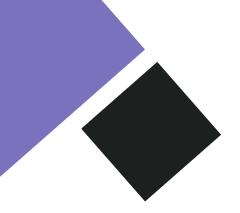
# 2023 ANNUAL REPORT







## Welcome - Michael Hartman

## **Opening Remarks – Zach Williams**

**Developmental Services - Eugene Johnson** 

Adult Behavioral Health - Michael Hartman

Children Youth and Family Services - Video Presentation: Brittney LaCoss& Katina Idol

Shirley Hayden Award Presentation - Zach Williams: Board President

Years of Service Awards – Michael Hartman

**Community Partner Award - Michael** 

## Hartman

**Closing Remarks - Michael Hartman** 



## **CEO Letter** WHAT MAY NOT YET BE SEEN

At the outset of Fiscal Year 2023 last July of 2022, I was curious as to the journey ahead for this new year. What would be the remnants of Covid, of the discussion of the impact of racism and inequity, and of returning to more face-to-face engagement on our day to day lives? In the context of LCMHS these areas were reflected in the decrease in the number of staff providing services daily, the discussions and trainings on diversity, equity, inclusion, and belonging, and the reckoning of zoom and service provision. As I move toward closing my tenure as the CEO of the agency, I offer these thoughts on what we may face as of our annual meeting of 2024.

First, the amazing resilience of our teams of providers throughout Covid was a marvel. Staff creatively found ways to engage with consumers by zoom, telephone, with masks on, and from a distance for three years, and by May the national emergency was deemed to be coming to and end. We all had endured the challenges of precautions, infections, and recovery drawing on shared skills, abilities, and knowledge. As summer approached, it appeared we were headed for less and less restriction and perhaps a chance to breathe easier.

The sense of a lighter life was contrasted with so many discussions, stickers, and writings on our own attitudes and values and the uneven outcomes for persons of diverse cultures, genders, and skin colors. Historically, the system of Designated Agency care has been on the front edge of recognition of the creation of an alternative model, endeavoring to overcome prejudice and discrimination of persons with mental health, developmental, and/or physical differences. We understood our role to be a part of the effort to address and reduce inequities for all persons who are face visible and less visible barriers to love, work, and residing in a community versus an institution. We stepped up our efforts to make changes, encouraging the presence of staff and consumers of diverse cultural heritage and backgrounds who can provide or need to receive our services.

## WHAT MAY NOT YET BE SEEN

These areas were overshadowed by a larger reality that our programs and lives had changed while in the hyper or high-strung atmosphere of the past years. There was a great emotional content, from the operatic singing from balconies in Italy, to the increase in use of social media, to the many attempts to connect with others in some manner that didn't increase the chance of infection. The outcome of Covid is primarily exhibited by the social and political instability we see around us. Homeless persons moved out of hotels and out of a service structure that for many was a strong stabilizing factor in their lives; some have moved from hotel to tent or car. Persons with medical and mental health needs have found delays in getting to services providers and having ongoing care. Virtually all employers have made changes in work structures that are redesigned to meet needs without the number of staff in the past.

The level of change and different expectations and outcomes are very challenging in one or other aspects of our lives. We are coming to have new financial expectations, new ways of doing our work, and different structures of leadership and service. These changes are not yet complete, and many are being introduced and then constantly adjusted to fit the situations we encounter. Much of this is frustrating for community members. The rules are changing but the flux of this creates new questions that need new answers almost daily. The challenges we face lead to the high levels of dissatisfaction reported across education, entertainment, and most especially politics. Things just don't seem the same as they did before all of this, and this often makes us yearn for the good old days. However, the good new days do lie ahead. We have been able to accept the need for many new approaches, while holding on to the values that brought to a close of Brandon Training School, Vermont State Hospital, and Weeks School. Each of these were new ideas of past times and eventually became outmoded for the needs of the populations they served. Our own development in the 50 years of deinstitutionalization is showing us that school-based services, supported community living, and basic human rights and expectations can create a new social and emotional support for a healthy community life for all.

## WHAT MAY NOT YET BE SEEN

In a half century the changes we now face are likely to be seen as the old way of doing the work and there will be a clamoring for new approaches. We have started to create and adapt new ideas on how work, community life, and how to recognize and value inclusiveness as a principle of daily expectations. As we build these into the structures of our care and support, we will reap better outcomes and increase our satisfaction regarding the efforts we make. This is not and will not be easy, but we are on the right path and will eventually find the footing easier and energizing. Our ever-enriched community, built on the acceptance and inclusion of all community members, is taking shape and will be a grand monument to the work we now are doing.



# **Board Members**



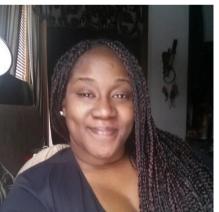
















Row 1: Zach Williams – Board President, Susan Kimmerly – Vice President, Geoff Lindemer – Treasurer,

Row 2: Mary Anne Lewis – Secretary, Fred Ober, Mike Feulner,

Row 3: Saudia Lamont, Chip Troiano, Stacey Madden



Row 4: Cindy Morin

## Senior Leadership Team

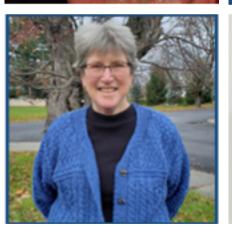
















Row 1: Michael Hartman – Chief Executive Officer, Jennifer Stratton – Chief Operating Officer & Interim DS Director, Jeff Kellar – Chief Financial Officer

Row 2: Tara Miller – title, Robyn Daley –Children, Youth & Family Services Director, Amy Fitzgerald – Director of Human Resources, Safety & Compliance

Row 3: Judy Rex – Grants and Development Senior Manager, James Eby – Director of Quality, Mark McGee – Medical Director

# **Grants Update**

### JUDY REX - GRANTS & DEVELOPMENT SENIOR MANAGER

### Grants received in FY 2023: July 1, 2022 – June 30, 2023

American Rescue Federal Funding Grant from VT Dept. of Mental Health for infrastructure improvements – we used it to pave our parking lots and install air conditioning units at various locations.

## \$146,090.00 initial FY 22 grant award: Additional funding of \$7,144 awarded in FY23.

New Emergent Psychiatric Intervention for Children (EPIC) Program – personnel and operating cost.

### Federal HHS, Substance Abuse Mental Health Services Administration (SAMHSA) grant: \$90,000, VT Dept. of Mental Health grant: \$240,000, and VT Community Foundation Green Mountain Fund: \$5,000.

CDC Federal Funding for Health Equity grant from Morrisville's Local Health District office to improve health equity for underserved populations.

## Start-up funds for embedded crisis worker at Morristown's Police Dept: \$38,032.

#### Family members of transgender youth support group at Lamoille Health Partners' Behavioral Health and Wellness Clinic: \$5,500.

VT Department of Health (VDH) federal CDC grant: Rural Programs to Address mental health and substance use disparities in rural areas.

#### LCMHS' grant will design and implement a suicide and drug overdose prevention outreach/education campaign to focus on BIPOC, Veterans, LGBTQA+, Migrant Workers/Farmers, and Youth: \$70,000

USDOJ - Bureau of Justice Assistance grant for funding programs that support cross-system collaboration to improve public safety responses and outcomes for individuals with mental health disorders (MHDs) or co-occurring mental health and substance use disorders (MHSUDs).

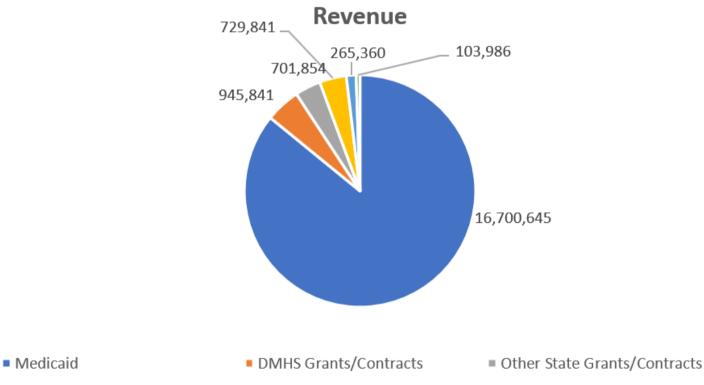
- I year planning grant to design a pre-arrest diversion program for MPD: \$100,000; and
- 2-year implementation grant for embedded crisis worker at Morristown PD, and 2 part-time MH/SUD Peers to provide wrap around services to clients who go through the pre-arrest diversion program: up to \$400,000.

# Finance

## JEFF KELLAR - CHIEF FINANCIAL OFFICER

The vast majority of LCMHS programs are financed by Medicaid claims for nearly all our services. The largest program is that of Developmental Services, then Children's Services, Then Adult services and then Emergency Services. All are highly reliant of either direct billing or per member per month payments by the Agency of Human Services Medicaid funds.

Our expenses are quite close to our revenues on a regular annual basis. For FY 2023 we are not yet to final closure of the books, as we are engaged in the stages of our annual audit. What we are reporting here are the audited financials from FY 2022. We do expect that the next few years will continue to be within narrow lines of break even, a loss, or a small gain.

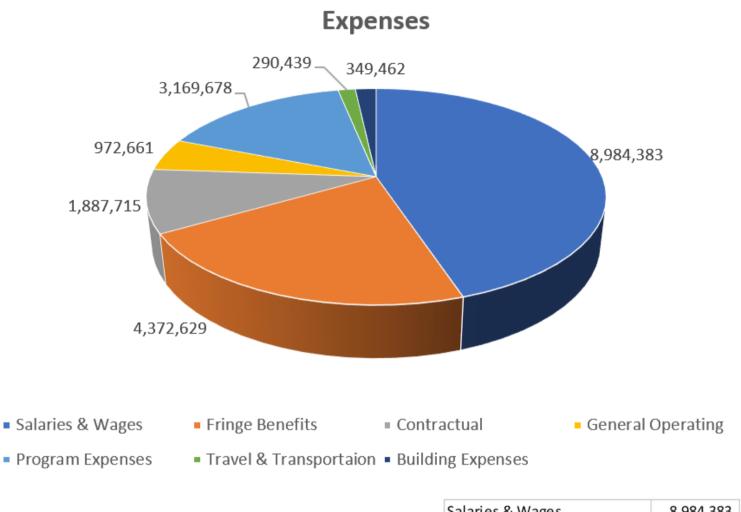


Other Fee for Services/Contracts = Room & Board

| Medicaid                      | 16,700,645 |
|-------------------------------|------------|
| DMHS Grants/Contracts         | 945,841    |
| Other State Grants/Contracts  | 701,854    |
| Other Fee for Services/Contra | 729,841    |
| Room & Board                  | 265,360    |
| Other                         | 103,986    |

Other

# Finance



| Salaries & Wages       | 8,984,383 |
|------------------------|-----------|
| Fringe Benefits        | 4,372,629 |
| Contractual            | 1,887,715 |
| General Operating      | 972,661   |
| Program Expenses       | 3,169,678 |
| Travel & Transportaion | 290,439   |
| Building Expenses      | 349,462   |

## **Developmental Services**

## JENNIFER STRATTON - INTERIM DS DIRECTOR

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 Developmental Services Program at LCMHS provides the following services: Home and Community Based Waivers, Flexible Family Funding, Targeted Case Management, Bridge Program, and ITS (Intensive Transitional Support).

# Individuals Served:Home and Community Based Waiver:100Bridge Program:26Flexible Family Funding:48Targeted Case Management:2Total:182

### Highlights:

I would like to start with thanking the staff and contracted providers that work in the DS program at LCMHS. This past year there have been a lot of changes to the state and federal guidelines, and we have continued to lose staff. I am thankful to the remaining staff members for taking on more responsibilities as we work to recruit new staff. We have been able to maintain the support the consumers need and to keep our service delivery system one of the best in the nation.

With the changes to state and federal guidelines we are going to be experiencing three major changes to the service system we are familiar with and have been participating in since the closing of the state institution in 1993.

## **Developmental Services**

The first change we are involved in is the assessment of consumers' needs. We have been asked to participate in a new assessment process called SIS-A (Supports Intensity Scale Assessment) for evaluating the needs of existing and incoming consumers. This is a three-year process, and at the end of 2025 agencies will no longer be determining the needs of the consumers, as it is likely that the new SIS-A process, and an outside provider, will be taking over that role.

The second state and federal change in the works is conflict-free case management. This will be another process in which an outside entity will be completing some of the evaluations and other contracts that are used to identify and support the goals consumers wish to achieve. The Center for Medicaid Services feels that this change, as well as the change in identifying needs, will prevent any conflict that may occur within the agencies. This process is in its beginning stage of development.

The third state and federal change we will be experiencing is Payment Reform. The overall goal of this project will be to create a transparent, effective payment model for developmental disabilities programs which will align with the state's broader health care reform goals.

We are looking forward to an opportunity to build upon cultural and linguistic competency, as we were recently chosen to receive a grant to build those resources. We will be developing training opportunities that we can offer to staff and contracted shared living providers to raise cultural awareness in many areas.

Our self-advocacy group has continued to meet monthly, and we are happy to say that they will begin to fundraise again, so that advocates can attend state and national conferences. These wonderful opportunities had been put on hold due to covid, so they are very excited to be participating in these conferences again.

LCMHS has continued its partnerships with Northern Vermont University, and with Peer Growth and Lifelong Learning. During the transition from global Campus to the new Peer Growth and Lifelong Learning model, we were very fortunate to have a DS Community Integration Specialist lead the weekly meetings so that consumers were not affected by any breakdown in the services.

LCMHS Developmental Services Supported Employment had 55 consumers enrolled in Supported Employment and 42 employed at the end of FY23. The LCMHS Developmental Services Supported Employment program continues to be successful with \$366,014.00 in total wages earned by all consumers who are DS Eligible. The DS Supported Employment Program met all outcomes to earn a \$10,000.00 bonus for the SE program for FY23.

# **Adult Behavioral Health**

## TARA MILLER - PSYCHIATRIC REHABILITATION AND RECOVERY DIRECTOR

The Adult Behavioral Health Division has undergone many changes over the past year. Both our leadership and staff has had some turnaround, but many dedicated staff still remain and are the foundation of our program. The department's long-time leader, Bryanne Castle left the agency in May. We did some restructuring of what we wanted the program to look like and in late August of the past year, Tara Miller stepped into a new role as Psychiatric Rehabilitation and Recovery Services Director. She oversees the Adult Case Management programs and the Wellness Services offered through LCMHS. She hopes to bring her vision of a more person-centered, strengths based, recovery-oriented system of care to the agency and sees a future where individuals are empowered and held in a safe space to pursue their goals towards a more independent live worth living.

Sherry Marcelino continues to be a powerhouse when it comes to all things housing. She has also spearheaded a project grant through FEMA to help flood survivors navigate through complex systems to get them back on their feet. Sherry also works tirelessly for the individuals she serves and will second that there is never a dull moment in her days! Thank you to Sherry for all she does!

Cindy Peake is leading the way with employment services and continues to hit the ground running, connecting folx to employment opportunities and helping people find their strengths and move forward with finding meaningful work. She also has a caseload of individuals that rely on her for case management needs. Based on whatever happens with the state, we hope to still grow this employment program and develop creative and innovative ways to help people get back into or enter into the workforce.

## **Adult Behavioral Health**

The CRT team continues to work hard every day to serve the needs of the most vulnerable adults in the county. There is never a dull moment, and most are very challenging. Over the past 3 years, the CRT case management department has seen many changes with Covid, the natural disaster with the flooding, and other collective trauma that our population has had to face (on top of living with a serious mental health issue). They nonetheless work long nights and early mornings to meet the needs of the folx that they serve and are growing in their confidence and competence to solve problems.

The Wellness Center is going strong along with our Peer Cadre program. More people than ever are being served by Cadre and hopefully, VT will soon be offering a Certified Peer Support credential in the state. In the spring, we offered a stretching group and a hearing voices group, which were valuable to those who attended. We'd love to see more folx utilize our Center or at least stop by for lunch someday.

The Adult Outpatient Program (AOP) has undergone changes during the past few years but is developing into a more stable program at the close of FY 2023. The program has been anchored by the efforts of our recently departed program director and is moving toward a new configuration as a broader outpatient services program to work with all ages and levels of need. The AOP continues to serve about 210 persons annually, but demand has increased greatly in our county and across the US in the past few years.

In the coming year we will be hiring more therapists and look forward to the creating a greater range of services that will be more flexible. Currently we have begun to expand that group along with an additional psychiatric team member and continue to streamline our intake services to bring persons into services more rapidly and serve all more fully.

This is a time of enormous growth for our programs. There are so many opportunities and so many already great things happening...we're excited to see how far our program can grow. Right now, with all the changes and turnover that we've faced in the past year, we've been stripped down to our basic foundation and have an amazing opportunity to rebuild stronger and more creatively than ever. We have so much talent and experience on our team, there's no telling how far we can expand programming. We hope that at next year's update, you will see even more growth and change as we start our journey towards hope!

# Adult Behavioral Health Oasis House

Oasis House is a two-bed psychiatric crisis program centrally located in Lamoille County. Now in its tenth year of operation Oasis is well integrated and is an important community resource capable of admissions 24/7 and 365 days a year. The program, now in its tenth year of operation continues to support a high acuity step-down and has been successful in helping that individual remain in a community-based setting.

The referral and admission process at Oasis is a collaboration between Oasis House, the mobile crisis team, and the agency psychiatric team. The team, led by LCMHS Medical Director Dr. Mark McGee provides coverage at Oasis and is on-call 24/7. Our residential nursing leader, Chris Howard is also available for support and provides nursing back up as needed. Program manager Jeremy Martin and assistant manager Chelsea Lamore are the on the ground managers of the program.

Flexibility within a structured environment is the hallmark of the program. The structure at Oasis offers one-on-one support and psycho-education opportunities. Psychoeducation typically addresses some aspect of diagnosis, symptoms, stress reduction, and general self-care which is used to develop or strengthen coping skills.

The staff at Oasis House are dedicated professionals who remain the strength of the program. While the hiring of substitute staff remains a challenge in the current employment environment, Oasis is fortunate to have been fully staffed for most of the last year. Because of so many committed people Oasis House can once again report a very successful year in supporting those in our community who are in crisis.

# **Mobile Crisis Team**

MONIQUE REIL - MOBILE CRISIS TEAM MANAGER

Lamoille County Mental Health Services (LCMHS) Mobile Crisis Team (MCT) responded to 624 individuals and provided a total of 4,347 emergency services in FY 2023. The post-COVID demand for emergency services is significant. LCMHS has seen the number of emergency services increase by more than 20% in the FY 23 year over FY 22. Increase in mobile, home, and office crisis response reflect ongoing challenging factors due to the restart of business and schools with the general covid recovery. Increases have occurred as well as the MCT services focus on better interventions including diversion from the Copley Hospital Emergency Department, community education, and program availability. Increased demand and a lack of available non-crisis services such as outpatient care, psychiatry, and increase of substance use have increased the intensity of need.

In response to this, the MCT expanded last year to include an embedded Mental Health Crisis Specialist with the Vermont State Police Barracks in Williston, which covers parts of Lamoille County. A second position has also been gained recently via a Department of Justice Grant to have an embedded position with the Morristown Police Department. With that second position, we are also seeking to create a peer service position to add support from persons with lived experience and timely follow up for calls answered by the collaboration.

As well, the MCT is joining with other Designated Agencies (DAs) in Vermont to create a higher focus on home and community-based interventions. With Health Care and Rehabilitation Services as the lead DA, LCMHS is creating a stronger community outreach service and including more peer service supports in that effort. The hope with these efforts is to have crisis services serve persons sooner and create more options that will allow for in home and community-based support to delay or eliminate the need for inpatient services.

# Children, Youth and Family Services

ROBYN DALEY - CYFS DIRECTOR

## OUTPATIENT

MIRANDA YOUNG - DIRECTOR OF OUTPATIENT CLINICAL SERVICES

The CYFS outpatient division continues to provide a variety of services to clients including Individual Therapy, Family Therapy, Case Management, Community Skills Work, Respite, and social skills group work. The social skills group work included two rounds of a weekly group as well as one week of summer camp for a small number of clients. The therapy program is currently fully staffed with three outpatient clinicians and two home and community-based clinicians serving about 100 youth and their families.

Three of the current clinicians have been involved in the Child Parent Psychotherapy training program that is an intensive 18 month training which will allow our clinicians to utilize this evidenced based practice to support clients under the age of 6 and their parents to address generational trauma and the impacts that can have on parenting.

The case management program currently has 6 providers with two open positions serving youth aged 0-22. The Lamoille Family Center continues to contract with us to serve their Early Childhood and Family Mental Health services through the Children's Integrated Services grant, this program alone serves about 30 clients and their families. The rest of the program serves an additional 85 clients and their families.

The Outpatient program has a new position this year titled Respite Coordinator which supervises our community skills work and respite programs. We currently have 2 community skills workers who serve about 20 clients and the respite program has served 13 clients with a variety of respite providers. The addition of the Respite Coordinator position has allowed for a more cohesive process between the request for respite services, identifying and employing a respite staff, and the child and family receiving this service as well as ensuring a higher level of supervision to these staff who are working with clients most of the time in the community and on weekends when other services are not available.

The outpatient case managers and community skills workers have also continued to help staff the Emergent Psychiatric Intervention for Children (EPIC) program helping to stabilize and provide immediate services to children in crisis.

## **Children, Youth and Family Services**

CHRISTINA GLOWAC - SCHOOL BASED THERAPEUTIC SERVICES DIRECTOR

## THE REDWOOD PROGRAM

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Valley ABA has seen some changes over this past fiscal year. We currently have a BCBA and a RBT running service. We are advertising for additional RBTs and a Service Coordinator. For children currently receiving services, they have 1:1 sessions scheduled with our RBT on a weekly basis with a focus on skill development. Our BCBA is constantly monitoring skill mastery and updating plans and programming as needed to ensure continued growth. The program has been working on expanding our supports to the parents/guardians of the children in the program. We have paused social skills group at this time until we are able to bring some additional staff into the program.

The children that currently attend Valley ABA have the opportunity to work 1:1 with our RBT in one of our session rooms, and then take breaks in our sensory room. The sensory room has all sorts of activities and sensory toys available for our children to engage with. For those working on life skills, we have access to a kitchen, showers and our local community to practice skills like grocery shopping. Every program is unique and developed specifically for each child in the program.

## **Children, Youth and Family Services**

KATINA IDOL - SCHOOL BASED MENTAL HEALTH CLINICAL SUPERVISOR

## **SCHOOL BASED SERVICES**

During the 2022-2023 school year Lamoille County Mental Health staffed thirteen School Based Clinician contracts across the three school districts in Lamoille Valley. Three of those contracts were funded by ESSR dollars, one funded by the last year of the AWARE grant in OSSU and one contract was not filled until January 2023. Four staff are Licensed Clinical Mental Health Counselors (LCMHC), the other nine Rostered Non-Licensed Psychotherapists through the State of Vermont.

233 student-clients were provided direct clinical supports, while 10-50 additional students per school (an additional 100-500 students) were provided short term CAMS therapy, psychoeducational groups, and/or dyadic social-emotional skill development. Collaboration with school Multi Tier Systems of Support (MTSS) teams provides a student referral process, follow up, and staff psychoeducation in trauma informed care.

The 22-23 School Partner Survey results for School Based Clinical Programming highlighted areas of strength in communication with families and school staff; safe, consistent relationships with students; collaboration with teams and connecting families to additional resources; and supporting students with a service they may not need be able to access otherwise. Themes for areas of growth: requests for additional clinicians, clarity around what information schools have access to (HIPPA vs FERPA), additional consultation time, and creativity around increasing caseload capacity.

In response to the internal programmatic needs of the SBC division and the external needs identified by our school partners, the School Based Clinical program expanded this year to include year-round positions for a Clinical Manager and Case Manager. This allows for additional psychoeducational groups for students, family support, clinical consultation, summer support as needed for identified students, and contracted staff training across all school districts.

## ACCESS/INTAKE/EPIC

The EPIC program is up and running, serving kids from age 6-18. It is staffed by CYFS Therapeutic Case Managers and Community Skills Workers, and it is available Monday through Friday from 9am to 4pm. The EPIC program focuses on short-term stabilization and selfmanagement skills. EPIC staff work closely with the LCMHS Mobile Crisis Team to identify kids who could benefit from short-term support. EPIC serves both open clients and newcomers and has the capacity to do a same-day intake and referral to the Access program, which can provide case management and therapy very quickly.

The Access and Intake programs are now managed by a single director. The Access program is staffed by an Access Therapist and Access Case Manager. This program provides a quick response to children and families experiencing mental health crises for 3-6 months and then connects them to longer-term services if necessary. The Access Case Manager's current caseload is 6-7 clients, up from 3-4 when the position was split between Access and Intake. The Intake program is staffed by an Intake Clinician and Intake Case Manager who serve adult clients, as well as children and families.

# Administration

Over the past year we have had many changes in our Administrative Service Staff. We have a new CFO who started in September, a new payroll staff who also started recently, and our billing team, which has been in place for less than a year. As well, led by our new Executive Office Manager, we have brought on new staff in our administrative reception roles. All these newer staff have come on as Covid has receded and new programs such as EPIC and the coming Enhanced Crisis Services program have come to be.

We have tried to establish a better process for persons seeking services at the agency, with improvements in our Intake/Welcoming processes. Working with the clinical and administrative staff our goal is to have requests for services responded to with an offer of an appointment within 5 working days. As well we are seeking to have services that are helpful to the consumer initiated within 14 days after the intake has happened.

Offering of services is still a challenge in the atmosphere of staff shortages and challenges in hiring. However, with a better process we are aiming to provide a helpful engagement within these time frames.

The Medical Records and IT services of LCMHS have continued to expand and become a key to more efficiency. The efforts to update our processes and to keep operations going with power losses or flooding have been deliberate, but not as rapid as needed. We have sought out and been awarded several grants and other aid to help in the recent years, which has moved the changes along more quickly than otherwise would have occurred.

Operations of our office services and our clinical services have changed greatly in the past few years given our adoption of a new electronic health record, telehealth services, and other improvements. We are trying to use all these changes to make connecting with persons needing assistance more quickly and with the best services to help them.

# Quality

## JAMES EBY - DIRECTOR OF QUALITY

Quality at Lamoille County Mental Health Services is a comprehensive, agency-wide focus that interfaces with every part of our organization. Working with the people who receive our services, staff, funders, and regulators, we seek to support the best possible care for all the people we serve. LCMHS is incredibly fortunate to have staff that go above and beyond to make time for quality improvement work. This year, quality has assisted with efforts around:

- suicide prevention
- health equity
- safety
- diversity, equity, inclusion, and belonging
- care coordination
- tobacco cessation

### **Center of Excellence**

In 2014, Vermont Care Partners (VCP) launched the Center of Excellence initiative. This process evaluates Designated Agencies, like LCMHS, based on 39 measures. These measures examine a wide range of facets of our work: access, customer service, the care we provide, treatment outcomes, and value.

LCMHS has been consistently working toward achieving Center of Excellence status since its introduction. This project has maintained a holding pattern at times, primarily due to the COVID-19 pandemic and our long transition at Quality Director this past year. Throughout these challenges, the quality improvement mechanisms were held by our amazing, motivated staff, and we continued to make progress on the relevant measures.

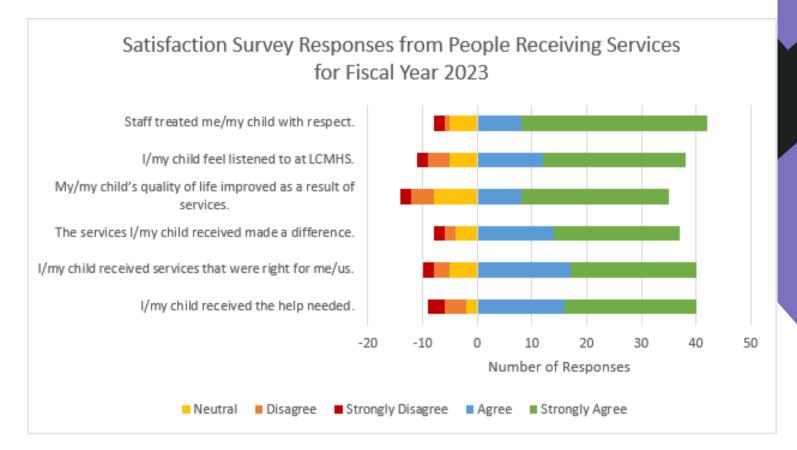
We are currently preparing our application and discussing with Vermont Care Partners the logistics of completing our site visit.

# Quality

## SURVEY FOR PEOPLE RECEIVING SERVICES

## <u>STRENGTHS</u>

We received a great deal of positive feedback regarding our staff and services via our satisfaction survey. A high number of respondents were very likely to recommend LCMHS.



# Quality

### SURVEY FOR PEOPLE RECEIVING SERVICES

#### **OPPORTUNITIES**

People who receive our services expressed many concerns over related challenges: long waitlists, staff turnover, limited staff availability, and insufficient numbers of staff. Comments also expressed frustration over inconsistent hand-offs through staffing transitions.

Some respondents also requested more attention from staff they are working with, more timely communication, and more rapid connection to resources such as housing. We also received feedback suggesting increased coordination with primary care providers.

Due to the timing of our transition at Quality Director, our survey collection period was abbreviated from previous years. This led to fewer responses than the year prior, a pattern that has been consistent since 2020. Therefore, we aim to reverse the trend of declining response rates for the next round of surveys.

In the upcoming months, we will be tailoring the survey process to each program and service. We plan to utilize novel methods for survey collection that we believe this will get us more data of higher quality in a timelier manner.

| Division | Count | Program                                    | Count2 |
|----------|-------|--|--------|
| ABH      | 363   |  |        |
|          |       | Adult Mental Health                        | 229    |
|          |       | Community Rehabilitation + Treatment (CRT) | 101    |
|          |       | Copley House                               | 19     |
|          |       | Johnson Group Home                         | 9      |
|          |       | Oasis House                                | 16     |
| CYFS     | 659   |  |        |
|          |       | CYFS Mental Health                         | 357    |
|          |       | SBS  | 274    |
| DS       | 150   |  |        |
| ES       | 476   |  |        |

### **CLIENTS SERVED**

# 2023 Shirley Hayden Award

Shirley Hayden was a valued employee of our agency for many years. She served many years as the director of emergency services (which then meant her and two other staff) and was observed by her colleagues to show compassion, loyalty, honesty, and a dedication to human services which became a benchmark for all employees, past and present. Shirley, who always said her best training was as a bartender at a bar and grill in Hardwick, learned how to listen to people, de-escalate situations, and help them to calm down. She knew many local consumers and employees, appreciating the complicated histories so many of us have. As stated by one person at her funeral, "I am accustomed to driving barefooted. I used to keep my shoes in the car and put them on when I arrived at work. One morning I arrived without them. Shirley took off her shoes, let me put them on and I drove to the thrift store to buy a pair to get through the day. So I can't claim she'd give you the shirt off her back but I can verify she would give you the shoes off her feet."

In recognition of Shirley's legacy, LCMHS began offering the award in her name, as a reminder of the good work and excellent efforts of staff at the agency. We do not require that similar acts of shoe sharing have occurred, but we ask our employees that if they see another staff who has performed above and beyond, stayed late, helped other staff and consumers to make life better for others, to make their recommendation. From those nominations, senior leadership selects finalists that are then selected by our Board of Directors.

## **2023 NOMINEES**

- Alana Hay Amy Brochu Andy Decelles Brittany Rhoads Carrie Cota Chris Player Ember Powers Frederic Gluck Jason Wheeler
- Katina Idol Lindsey Levoy Marie Murray Miranda Young Monique Reil Nicole Adams Shari Williams Stacey Stevenson

# 2023 Shirley Hayden Award Finalists



## **AMY BROCHU**

Being a solid and consistent support for the DS program and staff. Working long hours and helping out with crisis situations regularly. Taking on the role of assistant DS Director.

Amy is the backbone of this wing and completes so many tasks that are not seen by others. She makes touch choices, trains all of us, sets up ways to highlight the amazing work and has such a heart of the people we work for.



# 2023 Shirley Hayden Award Finalists



## **STACEY STEVENSON**

Stacey took up the gauntlet for keeping Johnson Group Home operational during the pandemic with all the pandemic challenges included staffing, out breaks of COVID and challenging rules while maintaining continuity of care for our residents.

Stacey started as a residential support staff, rose to team lead and has now transitioned into the HUD Coordinator position. Stacey has and continues to be instrumental keeping both the Therapeutic Community Residence operational. This includes maintaining the regulations of the facility as well as being instrumental in navigating Housing and Urban Development.

Finally, she has just become Pro-Act instructor certified to assist the agency with this need.

When I lost my mother in 2022, on the same day my husband had emergency surgery and three days later my mom's twin sister passed away, Stacey was full of compassion with my situation, normally you would have to arrange coverage, however Stacey took care of everything, including making sure my time sheet was done the right way. Keep in mind my husband spent 10 days in the hospital during Christmas.

Not only has Stacey covered numerous shifts, plus doing extra work that is not part of her job description. Even when she is tired, she still manages to make time and listen to her co-workers and the residents.

She truly cares about her job, including the residents and her co-workers, plus she also helps her significant other run his garage and stacks wood at her home.

She is always early and usually stays past her shift or works doubles, so other people can have a break and she tries her best to make sure the schedule is workable.

I honestly have to say, if we lose her, we would be in big trouble because I do not think anyone could do what she does. I think she would be perfect for this award, it is hard to find anyone that even though they are having a not so good day, manages to smile and today, even though she was losing her voice, we still had our meeting and she managed to smile. **Celebrating Years of** 

## **20 YEARS**

Sherry Jones - DS Employment Coordinator Chris Player - Lead School Based Clinician

## **15 YEARS**

Patricia Bartlett - Copley House Residential Support Staff Frank Davis - Community Integration Specialist Kelly Renaud - Developmental Services CIS Coordinator

## **10 YEARS**

Stephanie Beattie - CYFS Integration Specialist/Therapeutic Case Manager Amanda Gabaree - Lead Behavior Interventionist Frederic Gluck - Mobile Crisis Team Staff Jocelyn Szczepanski - Redwood Program Service Coordinator Christopher Younce - Developmental Services Sr Service Coordinator

## **5 YEARS**

Carmel Allaire - Copley House Residential Support Staff Dale Gagner - Community Integration Specialist Jennifer Laundry - Behavior Interventionist Emma Lee - School Based Clinician Terrie Look - Reach Up Case Manager Kacey Percy - Behaviora Interventionist Donna Sherlaw - Crisis Support/Peer Staff Jaynie Sudol - Redwood Program Crisis Coordinator Jason Wheeler - Community Skills Worker Jody Xuereb - Mobile Crisis Team Staff Jessica Flores - Health Information Management Coordinator (6 years)

# Community Partner Award

## UNITED WAY OF LAMOILLE COUNTY

We are honored to present the 2023 community partner award to United Way of Lamoille County for their dedication to the community throughout the year, but especially for the way they responded to the floods this past July. They immediately provided a platform for community agencies, groups, and individuals to come together to begin repairing the physical and emotional damage caused by the flood.

With the leadership of the United Way of Lamoille County, our community was able to provide over 3,000 hours of neighbor-to-neighbor volunteer clean up support immediately following the flood events, set up and resource donation centers in Johnson and Cambridge, provide support to towns as they respond to community members.

They continue to be the conduit between the local community, state and federal agencies. United Way of Lamoille County's resource page and newsletter provided a platform to share information – especially around FEMA process for individual assistance. They have paid careful attention to helping the helpers, making sure those supporting flood victims are able to take the time needed for self-care. As we continue to discover new needs, United Way is prepared. They have thoughtfully reserved resources that may be needed as winter approaches, meeting with people from other states who experienced similar crises and learning from them. They have been available to LCMHS staff to coordinate immediate assistance to people as they work through the processes to obtain long term resolution from insurance companies and federal funding. We have only just begun to see the effects of their hard work and thoughtfulness. There is no doubt that their efforts will continue through the end of this year and beyond.



United Way of Lamoille County

















