↓↓ %age of clients receiving | 21% | 33% | 24% | 31% |
| ↓↓ Services as %age of all AOP non-res. services | 6% | 16% | 6% | 14% |
| ↓↓ Services per client | 3 | 5 | 3 | 4 |
| <i>Clinical assessment services</i> | | | | |
| ↓ Services as %age of all AOP non-res. services | --- | --- | 4% | 6% |
| <i>Service planning and coordination</i> | | | | |
| ↑↑ %age of clients receiving | 25% | 11% | 23% | 14% |
| ↑ Services as %age of all AOP non-res. services | 6% | 4% | --- | --- |
| ↓↓ Services per client | 3 | 4 | 3 | 4 |

| | <u>DA avg. FY2012</u> | <u>State avg. FY2012</u> | <u>DA avg. FY2013</u> | <u>State avg. FY2013</u> |
|--|----------------------------------|-------------------------------------|----------------------------------|-------------------------------------|
| <i>Community supports</i> | | | | |
| ↑↑ %age of clients receiving | 69% | 27% | 65% | 26% |
| ↑↑ Services as %age of all AOP non-res. services | 18% | 15% | 26% | 3% |
| ↓ Services per client | 3 | 5 | --- | --- |
| <i>Emergency/crisis assessment, support and referral</i> | | | | |
| ↑↑ %age of clients receiving | 11% | 2% | 26% | 3% |
| ↑↑ Services as %age of all AOP non-res. services | 1% | 0% | 5% | 1% |
| ↑ Services per client | 2 | 1 | --- | --- |

E. Emergency Services

I. Access

Core services are available to those in need.

CMC's Program Status Update form for Emergency/Crisis Services states that the agency's Access and Acute Care Services program provides immediate emergency crisis response via telephone or in person to all consumers and others in the catchment area. The program assesses level-of-care needs and facilitates linkage to appropriate treatment, including screening for voluntary and involuntary hospitalization and linkage to resources in the community. Acute Care Services also include programs to assist in diverting clients from hospitalization if clinically appropriate, including short-term non-categorical case management for individuals who are not traditionally eligible for case management through other programs. CMC also has a two-bed crisis stabilization program staffed twenty-four hours a day, seven days a week to serve adults either as a step-down from inpatient care or as diversion from hospitalization.

The program served 419 clients in Fiscal Year 2013. That number represents an increase of 7% over the 389 served in Fiscal Year 2012. All individuals in Orange County are eligible for emergency services as needed.

Strengths:

- ◆ Additional staff have made it possible to have dedicated emergency and case management staff in both of the agency's main clinic sites, providing same-day access to crisis resources
- ◆ While walk-in hours twice a week are identified at both sites, any individual can walk in and be seen as needed for support and linkage to ongoing services during business hours
- ◆ A CMC emergency clinician is also on call throughout the night to respond to needs in the community after normal business hours
- ◆ Staff in acute care have been cross-trained to be able to work in all modalities in the acute care system, so staff can be flexible in meeting the demands of the community and clients as needed
- ◆ The program continues to have strong community relationships with local law enforcement, Gifford Medical Center, school districts, Safe Haven, Vermont Psychiatric Survivors, Little Rivers Health Care, and Central Vermont Community Action Council, to name a few
- ◆ Four Emergency Services staff answered DMH's SurveyMonkey for this agency review; all four agreed that:
 - The agency responds to requests for emergency services within a reasonable amount of time
 - The agency provides all of the CRT core capacity services
 - The wait for services is reasonable
 - Staff are aware of how many consumers are admitted to inpatient psychiatric care
 - Staff believe that consumers admitted to inpatient psychiatric hospital settings for treatment return as quickly as possible to the community
- ◆ Five of the six stakeholder respondents (83.3%) to the SurveyMonkey indicated satisfaction with access to Emergency Services at CMC; the sixth answered "don't know" to the access question

Challenges:

- ◆ Geography: No direct route other than driving over two mountains that separate CMC's two main sites, in Randolph and Bradford
- ◆ Lack of public transportation resources for consumers who need to get to services
- ◆ Lack of housing resources: both permanent, affordable housing and short-term or crisis housing
- ◆ Recent changes at the Department of Housing and Urban Development (HUD):
 - A new HUD definition of homelessness and additional documentation required for it limit the agency's ability to provide housing to a greater number of clients who are homeless and mentally ill through the Safe Haven program in Randolph
 - Cuts in HUD funding and the long-term impact of sequestration have had a serious impact on the agency's ability to move clients out of transitional housing into permanent housing; thus a backlog of clients who might once have been eligible for admission to Safe Haven can no longer be served
- ◆ Changes in the General Assistance/Economic Services Division rules for emergency housing that went into effect in July 2013 created additional difficulties for the above-mentioned population
- ◆ Additional transportation difficulties created because of change of oversight from the Central Vermont Community Action Council in Randolph to Economic Services in White River Junction

II. Practice Patterns

Services provided are appropriate, of high quality, and reflect current best practices.

Strengths:

- ◆ All clinicians receive a minimum of one hour of individual supervision per week, as well as a weekly emergency team meeting to discuss emergency contacts to the agency the previous week to provide supervision and further cased planning
- ◆ The Medical Director and other identified staff across all programs attend the weekly emergency team meeting to coordinate linkage and care
- ◆ The acute care team works closely with the access team to facilitate timely linkage to ongoing services for clients
- ◆ The emergency program has strengthened relationships with local law enforcement agencies to respond in tandem when possible to provide better quality of care for clients and a better partnership between mental health and law enforcement
- ◆ Four clinicians have been trained as Team Two Trainers, a DMH initiative to address the mental health-law enforcement partnership need across the state
- ◆ All four (100%) of the ES staff respondents agreed that:
 - Staff are able to implement treatment plans adequately
 - ES staff have been assigned duties and responsibilities appropriate to their level of training, education, and experience
 - ES staff receive regular clinical supervision
 - Treatment plans are periodically reviewed with consumers
 - CMC works well with other related agencies to implement treatment plans
 - CMC works well with other agencies to build and sustain the system of care for consumers
 - The agency's counselors and case managers as well as non-clinical staff communicate with consumers in ways that are easy to understand

- Three of the four ES staff respondents (75%) agreed that they receive regular performance evaluations
- ◆ Three of the ES staff respondents answered the following questions in the affirmative:
 - Do clients write crisis plans?
 - When non-clinical staff (e.g., the business office staff) try to communicate with consumers, is the communication easy to understand?
- ◆ All four ES staff respondents rated the agency as adequate or superior in the following:
 - Results of outreach interventions (adequate: 1, or 25%; superior: 3, or 75%)
 - Results of clinic-based interventions (adequate: 2, or 50%; superior: 2, or 50%)
 - Ability to determine training needs of staff (adequate: 3, or 75%; superior: 1, or 25%)
 - Response to staff training needs (adequate: 3, or 75%; superior: 1, or 25%)
 - Clinical supervision (adequate: 2, or 50%; superior: 2, or 50%)

Challenges:

- ◆ Given the limited number of psychiatric inpatient beds in the state since the closure of the Vermont State Hospital, CMC has struggled, along with all other designated agencies, to gain access to inpatient care for clients who need it. The lack of a designated inpatient hospital in Orange County means that CMC must rely on the willingness of DHs in other areas to accept CMC clients for admission
- ◆ If no beds are available, or if no hospital is willing to accept a CMC client for admission, the only recourse is for the client to stay in the local Emergency Room at the Gifford Medical Center or a crisis bed operated by the agency if one is available—and, if the client is on emergency-examination status, the client cannot be admitted to a CMC crisis bed but must be boarded in the local Emergency Room, which routinely does not have the capacity or capability to manage acute care needs

III. Outcomes/Results of Treatment

The quality of life for consumers will improve.

CMC's Emergency Services program monitors hospitalizations, both voluntary and involuntary, and hospital diversions. CMC's *Performance Management and Data Reporting Plan* of 2013 states that the agency has established a performance management workgroup to review the outcome/data needs for the agency and to develop a plan for implementation (if needed) and monitoring on an ongoing basis.

Strengths:

- ◆ Hospital-diversion case managers have begun to make use of the Self-Sufficiency Matrix both at initial meeting and at quarterly updates to review client progress and future planning needs
- ◆ With the addition of a number of staff to the acute care team, more clinicians are now available to respond to immediate needs for services or screening, thus decreasing the wait time for clients to be seen
- ◆ At client intake, Chris's Place completes a review of the client's identified symptoms and their impact on daily functioning; this review is subsequently reassessed throughout the admission for noted progress and improvement
- ◆ All three ES staff respondents to the SurveyMonkey questions about satisfaction surveys agree that:
 - the agency conducts satisfaction surveys with consumers
 - the agency has adequate ways of knowing if services are effective

- ◆ On satisfaction with the agency, all four ES staff respondents indicated that consumers, staff, and community gave the agency the following ratings:
 - Consumers: satisfied (2, or 50%) or very satisfied (2, or 50%)
 - Staff: satisfied (all four, or 100%)
 - Community: satisfied (3, or 75%) or very satisfied (1, or 25%)

Challenges:

- ◆ CMC transitioned to electronic health records in 2012 and continues to develop systems and reports to be able to capture and produce data in a routine manner
- ◆ The agency has adopted Results-Based Accountability and has begun to incorporate data needs into all programs, but the remaining challenge is in developing a streamlined way to collect and produce relevant data that are also in line with the data requested or required by the various agencies (e.g., DMH, Alcohol and Drug Abuse Programs, the Department of Corrections, and others) to which CMC is accountable
- ◆ None of the four ES staff respondents indicated that they had seen the results of the Department of Mental Health's satisfaction surveys
- ◆ Only one of the three ES staff respondents to the SurveyMonkey questions about satisfaction surveys indicated that the agency conducts surveys among agency staff; the other two (66.7%) answered no to the question
- ◆ None of the three ES staff respondents indicated that the agency conducts satisfaction surveys in the greater community

IV. Structure/Administration

Designated Agencies will be fully functional, and have strong working relationships with the Department, consumers, families, and other stakeholders.

CMC 's *Performance Management and Data Reporting Plan* of 2013 is still in development. It has several goals:

- ◆ To ensure that the agency understands and meets its reporting requirements both contractually and programmatically
- ◆ To define as an organization what indicators the agency wants to know to assure high quality of care to both clients and community
- ◆ To ensure that the Avatar system, CMC's electronic health records, supports programs in an efficient and effective manner
- ◆ To include measures of effectiveness, efficiency, and satisfaction
- ◆ To develop a proactive process to review, renew, or revise business strategies to provide excellent service
- ◆ To balance the alignment of organization purpose, service, business practices, and organizational resources
- ◆ To utilize the Results-Based Accountability model
- ◆ To collect data, set organization business and service delivery performance goals, and measure indicators for the purpose of review and analysis of results for all facets of the organization—including finance, accessibility, resource allocation/staff MAPS/direct service, risk management, grievances and appeals, complaints, human resources, health and safety, service delivery, and record compliance
- ◆ To continue to meet CARF standards
- ◆ To participate on the State Outcome Workgroup and incorporate information into the agency performance management plan

Strengths:

- ◆ The Program Status Update form states that Acute Care Services maintains strong working relationships with a number of community partners and committees:
 - Emergency Services Directors meeting
 - Crisis Bed Directors meeting
 - Hartford Continuum of Care meeting
 - Orange County Housing Resource Group
 - Community Initiative meeting (CMC and Health Care and Rehabilitation Services of Southeastern Vermont)
 - Vermont Affordable Housing Coalition
 - Community Action Councils
 - Safe Haven Operating Team (CMC, VPS, DMH representation, and Vermont State Police)
 - Orange County Sheriff's Department
- ◆ The four ES staff who answered the SurveyMonkey questions on agency structure all agreed that:
 - The agency gives consumers information about their rights
 - The agency informs consumers about the grievance and appeal process
 - It is clear whom to ask for help with a question or a problem
 - ES staff are familiar with the agency's policies and procedures for managing the confidentiality of information
 - The agency requires staff to inform consumers of their right to approve or refuse the release of information
 - Program directors and staff supervisors have enough time to get things done
- ◆ The four ES respondents to the SurveyMonkey rated the agency as adequate (1, or 25%) or superior (3, or 75%) in adherence to the policies and procedures related to the release of consumer information

Challenges:

- ◆ The Program Status Update form notes that the rural nature of Orange County and its diverse town structures results in overlap in access in every area. The rural area covers not only Orange County but also the top five towns of the Hartford District. Thus CMC is overseen by two separate Agency of Human Services districts, three Vermont State Police departments, and two Community Action agencies in addition to other agencies. The need to attend multiple individual community meetings to maintain representation and effectively advocate for the needs of our area at those meetings creates a burden on staff time and availability to provide direct care to clients.
- ◆ None of the ES staff respondents answered any of the SurveyMonkey's open-ended questions under any of the four quality domains

V. Significant Changes and Plans for Improvement

Significant Changes:

Since Tropical Storm Irene in 2011 and the subsequent unplanned closure of the Vermont State Hospital, the Emergency Services program at the Clara Martin Center has undergone extensive changes that continue to this day.

- ◆ The program, now called Acute Care Services, expanded from one full-time clinician to a complete system of short-term emergent response to consumers through a continuum of

services, with the goal of reducing the utilization of inpatient hospital beds by the increase in community resources

- ◆ A second full-time emergency clinician was added, so that there is a dedicated emergency clinician on site in both Randolph and Bradford
- ◆ A hospital-diversion case manager was also added at each site to provide short-term case management to adults. Hospital-diversion services are focused on clients in need of case management for a brief period to help minimize the usage of psychiatric hospitalizations and also on those who have recently left an inpatient setting until connections with outpatient services can be made
- ◆ In addition to the expansion of Acute Care Services, the agency, with the support of DMH, launched a new two-bed crisis-diversion program, Chris's Place. One bed was opened in April 2012, with a second bed coming on line in December 2013. Chris's Place is open to adults eighteen years of age and older, primarily serving residents in the CMC catchment area, but it can accept admissions from across the state with coordination with the referring agency. The program is staffed twenty-four hours a day, seven days a week, with an average length of stay between three and fourteen days depending on individual need and plan of care. Admissions are designed for those who can step down from an inpatient setting but need additional short-term support before returning home or those who need additional support to stay out of the hospital.
- ◆ Selected employees of the Acute Care System have also been trained as Mental Health First Aid Trainers. They have completed two trainings this year for internal CMC employees in addition to outside community partners, with additional trainings planned for 2014. Those same employees have also been trained as Team Two Trainers, a DMH initiative to facilitate better linkage between law enforcement and mental health professionals.

Plans for Improvement:

- ◆ After the initial stages of development of the Acute Care system in response to Act 79 were completed and the programs were up and running, the agency identified a need to look again at how the Access and Acute Care systems interface with a view to unifying them to streamline services. By aligning the two departments, it will improve more immediate access to ongoing services. Program directors have already begun to look at an access development plan for their respective programs to target areas for improvement. These efforts will be ongoing as the agency develops the new system.
- ◆ Once construction is completed on the second diversion bed at Chris's Place, changes will be made in how services and programming are delivered to clients to be able to serve two individual clients with differing needs. Training for diversion-bed staff began at the end of 2013.
- ◆ The agency has identified the need to train additional internal staff on emergency response. A yearly training plan for that need has begun. The training will help clinicians be in a better position to obtain QMHP (Qualified Mental Health Professional) designation from DMH once other DMH requirements for designation have been met.

Emergency Services:

| Quality Domain | Recommendations |
|----------------------------------|--|
| Access | <ul style="list-style-type: none"> • None identified. |
| Practice Patterns | <ul style="list-style-type: none"> ◆ None identified. |
| Outcomes | <ul style="list-style-type: none"> ◆ It is not possible to tell with certainty from the responses to the Survey-Monkey questions about satisfaction surveys for staff and community, but it appears that CMC does not administer them—or, if it does, does not distribute the results. The agency might consider approaching such surveys in a more organized fashion. (See p. 51.) |
| Structure/ Administration | <ul style="list-style-type: none"> • None identified. |

| Quality Domain | Requirements |
|----------------------------------|--|
| Access | <ul style="list-style-type: none"> • None identified. |
| Practice Patterns | <ul style="list-style-type: none"> • None identified. |
| Outcomes | <ul style="list-style-type: none"> • None identified. |
| Structure/ Administration | <ul style="list-style-type: none"> • None identified. |

Emergency Services

Current Data: Substantially Different* from other DAs

(*20% or more different from the state average for all DAs in at least one of the two most recent fiscal years for which data are available)

Source: DMH *Statistical Reports* for Fiscal Years 2009 and 2010

| | DA avg. FY2012 | State avg. FY2012 | DA avg. FY2013 | State avg. FY2013 |
|---|---------------------------|------------------------------|---------------------------|------------------------------|
| <i>Clinical interventions</i> | | | | |
| ↓↓ %age of clients receiving | 0% | 2% | 0% | 12% |
| ↓↓ Services as % of non-residential services | 0% | 6% | 0% | 12% |
| <i>Service Planning and Coordination</i> | | | | |
| ↓↓ %age of clients receiving Services as %age of non-residential services | 2% | 6% | 1% | 12% |
| ↓↓ Services per client | 1 | 7 | 1 | 4 |
| <i>Community Supports</i> | | | | |
| ↓ %age of clients receiving | --- | --- | 0% | 10% |
| ↓↓ Services as %age of non-residential services | 3% | 10% | 0% | 21% |
| ↓? Services per client | 1 | 7 | No data | 8 |
| <i>Emergency/crisis assessment, support and referral</i> | | | | |
| ↑↑ Services as %age of non-residential services | 96% | 70% | 99% | 54% |

F. Psychiatric Services

I. **Access**

Core services are available to those in need.

Information from the Program Status Update form indicates that psychiatry/medical appointments at CMC are available only to people who are open clients, and, on a limited basis, to non-clients who may enter through the walk-in clinic if therapists deem a psychiatric appointment necessary.” The walk-in clinic is staffed with therapists who can meet with the person to offer support and, if a psychiatrist is needed, they will make the referral. The psychiatrist does not staff the clinic per se.

Strengths:

The Program Status Update form for Psychiatry/Medical Services in CRT and AOP programs notes the following strengths under access to services:

- ◆ Walk-in services are offered for quick support to open clients
- ◆ CMC psychiatrist(s) offer phone support and consultation to local primary care physicians to help them manage the psychiatric medications until the client can see the CMC psychiatrist

Challenges:

- ◆ The Program Status Update form notes one challenge: limited psychiatric resources, especially child psychiatry
- ◆ Three of the six stakeholder respondents to the SurveyMonkey (50%) indicated satisfaction with access to psychiatry at CMC, but one (16.7%) indicated dissatisfaction and two answered “don’t know” to this question

II. **Practice Patterns**

Services provided are appropriate, of high quality, and reflect current best practices.

The Program Status Update form states that CMC psychiatric staff maintain CMEs following the guidelines of the American Psychiatric Association and the American Medical Association. Not all agency psychiatrists have regular clinical supervision. Clients on atypical antipsychotics are monitored for body/mass index (BMI), blood pressure, diabetes, and blood sugar.

Strength:

- ◆ The Program Status Update form notes one strength under practice patterns: The agency offers very good programs in nutrition and exercise.

Challenge:

- ◆ The agency does not have a smoking-cessation program.

III. Outcomes/Results of Treatment

The quality of life for consumers will improve.

The Program Status Update form lists several recovery indicators that guide the work of the psychiatric staff:

- ◆ Stable employment
- ◆ Stable housing
- ◆ Lack of need for hospitalization
- ◆ Staying out of trouble with the law
- ◆ Symptom control
- ◆ Social networks/activities

Strengths:

- ◆ Employment: CMC has hired an employment specialist who meets with clients and sits in on treatment team meetings to keep the focus on employment when that is the goal. The agency uses the Dartmouth model of Individual Placement and Support to enhance employment.
- ◆ Housing: Case managers help with housing when a client needs a place to live. The agency has developed relationships with local landlords who are helpful in assisting clients with housing.
- ◆ Save Haven: In addition to relationships with landlords, CMC has Safe Haven, a program for clients who are homeless.
- ◆ Reducing need for hospitalization: The agency has developed a new crisis residential program called Chris's Place to help avoid hospitalization or to step down after inpatient care in addition to regular work with people's health.
- ◆ Involvement with Corrections: CMC has programs and plans aimed toward people coming out of Corrections to reduce recidivism.
- ◆ Socialization: CMC has several group therapy and social groups to help clients therapeutically and also to help them develop social connections. Men's and women's groups have been especially successful with socialization. There are also dialectical behavioral therapy (DBT) groups and other therapeutic groups.

Challenges:

- ◆ More and more people with more and more needs
- ◆ Limited resources and funding
- ◆ Compensation for the work

IV. Structure/Administration

Designated Agencies will be fully functional, and have strong working relationships with the Department, consumers, families, and other stakeholders.

The medical staff at CMC is comprised of 0.6 FTE RN, 1.4 FTE psychiatrist (adult), and 0.1 psychiatrist (children) who is there two days per month. The expected duration of a full psychiatric examination is 2 hours; for a medication evaluation, 30 minutes; and for a medication follow-up, also 30 minutes.

Strengths:

- ◆ Comprehensive assessment, rather than volume of patients seen, is the priority at CMC
- ◆ The agency is working with the local Federally Qualified Health Center (FQHC) and Gifford Hospital in educating colleagues about mental health treatment and providing consultation

Challenges:

- ◆ Time/availability of psychiatrist to cover the need

V. Significant Changes and Plans for Improvement

Significant Changes Over the Previous 4 Years:

- ◆ The Program Status Update form notes that two new RNs have been employed to help with the agency's physical health and fitness programs.

Plans for Improvement:

- ◆ Continue to improve on health and fitness programs
- ◆ Continue to improve on treatment of clients with dual diagnoses of mental illness and substance abuse (the challenge is growing with the use of suboxone)
- ◆ Trying to improve data collection for outcomes through streamlining the ones for which there is greatest ability to change)

Psychiatric Services:

| Quality Domain | Recommendations |
|---|---|
| <i>Access</i> | <ul style="list-style-type: none"> • None identified |
| <i>Practice Patterns</i> | <ul style="list-style-type: none"> • None identified |
| <i>Outcomes</i> | <ul style="list-style-type: none"> • None identified |
| <i>Structure/ Administration</i> | <ul style="list-style-type: none"> • None identified |

| Quality Domain | Requirements |
|---|---|
| <i>Access</i> | <ul style="list-style-type: none"> • None identified |
| <i>Practice Patterns</i> | <ul style="list-style-type: none"> • None identified |
| <i>Outcomes</i> | <ul style="list-style-type: none"> • None identified |
| <i>Structure/ Administration</i> | <ul style="list-style-type: none"> • None identified |



State of Vermont

Department of Mental Health
Commissioner's Office
280 State Drive, NOB 2 North
Waterbury, VT 05671-2010
<http://mentalhealth.vermont.gov/>

Agency of Human Services

[phone] 802-241-0090
[fax] 802-241-0100
[tty] 800-253-0191

January 27, 2016

Arnold Spahn, Board President
Clara Martin Center
1620 Hebard Hill Road
Randolph, VT 05060

Linda Chambers, Executive Director
Clara Martin Center
P.O. Box G
11 North Main Street
Randolph, VT 05060

Dear Arnold and Linda:

The Department of Mental Health (DMH) has completed the redesignation process for the Clara Martin Center for Adult Mental Health (AMH) and for Child, Youth, and Family Services (CYFS). The Adult and CYFS State Program Standing Committees have also reviewed the designation report and other materials relevant to the agency's redesignation. The requirements for redesignation are outlined in the *Administrative Rules on Agency Designation*, effective June 1, 2003.

The Process in Brief

Over the past several months, DMH has gathered information from a variety of sources to assess your agency's adherence to these criteria, including documentation you submitted with your application; documents and reports at DMH; survey information from consumers, staff, board, and local program standing committees; and comments from the general public. DMH staff compiled this information into a final *Designation Report* dated December 7, 2015/amended January 19, 2016. Representative staff of your agency were invited to meet with the State Program Standing Committees to respond to questions if either side so wished. The CYFS State Standing Committee met on November 20, 2015, and approved redesignation of CMC's mental-health programs for children, youth, and families, while the Adult State Standing Committee met on January 11, 2016, and recommended redesignation of AMH programs at CMC (Community Rehabilitation and Treatment, Adult Outpatient Services, and Emergency Services) with minor deficiencies. I have decided to accept the Standing Committees' recommendations on redesignation of your agency.

Designation Determination by the Department of Mental Health

- Redesignation—no further action required by the agency for programs for Children, Youth, and Families
- Redesignation—with minor deficiencies in Adult Mental Health programs—Community Rehabilitation and Treatment, Adult Outpatient Services, and Emergency Services: §§4.2.3 and 4.2.5-4.2.6 of the *Administrative Rules*
- Provisional Redesignation, without intent to dedesignate—multiple minor deficiencies requiring plans of corrective action

- Provisional Redesignation with intent to dedesignate—major deficiencies requiring plans of corrective action to meet essential elements of designation requirements/responsibilities
- Dedesignation

Overall Summary of Review

You and others at CMC have already received the final report of designation findings of December 7, 2015/ amended January 19, 2016, and the *Agency Review Report* of June 9, 2014. Please work with the following central office staff to bring §§4.2.3 and 4.2.5-4.2.6 of the *Administrative Rules* up to standard

§4.2.3 (bylaws): Karen Godnick Barber Karen.Barber@vermont.gov (802) 241-0123

§§4.2.5-4.2.6 (Local Program Standing Committee): Melinda Murtaugh Melinda.Murtaugh@vermont.gov (802) 241-0109

Enclosed along with this letter please find your certificate of agency designation for mental health programs for the next four years: Community Rehabilitation and Treatment, Adult Outpatient Services, Emergency Services, and Children, Youth and Family Services.

The State Program Standing Committee for Adult Mental Health recognized CMC for its accomplishments in the following areas:

- ⌘ Impressive outreach to the community, not pathologizing clients
- ⌘ An excellent presentation along with other information given by CMC staff at the Standing Committee meeting of January 11, 2016
- ⌘ Staff commitment to clients
- ⌘ The client-centered, flexible, holistic approach to services
- ⌘ Philosophy: warm, welcoming to clients, acknowledging that no one wants a label of mental illness
- ⌘ A treatment approach based on how the individual feels and what is going on in his/her life
- ⌘ CMC's consistent improvement over time in the domain of respect for clients, as measured by annual client surveys
- ⌘ The agency's measured approach to prescribing medications
- ⌘ CMC's support for advocacy (for example, local people who give testimony to the legislature and youth who recently received awards that were recognized nationally)

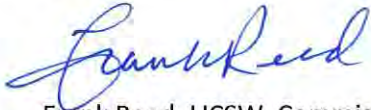
The Standing Committee also acknowledged with concern the erosion of staff that has been described at CMC lately, together with the Executive Director's concern over eroding dollars to develop the work force in years to come. Standing Committee members stated that it is important to remember that many other states look to Vermont as a model for public mental health.

The members of the State Program Standing Committee for the Child, Adolescent, and Family Unit (CAFU) approved redesignation for CMC's Child, Youth, and Family Services at its meeting of November 20, 2015, without further comment.

DMH commends the leadership and staff of the Clara Martin Center for the hard work they have done for many years and expresses sincere appreciation for their demonstrated commitment to improving the lives of Ver-

Monsters with mental health needs in Central Vermont. DMH would also like to recognize the dedication of your Board of Directors, agency staff, consumers and families and to thank them for their participation in the designation process. Congratulations on your redesignation.

Sincerely,



Frank Reed, LICSW, Commissioner

Enc. *DMH:* Melissa Bailey, Deputy Commissioner
Jaskanwar Batra, M.D., Medical Director
Mourning Fox, Mental Health Services Director
Emma Harrigan, M.S., Director of Quality Management
Charlie Biss, M.S.W., Director of the Child, Adolescent and Family Unit (CAFU)
Patricia W. Singer, M.D., Director of Adult Services Operations
Norm McCart, RN, Quality Management Coordinator
William McMains, M.D., Medical Director, CAFU

CMC: Dawn Littlepage, Clinical Director
Gretchen Pembroke, Program Director of CRT and Adult Outpatient Services
Christie Everett, Director of Emergency Services
Tammy Austin, Children's and Family Services Director
Kevin Buchanan, M.D., Medical Director
Melanie Gidney, Quality Management Director

*Vermont
Council* Julie Tessler



State of Vermont

Department of Mental Health
Office of the Commissioner
280 State Drive, NOB 2 North
Waterbury, VT 05671-2010

<http://mentalhealth.vermont.gov/>

Agency of Human Services

[phone] 802-241-0137
[fax] 802-241-0100
[tty] 800-253-0191

February 17, 2016

Arnold Spahn, Board President
Clara Martin Center
1620 Hebard Hill Road
Randolph, VT 05060

Linda Chambers, Executive Director
Clara Martin Center
P.O. Box G
11 North Main Street
Randolph, VT 05060

Dear Arnold and Linda:

Many thanks for the follow-up email of January 29, 2016, from Melanie Gidney together with the documentation demonstrating the Clara Martin Center's activity in regard to plans of corrective action for the three minor deficiencies noted in the *Redesignation Report* as amended on January 19, 2016. Those deficiencies were:

- § 4.2.3: CMC needs to update the "Executive Director" section of the bylaws to clarify that the board hires, supervises, annually evaluates and, if necessary, terminates the executive director. It should be clear also that the executive director may not be an officer or a member of any board committee.
- §§ 4.2.5 & 4.2.6: Local Program Standing Committee composition was a minor deficiency in 2011, and it is still an issue in 2015. CMC needs to provide copies of at least six months of minutes from Recent LPSC meetings held in 2015, together with an amended and simplified list of members with information sufficient to determine membership compliance with §§ 4.2.5 and 4.2.6 of the *Administrative Rules on Agency Designation*.

Upon reviewing the bylaws that were revised on January 28 of this year, the Commissioner's Legal Counsel has determined that the revised article on the Executive Director is now in compliance with § 4.2.3 of the *Administrative Rules*. Upon reviewing the revised membership lists for the Local Program Standing Committee and the Governing Board in addition to the minutes of LPSC meetings held in 2015 and 2016 so far, DMH's Quality Management Team has concluded that the agency is in compliance with §§ 4.2.5 and 4.2.6 of the *Administrative Rules* on LPSC membership and responsibilities.

I am pleased to offer congratulations again on redesignation of CMC's mental-health programs for another four years.

Sincerely,

Frank Reed, LICSW
Commissioner

Arnold Spahn, Board president
Linda Chambers, Executive Director
Clara Martin Center
February 17, 2016
Page 2

Email copies to:

DMH: Melissa Bailey, Deputy Commissioner
Jaskanwar Batra, M.D., Medical Director
Mourning Fox, Mental Health Services Director
Emma Harrigan, M.S., Director of Quality Management
Charlie Biss, M.S.W., Director of the Child, Adolescent and Family Unit
Patricia W. Singer, M.D., Director of Adult Services Operations
Norm McCart, RN, Quality Management Coordinator

CMC: Dawn Littlepage, Clinical Director
Gretchen Pembroke, Program Director of CRT and Adult Outpatient Services
Christie Everett, Director of Emergency Services
Tammy Austin, Children's and Family Services Director
Kevin Buchanan, M.D., Medical Director
Melanie Gidney, Quality Management Director

SPSC: Joe Gallagher, peer representative
Clare Munat, family member
Malaika Puffer, peer representative
Uli Schygulla, provider representative
Marla Simpson, peer representative
Thelma Stoudt, peer representative
Dan Towle, family representative