

***Lamoille Community Connections***

72 Harrel Street  
Morrisville, VT 05661  
(802) 888-5026

**Emergency Services ASAP**

520 Washington Highway  
Morrisville, VT 05661  
Pager 250-1447  
(802) 888-3102 (Monday–Friday 8-4:30)

**Copley House**

379 Washington Highway  
Morrisville, VT 05661  
(802) 888-7323

**Johnson Group Home**

Stearns Street  
Johnson, VT 05656  
(802) 635-7174



· WHERE PEOPLE & POSSIBILITIES COME TOGETHER ·



Annual Report 2011

who come from the state hospital, and who have been transferred to Morrisville from other counties all over Vermont. The clients transferred typically require a higher level of care than other service providers are able to provide on a long-term basis. Copley House currently serves 14 individuals who have been transferred from other counties, and the success of their treatment can be attributed to the Copley House, who has invested significant time towards strengthening the program with increased case management services, skill building groups, and supportive services. Copley House staff has remained dedicated to providing quality services to those in and around the county. We were proud to celebrate the 10th anniversary with staff, community members & partners, and peers, as over 100 people came to the home to share this wonderful event with.

The Senior Leadership Team is proud to announce that over the past year, the Day Treatment Program (Wellness Center) has transitioned to becoming a strictly Peer run program with administrative and clinical oversight from senior management. This progressive change can be viewed as a motivating and empowering step towards sustaining long-term recovery from mental illness, and aids as a daily visual reminder and Peer to Peer recognition that "Anything is possible." We appreciate the time and participation from Wellness Center clients to make this change positive and possible.

Another great recognition for the past year is our Supported Employment Program, which has increased the amount of funding options available due to exceedingly positive outcomes in terms of employment. Of the 141 clients served, 32% have obtained employment. This is a commendable accomplishment considering that due to budget constraints, we have reduced our staff to one full time Specialist, and a part -time Supported Employment Coordinator .

Kelley Longe, CRT Senior Leadership Team  
Sherry Marcelino, CRT Senior Leadership  
Martin Brutus, CRT Senior Leadership

common language across practices/programs while we are learning the strengths of each disciplines perspectives. These connections and ideas have been used to expand the way that we utilize the Jump Start Crisis services provided to high need families. This work is moving forward and will be a focus for the coming year as well.

*Case management Services:* These services are taking a more intensive, whole family approach. We have increased knowledge throughout our staff central to trauma informed care. The team has been training in understanding development and attachment, a central component of the clinical work that engage in. We have established clearer role definition, consistent/comprehensive treatment plans, and therapeutic relationship creating/utilizing the Case manager manual.

*Therapy Services:* Individual: therapy service for children ages 6-18.

*Family:* Therapy service for families that have a child within our services.

*Group:* We have delivered Parenting Groups central to Children w trauma, Early Childhood central to social skills, Anger Management, and Mother/Daughter Group for Adolescent girls. These groups have served 24 identified children and youth.

Marc Adams, Clinical Director  
Carol Slayton, Senior Leadership



### **Community, Rehabilitation and Treatment**

The Community Rehabilitation and Treatment Program (CRT) has many successes to recognize this year. Of these many successes is the Copley House residential program, a 22 bed level 3 community care home, who celebrated its 10th anniversary on September 8, 2011. Copley House is historically known for admitting clients

### **Mission**

Lamoille County Mental Health Services, Inc. is a nonprofit organization providing quality developmental and mental health services to the Lamoille Valley area enhancing independence and quality of life.

### **Vision**

A community with wellness at its core and clear access to a comprehensive continuum of quality care of services.



**Lamoille Community Connections  
Board of Directors**

Ed French, President  
Ken Hoepner, Vice President  
David Vinick, Secretary  
Ted Lambert, Treasurer  
Craig Provost  
Jason McArthur  
Lori Cyr  
Bev Allen  
Paul Griswold  
Myles Kouffman  
Bob Boivin  
Wendy Boivin

Over the past year Lamoille Community Connections Board of Directors has had growth in membership. The agency is fortunate to have a volunteer citizen board with the dedication and leadership that has seen the agency through several positive changes over the past year. Thank you for your guidance and energy that you have brought to the staff, consumers and the community.

---

**Senior Leadership Team**

Savi Van Sluytman, Executive Director  
Jane Modica, Director of Human Resources  
Jennifer Stratton, DS Director  
Kelley Longe, CRT Senior Leadership  
Sherry Marcelino, CRT Senior Leadership  
Martin Brutus, CRT Senior Leadership  
Carol Slayton, CYFS Senior Leadership  
Marc Adams, CYFS Clinical Director  
Michael Flannery, ES Director  
Kim McClellan, Compliance Officer  
Denis Houle, Controller

our first summer that we were able to support a separate branch of the program in the morning hours that helped to support our young consumers on the Autism Spectrum. Amy Lawrence was responsible for planning, organizing and overseeing this program with the support of several BI's and Service Coordinators. Stowe Elementary graciously offered a space that we could organize and structure in a way to meet the needs of our youngsters with Autism. We focused on teaching skills in a small group such as eye contact, greetings, hand raising, turn taking, cooperation, attending to visual supports/auditory cues and following a routine. There were many exciting outcomes; friendships and connections developed and these youngsters had lots of success learning and practicing the classroom and social skills necessary for entering the new school year. This branch of the summer program will likely grow and evolve in the years to come as we continue to see more youngsters on the Autism Spectrum join the LCC Behavior Interventionist Program.

*Community Collaboration:* The Behavior Interventionist Program also began working very closely with the Lamoille South Supervisory Union on the implementation of their Positive Behavior Intervention System within their schools grade k-8. We also worked very closely with the district on shared training for the BI Program Staff and school personnel in Crisis Prevention Intervention (CPI) training. This allows for consistent response from adults who support children and youth in the school setting.

School Based Clinicians

We currently have four contracts Morrisville Elementary, Hyde Park Elementary School, Stowe Elementary + Middle Level + High School, and Wolcott Elementary.

We are also contracted with Cambridge Elementary to provide School Based Behavioral support. The staff works in close collaboration with their school's Special Education, administration and teachers to bring counseling, behavioral and clinical consultation, and connection to the wider services at LCC.

Outpatient and Clinical Services:

Work has continued in implementation of ARC including training, case support and supervision. We have engaged in exploring family based behavioral/treatment planning to merge our clinical and behavioral team's assessment and work practice. This has begun to create

## Revenues & Expenses FY2011

Wide Behaviorists, Behavior Specialists, and Program Managers for their dedication and skill that is the fabric of our services. To review the years work we will highlight some of the great work that happened over the past 12 months.

### Children's Integrated Services

*Changes to program:* The CUPS program no longer exists. Children's Integrated Services (CIS) is the new program that includes mental health services for children under the age of 6 years and their families. Lamoille Valley is one of three pilot programs in the state of Vermont. CIS pilot began as of November 2010. The Lamoille Family Center is the designated agency for CIS and has contracted mental health services from Lamoille Community Connections to serve 20 identified families. Services to children under age six years and their families have shifted to focus on earlier prevention and intervention to address needs that children have at the earliest possible opportunity. The community partners CIS workgroup has now been in place for just over a year and is ensuring that children and families are getting the correct services for their needs.

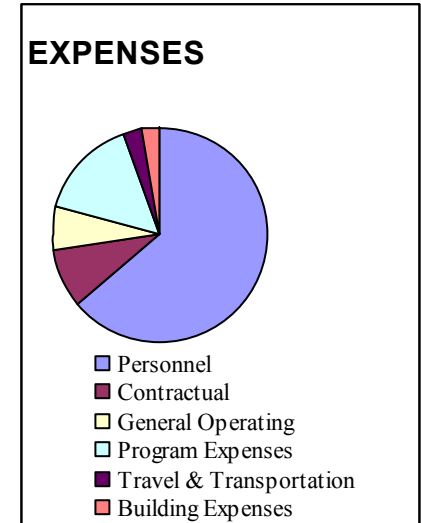
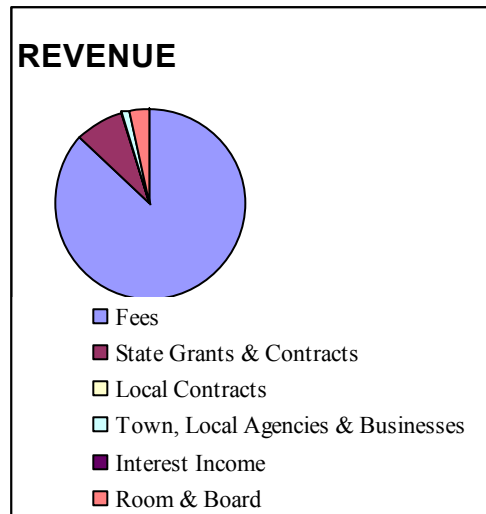
*Successes:* Early Childhood & Family Mental Health consultant has a current caseload of 17 families. All current clients have completed the CIS One Plan and all paperwork is up to date. EC&FMH consultant works with families and children in homes, child care programs, and at LCC to provide quality mental health services. The CIS contract with LCC has been redefined to include more accurate and reasonable outcomes for the mental health services.

*Staff changes:* CIS Clinician/Registered Play Therapist-Supervisor changed position to pursue her private practice in May 2011. Early Childhood Clinician and Child Care Consultant became the Program Manager as well. We now have our Therapeutic Case Manager on-board and beginning to connect and serve families.

*Professional Development:* EC&FMH consultant attended "Genuine Happiness" and "Positive Workplace Cultures". EC&FMH consultant is a participant in the Lamoille Family Center pilot program of Early Childhood and Family Mental Health credential that is being offered through the Northern Lights Career Development Center.

### School Behavioral Interventionist Program

*Successes:* The LCC Behavior Interventionist Program held its Second Annual Summer Program and it was a huge success! This was



### REVENUE

Fees	10,486,557	87.05%
State Grants & Contracts	990,134	8.22%
Local Contracts	26,793	0.22%
Town, Local Agencies & Businesses	154,701	1.28%
Interest Income	1,591	0.01%
Room & Board	386,733	3.21%
<b>TOTAL REVENUE</b>	<b>12,046,509</b>	

### EXPENSES

Personnel	7,456,106	63.61%
Contractual	1,033,220	8.82%
General Operating	756,274	6.45%
Program Expenses	1,838,456	15.69%
Travel & Transportation	342,685	2.92%
Building Expenses	294,184	2.51%
<b>TOTAL EXPENSES</b>	<b>11,720,924</b>	

### Summary of Statement of Financial Position

#### ASSETS

Current Assets	
Cash	1,949,626
Accounts Receivable	919,997
Other Current Assets	18,280
Fixed Assets	1,969,421
<b>Total Assets</b>	<b>4,857,323</b>

#### LIABILITIES & FUND BALANCE

Accounts Payable	1,693,717
Deferred Revenue	530,949
Fund Balance	2,632,657
<b>Total Liabilities &amp; Fund Balance</b>	<b>4,857,323</b>

## **A Message from the Executive Director**

The last year has been a year of both challenges and adjustments for Lamoille Community Connections (LCC). The primary challenges have their roots in the fiscal environment in which we now operate and whose causes are in the national economic crisis and its impact on the economy of our state. For us in the period under review this has meant concretely that we were again asked to trim our budget by 2%. Our main challenge was to maintain and expand the services offered the community and more especially to maintain and improve the quality of those services. The guideline of doing more with less continued to determine how we operated during fiscal year 2011.

There have been a number of significant and important changes within LCC and these have all been aimed at growing the organization's capabilities. In the first instance the leadership of each of our programs was asked to review the manner in which services were delivered and to try to determine more efficient ways of doing so. One important result of this initiative was the more efficient streamlining of our human resources with the complex needs of the program. Additionally, even in a period that saw increased community demand for our services, this increased efficiency allowed LCC to meet these demands without compromise in quality. These and other changes have in large measure resulted in improved outcomes. While this is so it needs to be said that however necessary, change is often difficult. With that in mind our staff needs to be commended for embracing the concept that every challenge presents an opportunity and for continuing to work diligently to find ways to overcome the difficulties we face.

In addition, the challenges of the national economic crisis and its impact on the State of Vermont's budget have resulted in further changes to the way in which we deliver our services. Over the past year we have entered into collaborative relationships with the provider network to deliver services to our community. For instance, LCC was one of three pilots for the Children's Integrated Services (CIS) program. This program was designed to achieve, through the collaboration of agencies, a more holistic approach to delivering services to families in need. One positive outcome of such collaboration would be the elimination of duplication of services. From the date of the inception of the program in November, 2010 the program has

disability to participate in a two year non-degree certificate program. This partnership allows students to interact and participate in a typical college experience. Students focus on Academic Enrichment, Socialization, Independent Living Skills, Self-Advocacy Skills, Integrated Work Experiences, and Career Skills.

The self-advocacy group, GATSA, has had a busy year. They testified at the State House for the Respectful Language Bill. The Self Advocates attended the State House Day and met with local Representatives Linda Martin and Richard Westman. GATSA attended the Voices and Choices Conference where a few consumers were asked to do a presentation on Employment. Delight Demar, who is a Shared Living, received the award 'Ally of the Year'. GATSA has also started relationship classes for Men and Women.

LCC's DS Supported Employment Services assists individuals to achieve career and work goals by providing Employment Assessments, Employer and Job Development, Job Training and Ongoing Support to Maintain Employment. We currently have 41 consumers in the DS Supported Employment Program. This year in our contract with AHS we have outcomes we must meet in Employment around our employment rate and earnings. LCC DS program is one of two DS programs that currently is meeting the 45% employment rate.

Jennifer Stratton  
DS Program Director



## **Children, Youth and Families Services**

The last year was full of transitions and staff stepping up to support our work and connections to our families, partners and community. We would like to acknowledge all of the Community Skills Workers, Behavioral Interventionists, Case Managers, Services Coordinators, Therapist, School Based Clinicians and School-



crisis care and are hoping to expand our non-crisis involvement in the community via education and prevention activities and now substance abuse detox and treatment referral/short term case management. In response to these challenging times state-wide for mental health service provision—ES is also exploring greater hospital diversion resources as well. Our goal is to provide and maintain comprehensive mental health crisis care to our community.

Michael J. Flannery  
Emergency Care Services Director

### **Developmental Services**

Our mission is to provide person-centered disability, aging, and mental health services which promote self-directed, productive lives within the community. It is our belief that even the most disabled individuals can be assisted to lead a “life worth living” and make choices about their lives. The types of services vary depending on individual needs.

The people served by DS must have a developmental disability as defined by the Developmental Disabilities Act of 1996. In this law, “developmental disability” means mental retardation, autism, or pervasive developmental disorder that:

1. Starts before age 18; and
2. Results in severe deficits in adaptive behavior functioning.

In addition to having a disability, individuals must demonstrate a significant need for the services that are available. Priority is given to adults who require assistance to maintain paid employment, are at risk for health and safety issues, or are homeless. Children at risk of institutionalization are also prioritized.

The Developmental Services Program at LCC provides the following services: Home and Community Based Waivers, Flexible Family Funding, Targeted Case Management, Bridge Program, and Choices for Care for the Elderly.

The Developmental Service Program has started a new initiative with Johnson State College and the College Steps Program this fall. This program is for adults ages 18-26 who have a developmental

grown in terms of increased communication between agencies and in the development and strengthening of systematic structures.

In spite of the constraints of funding, LCC continues to look for new ways to provide essential services to our community. When an RFP for one-time funding was issued by the State for new programs, LCC submitted a proposal for an Alcohol and Substance Awareness Program (ASAP) and was successful in obtaining funding for its implementation. ASAP functions as a four-bed facility where people incapacitated by alcohol or drugs can stay in a safe, supervised, substance-free place until the immediate effects of their condition wear off. At that point ASAP staff discusses with the person community resources which are available to help with underlying issues of concern to them and or their families. Since the start of the program in May 2011 until June 30th ASAP has served 28 persons.

In spite of the numerous difficulties encountered over the past year I am very pleased to report that LCC is in a very strong financial position. LCC operations produced a 2.7% positive change in net assets for the year, in spite of receiving a 2.0% cut in our Mental Health and a 1.0% cut in DS State funding. Given the tough financial landscape, this success was only possible due to the diligent efforts of every staff member of the organization. LCC’s current ratio (current assets/current liabilities) is 1.295% which dipped from FY’10’s 1.405%. The chief causes for this slight decrease was an increase in anticipated expenses and an increase in deferred revenue. The agency total revenues decreased by 1.89% compared to FY’10 and expenses decreased by .81%, so our efforts to operate efficiently have been tested. Our performance and commitment to the consumers of Lamaille Community Connections has never been stronger. Finally, our quality of service depends on our staff, and LCC does have good staff. My personal thanks go to all our staff for their dedication and commitment to providing the best services for our consumers.

A special thank you to the Knights of Columbus for there Tootsie Roll donation for the children’s program. My thanks also go out to the Board of Directors, for their support and mentoring. No CEO can ever achieve anything without support, and they have provided it willingly.

Respectfully Submitted,  
Savi Van Sluytman, CEO



## Emergency Care Services

Emergency Care Services Program provides immediate mental health crisis intervention, stabilization and referral service for children, adults, and families, and the greater Lamoille Valley Region community 24 hours a day 7 days a week 365 days a year. The ES Program covers all of Lamoille County and in addition provides services for children and their families in Hardwick, Craftsbury, Greensboro, Stannard, and Woodbury.

### Services Provided:

- Mental health assessment, evaluation, and referral services
- Substance abuse safety screening and referrals
- Voluntary/Involuntary psychiatric hospitalization screenings
- Court ordered forensic screenings
- Psych consult/education for Copley Hospital
- After hours L.I.N.K screenings/referral
- After hours CRT coverage
- Access Home Program screenings/placements
- Consult/Support services to any and all community partners
- Critical Incident Stress Debriefing for first responders
- Debriefings for schools, medical staff, and all community partners

LCC Emergency Services had a total of 1,238 emergency contacts for fiscal 2011. This resulted in:

- 39 Voluntary adult hospitalizations
- 6 Involuntary adult Warrants hospitalizations
- 10 Involuntary adult EE hospitalizations
- 6 Court ordered forensic screenings
- 16 Voluntary children's hospitalizations
- 3 Involuntary children's EE hospitalizations
- 103 ETOH Incapacitation screenings
- 7 LINK placements
- 6 ACCESS Program placements—resulting in 64 bed days
- 28 Drug and ETOH treatment program referrals
- 3 Critical Incident Stress Debriefings (CISD)
- 4 ES Program trainings for Copley Hospital Staff

The balance of calls are accounted for in post screening kinship care placement, outpatient services referrals, and various safety assessments and referral for outpatient medical and psychiatric practitioners, schools, local police departments, and other social service agencies. This does not include non-emergency consult/information calls of which the ES program receives an average of 2.5 non-emergency calls per crisis contact call—resulting in an additional 3095 calls per year.

### ES Fiscal 2011 Briefs:

We have had a busier than average year in Emergency Services and have hired 3 new staff to fill out our full time ES team. I am very pleased to have these team members aboard and I am honored to have taken over my current position of Emergency Services Director after having been a screener here at LCC since 1998--where I took a brief 9 month full time sub position—only to return in 2001 as a full time ES Screener.

### ASAP:

LCC opened the Alcohol and Substance Abuse Program (ASAP) on May 23, 2011 after being award a grant from AHS to provide a public inebriate/detox program. The ASAP Program is based on the (SIM) Sequential Intercept Model framework of providing a safe non-correctional based detox facility while at the same time providing referral services to assess barriers to treatment/sobriety, and short term case management. The ASAP Program is located in part of the old LCC Clinic behind Copley Hospital and provides 24/7 365 day per year availability. The ES team been performing the public incapacitation screenings up until this point, and worked with the new ASAP staff on assessment and evaluation prior to the facility having opened. ASAP performed 18 incapacitation evaluations between 5/23/2011 and 6/30/2011 and placed 10 individuals in the ASAP for detox and subsequent referral.

### ES Fiscal 2012 Goals:

The ES Program has begun focusing on streamlining crisis response across programs at LCC this year and will continue this process not only within our LCC community but to carry into the Lamoille Valley Community as a whole. We have been actively involved with our community partners in providing quality mental health emergency/