

2022

IMPACT REPORT

Making a difference, changing lives



Community
Care Network

Rutland Mental Health Services | Rutland Community Programs

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Cover Photos:
*Top Middle: A Rutland County Head Start student enjoys arts and crafts at summer art camp.
 Top Right: CCN staff distribute agency information and gun locks at the 2022 Vermont State Fair.
 Middle Right: CCN staff and client enjoy photo booth fun at the 2022 Developmental Services picnic.
 Bottom Left: CCN staff at the 2022 Spring Sprockets Fun Ride event hosted by the Homeless Prevention Center.*

Letter to the Community



It is with pleasure that we present the 2022 Impact Report for Community Care Network and its two agencies, Rutland Mental Health Services and Rutland Community Programs.

This has been an eventful and positive year for Community Care Network. I wrote in my letter last year that we would have to be bolder in many of our approaches, and willing to change and adapt more quickly than in the past as a result of the lasting impacts of the pandemic. In that spirit, we have accomplished a number of initiatives in this first year of a three-year strategic direction.

To address workforce shortages, we have judiciously made significant investments in compensation for employees in light of inflation and competition for talent. This is having a positive impact on retention and recruitment. We are developing a quality and data analytics team that allows us to examine our services and outcomes in ways we can use to improve care and measure progress. We are exploring innovations, including digital mental health applications and other emerging technologies, that show promise to improve client engagement and treatment success. We are making needed improvements to many of our facilities which will result in more comfortable and inviting environments for employees and clients; this includes new locations for several of our programs. We are actively engaged with our major regional healthcare partners to better coordinate and close gaps in care that exist between us. And we have embarked on a journey to create a more welcoming organizational culture and sense of belonging and inclusion for all we serve and who work here.

We were excited to learn that the U.S. Substance Abuse and Mental Health Services Administration awarded Rutland Mental Health Services a four-year, \$4 million Planning, Development and Implementation grant to become a Certified Community Behavioral Health Clinic. On the way to becoming a CCBHC we will broaden the scope of our services by expanding substance use treatment for adults and adolescents, greater peer supports, and community-based mental health outreach for veterans, among other programs. This is a transformational and exciting undertaking.

Workforce shortages remain our most significant challenge – as is the case for many employers. Help Wanted signs are everywhere. I really don't know where everyone went. But I am optimistic that our focus on improving the employee experience and economics of working at CCN, along with greater flexibility and openness with respect to how some work can be performed, will soften that impact. Our employees are our most important and valued resource. A workforce that is more engaged and cared for, in turn, delivers better care and service. We are honored to hold the trust of our clients in delivering needed services, and know that it is only through the talent and commitment of our employees that this happens.

I hope you will enjoy reading a sampling of all the great work here at Community Care Network.

Dick Courcelle
Chief Executive Officer

Message from the Board Chairs

As the Board Chairs for the two organizations of Community Care Network, we extend our gratitude to all of our employees, community partners and the clients we serve. The like-minded services that Rutland Mental Health Services and Rutland Community Programs provide are invaluable to our community. Meeting the needs of our clients wherever they may be, regardless of age, race, ability, socio-economic status, or any other variable, is the hallmark of our programs.

For RMHS, this is an exciting and challenging time. During the past several years the leadership team, with the support of the Board, has worked hard to increase compensation for our employees, and to create the best possible environment within which they can do their work. It is only through the competency and caring of these individuals that RMHS can provide high level services, and we would like to again thank everyone on the CCN team for all their efforts during the past year.

Strengthening our relationships with other area providers remains a priority. Our clients often require the services of multiple organizations, and we are proud that our close working relationships with community partners is continuing to improve coordination by closing gaps in care.

Multiple forces, locally and nationally, make this a challenging time for all health and human service providers. As we look to the future, we are particularly pleased to be among those selected from a very competitive group of applicants to receive a major planning grant to become a Certified Community Behavioral Health Clinic (CCBHC). This grant will help RMHS to be a leader in providing comprehensive care to those in need well into the future.

On the RCP side of CCN, programs transitioned to new leadership and a renewed focus. With a new director hailing from the Pacific Northwest, Head Start continued to navigate through a myriad of post-pandemic regulations as it returned to its core focus of school-readiness programming and teaching competency. Planning is underway to introduce an Early Head Start component in 2023, serving infants and toddlers, along with pre- and post-natal support. With Early Head Start, we can serve the community to a greater extent following the ethos of Head Start.

At our Senior Volunteer Programs, a relatively new director led the emergence from a pandemic which was a major disrupter to these programs nationwide. We saw a return of some volunteers lost to the pandemic, along with new RSVP, Foster Grandparents and One-2-One volunteers. These programs are coming alive. We are also excited that the Senior Volunteer Programs have moved to a new location with better accessibility and room for community programming and growth.

We hope that our combined CCN efforts will continue to grow to meet the needs of our communities.

Laird Covey
RMHS Board Chair

Jay Slenker
RCP Board Chair



Laird Covey, RMHS Board Chair



Jay Slenker, RCP Board Chair

Our Team

Senior Leadership Team



Dick Courcelle, Chief Executive Officer



Jim DiCosimo, Chief Financial Officer



Lorraine Jenne, Chief Operations Officer



Laura Kass, Chief Services Officer



Dr. Judith Tietz, Medical Director

Boards of Directors 2022

RUTLAND COMMUNITY PROGRAMS

Jay Slenker, *Chair*
 Betsy Glynn, *Vice Chair*
 Tim O'Connor, *Secretary*
 Jim DiCosimo, *Treasurer*

Dick Courcelle
 Ellie McGarry
 Renee Bousquet
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 Jim DiCosimo, *Treasurer*
 Chris Keyser
 Deb Alexander

Deb Quirk
 Lillian Jackson
 Rick Hildebrandt
 Sara King
 Thelma Stoudt

A special thank you to

Rutland Mental Health Services' Adult, Child & Family, and Developmental Services Standing Committees. The individuals serving on these committees offer valuable perspective, helping us provide the best possible services in our communities.

We thank our staff for their years of service and dedication.

5 years OF SERVICE

Rachel Williams, *Developmental Services*
 Brent Howard, *Developmental Services*
 Ron Garrow, *Administration*
 Susan Jurado, *Developmental Services*
 Erica Balestra, *Behavioral Health*
 Sandra O'Rourke, *Behavioral Health*
 Faith Putnam Kemp, *Behavioral Health*
 Meghan Hudson, *Developmental Services*
 Lori Kelley, *Developmental Services*
 Charles Cameron, *Administration*
 Andrea Hathaway-Miglorie, *Behavioral Health*

10 years OF SERVICE

Heather Curavoo, *Behavioral Health*
 Karen Potter, *Head Start: Early Care and Education*
 Joanne Bullion, *Administration*
 Leslea Kessler, *Administration*
 James McCuen, *Behavioral Health*
 Jennifer Champine, *Developmental Services*
 Peggy Bathon, *Behavioral Health*

15 years OF SERVICE

Marsha Singh, *Administration*
 Cherin Swington, *Behavioral Health*
 Judith Tietz, MD, *Behavioral Health*
 Dick Courcelle, *Administration*

20 years OF SERVICE

Daniel Gifford, *Behavioral Health*
 Bonnie Wilson, *Head Start: Early Care and Education*
 Jessica Daniels, *Behavioral Health*

25 years OF SERVICE

Sandi Swartz, *Administration*
 Cheryl Fenn, *Behavioral Health*

30 years OF SERVICE

Marcia Gadway, *Developmental Services*
 Kelley Todriff, *Head Start: Early Care and Education*
 Lauren Norford, *Behavioral Health*
 Doug Norford, *Behavioral Health*

35 years OF SERVICE

Deb Roy, *Volunteer Service Programs*
 Cinda Lu Donton, *Behavioral Health*

Adult Services

New Wellness Wing Expands Services and Supports

Rutland Mental Health Services has, for many years, offered recovery groups as part of its broad outreach services for adults. Last fall, RMHS launched a new, expanded program of Wellness Groups for adults working through mental health struggles. The new Wellness Wing, located at the Court Square location, allows clients of RMHS Adult Services to build their own culture and community, facilitate friendships, and have fun – in a safe and supportive environment.

Becky Hyjek is Supervisor of Outreach Day Programming, and runs the new Wellness Program for Adult Services. She says the groups have a strong focus on skill building and social support, and were designed with a great deal of input from the clients who participate. Still in its initial stages, the program is only limited by Becky’s ability to find staff.

“This fall, we are slated to run 28 groups, and we’re doing that with literally only two and a half staff. We are hiring, and eventually we will have more staff, but for now we are growing the program with what we have. Once we get some more staff onboard, we’ll be able to run even more.”

The groups range from Coffee Hour and Tabletop Games, to Fitness and Nutrition, to more advanced topics such as Conflict Management and Self Esteem. The eventual goal is to offer programming 12 hours a day, 7 days a week, from 8am to 8pm. “There are other agencies in the State that have this type of thing, but none with as many groups as we’re offering,” says Becky.

The skills gained from each group vary, based on what the group is designed for. “Our clients are learning socialization skills and coping skills – they are learning independent living skills, how to navigate friendships or navigate personal relationships with family members or partners. Our most primary group is called Parallel Engagement -- that group is for folks who might be reclusive, or possibly coming out of the stages of agoraphobia and they’re just learning how to be around people. It requires nothing other than sitting in a room with people around them, so they can just get comfortable being near people.”



“ OUR CLIENTS ARE LEARNING SOCIALIZATION SKILLS AND COPING SKILLS – THEY ARE LEARNING INDEPENDENT LIVING SKILLS, HOW TO NAVIGATE FRIENDSHIPS OR NAVIGATE PERSONAL RELATIONSHIPS WITH FAMILY MEMBERS OR PARTNERS. ”

- Becky Hyjek, Supervisor of Outreach Day Programming

Becky also runs a group called Conflict Management, which she describes as psycho-social education. “We learn how to look at the parts of our brain and our nervous system and see what is being activated during the conflict, and learn how to navigate that conflict in a more healthy way -- essentially teach our body to calm down.”

The Wellness Program consists of four 10-week cycles each year, with a weeklong break between each cycle. Referrals have steadily increased since the program launched last fall, with an average of 50 individuals attending groups each day. “We are seeing quite a high demand for these groups,” says Becky. “We grow each cycle – we’re currently on a trajectory to double each year.”

Becky says the benefits of the program extend to the staff who facilitate the groups. “This type of work for anybody is really rewarding. When you’re facilitating you are right on the ground with the clients, so you can’t help but learn these skills yourself. That creates a kind of camaraderie with the client, and I think they appreciate that a lot.”

The vision for the program is that the Wellness Wing and its abundance of resources can offer clients a safe place to go, and free up Crisis and other services for more severe situations.

“Our staff is working hard to make a beautiful, comfortable space, and our clients have taken the lead in building their own amazing culture.”





Eshan LaCoste, LADC, Clinician

Adult Services

Co-Occurring Clinician Joins Adult Mental Health Team

More than one in four adults living with serious mental health problems also has a substance use problem. For many years, mental health and substance abuse treatment professionals believed addiction and mental health should be addressed as part of individual programs. But in recent years, the philosophy around treatment for co-occurring disorders has evolved. Whether substance use triggers increased mental health symptoms, or individuals experiencing distress from mental health symptoms use substances in an effort to find relief, more and more providers are recognizing the importance of treating both issues at the same time.

In an effort to more effectively address co-occurring disorders through integrated treatment, Rutland Mental Health Services now has a Co-Occurring Clinician on its Adult Mental Health team. Eshan LaCoste, LADC, who has been a clinician with Evergreen since 2014, moved over to the mental health side last year.

Hillary Ward, LICSW, is Director of Adult Mental Health Services. “We had a straight-up clinician opening, and Eshan was interested in coming over from Evergreen, but he really wanted to keep the co-occurring role, which was so exciting. Eshan is a fabulous clinician, and to have a co-occurring specialist on the mental health side versus the substance use side is really ground-breaking for us. Having people come in our door here and be able to work on their substance use at the same time they are working on their mental health has really broken some barriers.”

Some of those barriers, says Eshan, are the product of public perception. “There is a real stigma attached to substance use, and I think folks are reluctant to really speak to that – they are more willing to speak to their mental health. The feeling is that it’s looked better on having a mental

health issue than a substance use issue. My philosophy is that you CAN deal with both, and I think that historically, there hasn’t been enough support for that approach.”

Some of the mental health issues likely to co-occur with substance use include depression, anxiety, bipolar and other personality disorders. Eshan offers a weekly Co-Occurring group on Wednesdays, and a mental health group he calls Building Resilience, which covers depression and anxiety. He says his approach to treatment is person-centered, trauma informed, and is different for each client.

“A client who goes to the Co-Occurring Group usually volunteers to do that. I have some clients who prefer to work strictly one-to-one with me. For each person, I really try to explore individual belief systems and values. I believe if you can address the emotional and environmental factors that are causing you stress, then you can learn different coping mechanisms to deal with the situation.”

Director Hillary Ward praises the entire team of Adult Services clinicians working alongside Eshan. “It’s one of the best I’ve seen coming through. Everybody has their own niches and areas of expertise, and the way they collaborate and cross train and educate one another, it’s amazing.”

Eshan has a master’s degree in Clinical Mental Health Counseling, is licensed as a substance abuse counselor and is currently working on getting his mental health license. He can’t imagine doing anything else, or working anywhere else. For Eshan, sometimes the hardest part of the job is watching life get in the way of his clients’ progress.

“My job is to hold space for people,” he says. “And sometimes that’s a lot. At the end of the day, I’m doing what I love.”

Adult Services

DAIL Grant Expands Support, Education & Training for Professional Caregivers

Caregiving can be a profoundly rewarding experience, but the job can also take a devastating toll on a caregiver's mental and physical health. Even the most dedicated professional caregivers regularly face issues such as compassion fatigue, burnout and illness, due to the demands of their job.

"Caregivers get sick and die at twice the rate of the population," says Cinda Danton, Eldercare Clinical Case Manager for Rutland Mental Health Services. "We wanted to do something about that."

As part of her job, Cinda oversees Caregiver Support Services for Rutland and Bennington Counties. She points to a program that has been in place for many years, funded by the Bowse Health Trust of Rutland Regional Medical Center, which provides much-needed support for caregivers in Rutland County. But the existing program excluded professional caregivers. So, last fall, Cinda applied for a grant through the Department of Disabilities, Aging and Independent Living (DAIL), and in April RMHS launched its expanded Caregiver Support Program.

The expanded program now offers support services, education and training for a wide range of professional caregivers. "It could be staff from a doctor's office, it could be Emergency Department staff, Rutland Mental Health staff, Council on Aging staff – essentially any service provider who sees folks on the *Choices for Care or Money Follows the Person* programs in Rutland and Bennington Counties."

Choices for Care is a Medicaid-funded program that pays for nursing home-level care at home for older Vermonters and people with physical disabilities. *Money Follows the Person* is a similar program designed to move elderly nursing home residents out of nursing homes and back into their own homes, or into the homes of their loved ones.

"We teach caregivers how to work effectively with folks who have challenging behaviors, which many clients do, and we teach them

how to set good boundaries, and not get compassion fatigue. We teach them good self-care, which is really important. Some of these caregivers are family members, and they tend to put the person's needs before their own, and that's a big problem."

All trainings are paid for by the grant, so they are offered free of charge for any agency, medical provider, or individual caregiver.

Cinda says there is more to the grant than just caregiver support – it offers benefits to the clients being cared for as well, and addresses the issue of social isolation. "What people don't know is that social isolation greatly increases the risk of physical harm. It causes dementia, it causes heart attacks, it causes strokes, it causes a lot of problems that people are not aware of. So as part of this program, we're teaching service providers and medical providers how to screen for loneliness, or social isolation. We think by doing this more intentionally, we can help people to be healthier, and they won't need as many services from the medical provider."

At present, the program has a small staff doing everything -- Cinda and Danielle Payton provide the trainings; Steve Stratton provides psychotherapy for clients and caregivers; Theresa Hoffmann provides psychotherapy for clients struggling with substance misuse; Nicole Kimbrough provides case management, service coordination, and community outreach; and Kate Schirmer-Smith supervises the Eldercare Program and manages referrals.

"It's hard enough finding people who want to be caregivers, and who want to work this field," says Cinda. "So we want to help them have a good experience, and to be fully equipped to cope with the challenges of the type of work we do. There is great reward if you can do that."



“ WE TEACH CAREGIVERS HOW TO WORK EFFECTIVELY WITH FOLKS WHO HAVE CHALLENGING BEHAVIORS, WHICH MANY CLIENTS DO, AND WE TEACH THEM HOW TO SET GOOD BOUNDARIES, AND NOT GET COMPASSION FATIGUE. ”

- Cinda Danton, Eldercare Clinical Case Manager

Rutland Mental Health Services Receives Funding to Become Certified Community Behavioral Health Clinic

The Substance Abuse and Mental Health Services Administration (SAMHSA) has awarded Rutland Mental Health Services a four-year, \$4 million Planning, Development and Implementation grant to become a Certified Community Behavioral Health Clinic (CCBHC). CCBHCs are specially funded organizations that provide a comprehensive range of mental health and substance abuse services that are required to meet certain quality standards of care. Currently, there are over 400 CCBHCs operating across the country.

“The behavioral health care system in the U.S. has been inadequately funded for decades,” says CEO Dick Courcelle. “And the pandemic has cast an ugly light on the resulting impact on communities. The CCBHC model is a serious, bi-partisan national effort to address the decades-long underfunding of the system, and it is demonstrating positive results.”

The goal of a CCBHC is to increase access to and improve the quality of, community mental health and substance use disorder treatment including in-person and family-centered integrated services. CCBHCs are required to provide nine core services, which include Crisis Services; Treatment Planning; Screening, Assessment, Diagnosis & Risk Assessment; Outpatient Mental Health and Substance Use Services; Targeted Case Management; Outpatient Primary Care Screening and Monitoring; Community-Based Mental Health Care for Veterans; Peer,

Family Support and Counselor Services; and Psychiatric Rehabilitation Services. As a Designated Agency, Rutland Mental Health Services already provides many of these services.

Chief Services Officer Laura Kass, LICSW, says the first year of the grant, which began September 30, will focus on building staff and programming in a few key areas to meet the CCBHC Certification Criteria. “While this grant is intended to build services across all agency programs, we’ll be putting a significant effort during our first year into our Substance Use services, and expanding our resources for adolescents and veterans.” Kass cited the addition of peer services as an important resource for serving these populations.

“This is a transformational grant for Rutland Mental Health Services and the behavioral health programs we offer,” says Dick Courcelle. “When Rutland Mental Health Services receives CCBHC certification at the end of this grant, we will be able to tap into funding not available to us now that will actually cover the costs of providing comprehensive behavioral health care to the region. We will have the flexibility to respond to community needs when they arise. In my opinion, the CCBHC model is the best answer we have to address the decades-long underfunding of the system.”

Text Line Offers New Resource for Teens in Crisis



Loree Zeif, LICSW,
Director of Emergency Services

The Rutland Mental Health Services Emergency Services team is excited to introduce their new Crisis Text Line to the community. The Text Line is available to anyone needing support during a mental health emergency, but may appeal most to a younger demographic.

“It has become increasingly clear that young people are reticent to pick up the phone and make phone calls,” says Loree Zeif, LICSW, Director of Emergency Services. “We started the text line as a way to offer an alternative

initial engagement with the Crisis Team, another avenue for people – young people particularly – to reach out to Crisis in a way that is more comfortable to them. We would be using that initial engagement to pretty immediately work toward a phone call, if not an in-person interaction with the client.”

A \$10,000 grant from the Vermont Community Foundation helped cover some of the training and start-up costs. The line has been up and running since late summer, and the Crisis Team is working on a number of avenues to reach the target population, including an ad in the Rutland High School yearbook. Marketing materials will be updated to include both the phone and the text options.

So far, says Zeif, the new program has been used primarily for outreach. “We’re trying to reach someone who’s maybe holed up in a hotel room, not answering their phone, so we have a way to say, ‘it’s okay, we’re here to help.’ We’ve used it a little more for that so far.”

Zeif says she anticipates the text line will be used primarily by adolescents and young adults but is available to anyone.

People can reach the Rutland Mental Health Crisis Text Line 24/7 at (802) 214-2553.

Developmental Services & Behavioral Health: An Evolving Model of Integrated Care

For most mental health professionals, the term “dual diagnosis” typically describes people who have a mental illness co-occurring with a substance use disorder. However, there is another less recognized population also described as dually diagnosed. These individuals have co-occurring intellectual/developmental disabilities (IDD), and a mental illness. Data suggests that adults with disabilities experience frequent mental health distress almost five times as often as adults without disabilities. Supports and treatment for this population require flexible, collaborative, creative approaches to care, and a new way of thinking.

Mary-Graham McDowell, MS, BCBA, is the Director of Developmental Services, and Hillary Ward, LICSW, is the Director of Adult Mental Health for Rutland Mental Health Services. Together they have initiated a new, cross-program approach to providing services and treatment for persons with this kind of dual diagnosis.

“For years we’ve been trying to work toward better partnering and teaming across mental health and developmental services, but we’ve never been able to make it work,” says Hillary. Then, last fall, an impromptu discussion between the two newly-elevated department heads revealed a common desire to find a way forward. “We talked about how much we both wanted to see this happen.”

Finding a clear path forward is complicated -- it requires collaboration between two very separate and culturally different public systems -- the Department of Mental Health (DMH) and the Department of Disabilities, Aging, and Independent Living (DAIL). Each service system has distinct administrative rules and regulations, making it difficult to navigate by service coordinators, families, and providers alike.

“The silos of mental health versus developmental services, they just don’t make sense,” says Mary-Graham. “Those of us in the service field notice greater acuity, greater intensity. People are coming in with more complex issues and struggles than ever before. As a system, we can’t afford to run these programs as if these folks don’t have multiple



“ AS A SYSTEM, WE CAN’T AFFORD TO RUN THESE PROGRAMS AS IF THESE FOLKS DON’T HAVE MULTIPLE CHALLENGES GOING ON AT THE SAME TIME. ”

- Mary-Graham McDowell, MS, BCBA, Director of Developmental Services

challenges going on at the same time.”

She describes the new partnership as a quality best practice. “It’s definitely a more person-centered approach, allowing for choice and dignity of risk, which is a big thing in the DS world. It’s where you have the right to fail, the right to make choices. The world is full of opportunities that people should be allowed to explore.”

The two team leaders have begun a steady program of cross-training for their staff to become more familiar with each other’s culture. For Hillary’s team of mental health clinicians, that means learning about Autism and other developmental disabilities, and how to work with people who communicate differently. For Mary-Graham’s DS staff, it means reading up on trauma, mental health and substance use. Both directors have found staff eager to learn and grow their expertise in different areas.

“The cross-training is amazing,” says Hillary. “The amount of confidence our staff can gain by learning that there’s really no mystique about mental health vs developmental services, I think it’s invaluable.”

By moving forward with this integrated approach, the two program directors envision stronger efficiencies across the agency and improved service outcomes for their clients. And that, says Mary-Graham, can also translate to cost savings.

“People can thrive in this model where they don’t need the intensity of the supports, they just need a more creative approach to the supports. So people have actually been able to decrease the amount of services, funding and supports they need.”

“With creativity comes increased scrutiny,” she adds. “It’s easy to want to put what we do into boxes, and assign responsibility. But the burden cannot be on just one entity, it needs to be on all of us. And our community needs to understand that this is a chaotic, messy process, and it could get ugly at times because we’ve been working in silos for so long, and we are all going to learn from it.”

Building Mental Health Services into State Police Response for Better Outcomes

An important statewide initiative integrating mental health clinicians with law enforcement has been deployed in Rutland County. In January, Nicole Desens from RMHS joined the Vermont State Police as a full-time mental health liaison. A licensed clinician with an extensive background in crisis and forensic mental health, Desens is embedded within the State Police barracks in Rutland. She has a desk there, a radio, even a bulletproof vest. This initiative is funded through a grant from the Vermont Department of Mental Health, which has partnered with the Vermont Department of Public Safety to implement the program statewide.

“The goal is to provide a mental health specialist when troopers are interacting with people who are struggling with something,” explains Loree Zeif, LICSW, Director of Emergency Services for Rutland Mental Health Services. “A lot of people, if they are uncomfortable with behaviors they see in the community, or if someone is acting in a way that is potentially dangerous to themselves or to others, they call the police. And too often, a traditional law enforcement response results in things like incarceration or involuntary hospitalization. With this collaboration, people in crisis can access mental health care more

easily, police experience less trauma and stress, and clinicians have an opportunity to make an even bigger difference in the community.”

Desens says her presence, in many cases, has helped soften a police response, and has made the experience more positive for people. Of equal importance, she says, it also provides support and service for the troopers. “It really has been breaking down the walls and barriers that I think they’ve been facing as law enforcement professionals. They are really appreciative to have us there.”

“I love working with the troopers -- I love working with any branch of law enforcement,” says Desens. “It’s interesting to work with people of different mindsets – we each bring a different perspective to a situation. Even sitting around the barracks, there’s been a lot of education and having those hard conversations about just breaking the stigmas down. To work in this collaborative way, I think, is really beneficial for people in the community. It’s lovely, and it’s enlightening on both sides.”

In addition to the State Police Collaboration, RMHS has a mental health clinician who works with the Rutland City Police Department in a similar fashion.

Rapid Response: Follow-up Stabilization Services for Children in Crisis



Doug Norford, LICSW, Director of Child and Family Services

For children and families experiencing a mental health crisis, sometimes the result is an unnecessary and stressful trip to the Emergency Department. As part of Rutland Mental Health Services, the Child and Family team delivers critical support to families whenever, and wherever there is a mental health emergency. Among the wide range of services offered is Rapid Response, a coordinated system of crisis stabilization for children and families. These services are short-term, intensive, and focused on the immediate problem. They can

also serve to divert a child from unnecessary hospitalization.

Doug Norford, LICSW, is the Director of Child and Family Services. “Rapid Response is a way of immediately getting services into the home, or working with the child or the family in whatever capacity is needed. It provides immediate support and stabilization so that the family feels competent in their ability to manage the situation.”

Rapid Response started about six years ago, following a traumatic incident in the community that impacted a large number of young people. “We had about 15 kids go through Crisis at the same time, and end up in the E.D. It put a pretty significant burden on the crisis resources, the E.D. resources – even Brattleboro didn’t have enough beds. At that time, there weren’t any built-in supports in the community, so in response to that, very quickly, we put together our Rapid Response team.”

Doug explains the difference between Rapid Response and Mobile Response. “Rapid Response is really a follow-up intervention for a child who has already received an assessment through either the Crisis Team or the Emergency Response Team. Once they have received that assessment, then regardless of what next steps happen, they are eligible for Rapid Response.”

For a child that is determined to need a hospital level of care, the team works with the family before, and during hospitalization. “We use that

Rapid Response continued on next page

time to work with the family so that they're feeling more prepared to receive the child back to the home, and that they've got some services in place. Our longer term goal is to get the child situated with more traditional, or longer lasting services. We want to use this to not only provide frontline support, but then to make sure they get referred to things that can support them in the longer term."

The benefits of the program extend beyond the immediate stabilization services – they include access to other Child and Family resources. "Within our Outdoor Adventure Program we have time that's reserved for kids who are in the Rapid Response program. That's particularly

helpful when a child first comes out of a hospital but isn't quite ready to engage with school. It's a way of getting them out, it gives the family a little bit of a break, and also helps them begin to reintegrate into the community."

A large part of stabilization, says Doug, includes family problem-solving. "We look at supervision needs, safety needs – but it's also important to help a family understand how to frame the crisis. These are complex situations, and not everything has to be addressed or resolved right away. So it's helpful to identify things that the family can work on that would bring about greater peace in the long term."

Data and Quality Team **Building a Data-Driven Culture for Better Care**

Every hour of every day, the directors, managers and team leaders at Rutland Mental Health Services are responsible for decisions that impact the outcomes of their programs and services. In the past, many of those decisions often relied on little more than instinct and guesswork. But times have changed, and now more than ever, data and analytics is playing a critical role, empowering leaders and staff at RMHS to make better, more informed decisions.



Jit Singh, CCN IT Director

As part of an initiative to build a more data-driven culture across the agency, RMHS has established a Data and Quality Team, with the goal of making data more accessible, meaningful and user-friendly for everyone.

"We get bombarded with data on a daily basis," says Jit Singh, CCN's IT Director. "And for many people, using data isn't something that's part of their daily work – they don't necessarily know what to do with it, or understand it. With our new Electronic Health Record system, Credible, we are capturing data that can really help us understand how our programs are performing. So the next step is to translate that data into reports that people can really understand and act upon."



Ron Garrow,
CCN Report Writer

Ron Garrow moved over from IT to Information Systems late last year to focus on translating data – specifically the new reporting software called Dundas Data Visualization, which works in tandem with Credible to analyze data.

"Senior leadership has made it known across the agency that we really want to concentrate on meaningful data, and use it to help drive our

business and care delivery decisions," says Ron. "Now that we've been with Credible for three years, we've got a lot of data stored that we've been able to pull and utilize. Using the Dundas platform, we can make user-friendly dashboards and reports that are easy to look at, easy to read, and easy to understand."

The Data and Quality Team, headed by Rob Mitchell, is tasked with driving data into the daily thinking of everyone in the agency. The team began their work in earnest last April, collaborating with a different agency program every two months. Adult Programs went first, then Child and Family, followed by Crisis/Emergency Services. Currently the team is working with the Substance Use program. "Every program has a different area of focus," says Jit. "For example, Emergency Services was looking at their response time. CRT was very concerned about staffing. For Substance Use, a lot of their services work around groups, and they want to know which groups have higher attendance based on the time of day."

A key benefit of the Credible/Dundas reporting software, says Jit, is that it is always current. "It's real-time, which means you can take action today, to affect what's going to happen tomorrow. You might still be guessing, but the data lets you know you're on the right path."

As the rollout progresses, Ron says people are really using the data, asking questions and requesting reports. And that makes him really happy. "It's actually been fun, helping these folks get the information they need. It makes me go home with a smile on my face every day. It's just fantastic."

"This whole data analytics structure and team is going to help the agency become better at getting care to the clientele in the community, more efficiently and more effectively," he adds. "And that's what we are all about -- driving better care in our community for those who need it."

Rutland County Head Start:

A Renewed Focus on Love of Learning and Teaching



“ TEACHERS NOW HAVE A MORE MANAGEABLE SCHEDULE, INCLUDING TIME TO CRAFT AN INDIVIDUALIZED CURRICULUM. ”

- Kelley Todriff,
Family Services Manager

The field of early care and education has gone through many challenges in recent years. The global pandemic made it hard for early care programs, as well as k-12 schools, to operate in their usual way. The stress of working in the fields of education and human services has led many people to consider other types of work, and this has caused a workforce and quality crisis, especially in the field of early care and education. Rutland County Head Start has used this time to carefully examine and reimagine its role in the community, and this year the program returned to its roots of sparking children’s curiosity and a lifelong love of learning.

Kelley Todriff is Family Services Manager for Rutland County Head Start. She explains the changes to the program. “In prior years, we operated programs that served children for 10-plus hours per day, five days per week. In reformulating the program for the current school year, we are no longer providing wraparound childcare – we are simply providing a six-hour, ‘full school day’ of preschool programming, for all children, Monday through Friday, to align more with the public school system and its calendar.”

The new structure allows for three teaching staff per classroom, with a maximum group size of 15 children. Kelley says the changes to the schedule, staffing and group size mean more planning time for teachers and more personalized education for children.

“Teachers now have a more manageable schedule, including time to craft an individualized curriculum,” says Kelley. “They have time every day, a total of 10 hours a week of intentional planning time. The goal is really to have a system that supports our early education workforce, which leads to positive outcomes for children and families in high-quality environment.”

Kelley admits the shift away from child care was an issue for some families. “We knew when we implemented this model that we

would lose some families because families do consider Head Start as a place of care for their children. Our job on the Family Services side is to really work with those families to identify the gap and to help them secure another option.” It is expected that wrap-around childcare services will again be available in 2023 as staffing levels increase.

Among the peripheral benefits of the redesigned Head Start is a direct alignment with the public school system schedule. But staff recruitment and retention was the main consideration.

“We want to be the place everyone wants to work, by providing excellent benefits, professional development, a schedule that aligns with the public school system and higher compensation rates. When teachers feel good about coming to work, enjoy their job and engage with children, families and other professionals, it has a positive effect on the entire program. We want staff to be happy, healthy and supported.”

One new hire of significance is Donna Barrow, Ed.D., who has just joined the program from Portland, Oregon as its new Director.



“We are very excited to have Donna on board, and for all of the positive changes going on. It is really, truly, going back to how we began, and really focusing on that quality, the quality of teaching, and the quality of interaction with families, the full comprehensiveness of the Head Start program.”

- Kelley Todriff

CCN *at Work*



CCN employee Brittny Davis on a hike with participants from the Adult Services outdoor wellness group.



CCN's Child and Family Services staff gather for their annual employee retreat in Wallingford.



CCN staff accept the Governor's Award for Excellence in Worksite Wellness on behalf of the agency.



CCN staff participate in the Out of the Darkness suicide prevention walk in Rutland.



Children of CCN staff enjoy the agency's annual employee picnic at Hathaway Farm.



RSVP volunteers prepare holiday gift baskets as part of their annual Operation Dolls and More program.



CCN staffer Justin Hofmeister with Cpl. Ed Hunter from the Fair Haven Police Department at Fair Haven's National Night Out event.



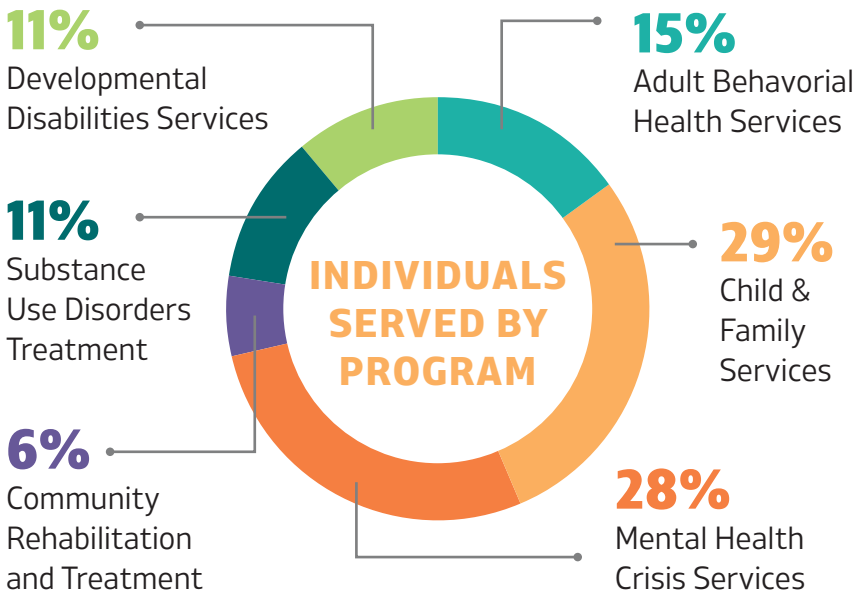
CCN Adult Services staff participate in a fun activity at their annual employee retreat in Wallingford.



CCN employee Georgette Haviland (right) displays art work from an Adult Services wellness group alongside a program participant.

Service Results

from July 1, 2021 to June 30, 2022



3,094
INDIVIDUALS SERVED

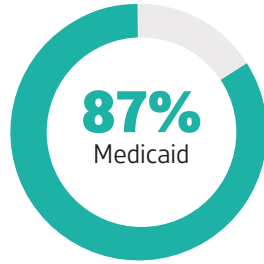
178,296
HOURS OF SERVICE PROVIDED TO CLIENTS

Financials

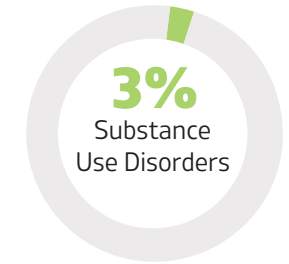
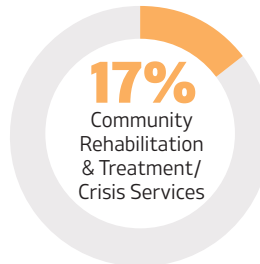
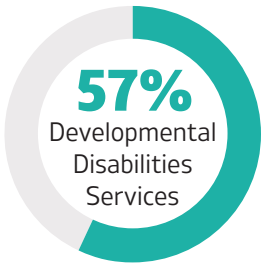
from July 1, 2021 to June 30, 2022

RUTLAND MENTAL HEALTH SERVICES

Revenue - \$32,733,292



Expenses - \$31,308,473

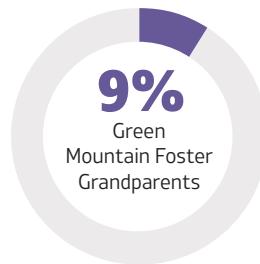
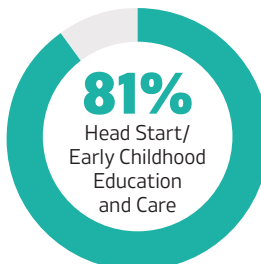


RUTLAND COMMUNITY PROGRAMS

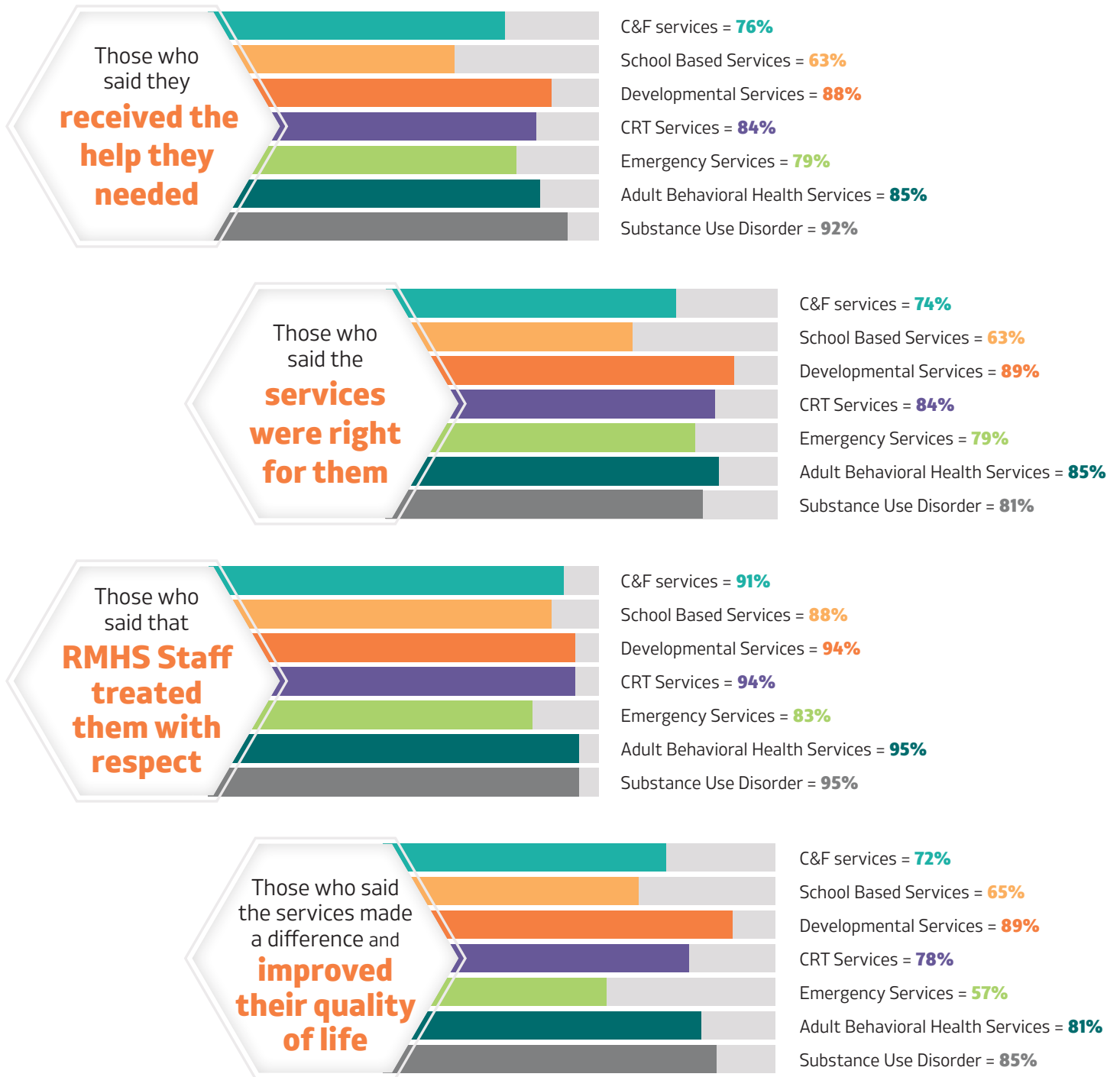
Revenue - \$2,775,085



Expenses - \$2,704,856



Survey Data from July 1, 2021 to June 30, 2022



CCN Workforce

Total Full-time and Regular Part-time

—————●

●— 34 Rutland Community Programs

296 Rutland Mental Health Services

About Community Care Network

Community Care Network is comprised of Rutland Mental Health Services and Rutland Community Programs. The mission of CCN is to enhance the health and well-being of our communities, individuals and families through responsive, innovative and collaborative services. The programs of Community Care Network serve more than 3,000 people each year throughout Rutland County. The dedicated staff of Community Care Network are focused on improving the health and well-being of Rutland County residents and their families living with mental illness, developmental disabilities and substance use disorders. A list of programs appears below. For more information about the wide range of comprehensive services at CCN, please visit our website at www.rmhscn.org.

BEHAVIORAL HEALTH

Behavioral Health services at Community Care Network focus on person-centered, evidence-based practices designed to help people thrive within their communities. Rutland Mental Health Services offers a range of Child & Family, Adult Outpatient, Substance Use, and Residential services and programs. Our dedicated staff of caring professionals has been trained to meet federal, state and other accreditation requirements for professional development.

Adult Services

Community Rehabilitation and Treatment: Comprehensive services using a multi-disciplinary treatment team approach for adults with severe mental illness. CRT offers a wide range of support options to help people remain integrated in their communities, while building strategies to live more independent and satisfying lives.

Vocational Opportunity Works: Supported employment services to individuals with mental health and co-occurring disorders.

Outpatient Treatment: Individual and group therapy includes stabilization group, women seeking safety group, anger management group, psychiatric evaluations and psychiatric consultation.

Eldercare: Outreach mental health services to homebound elders, including clinical assessment, case management, and supportive counseling to caregivers.

Emergency Crisis Services: Available 24-hours-a-day, 7-days-a-week, providing emergency supportive counseling by telephone or in person. If you or someone you know is in distress or experiencing a crisis, call (802) 775-1000 or text (802) 214-2553 and a Crisis Clinician will be able to support you.

Integrated Clinical Case Management: Provides mental health services to adults experiencing emotional or behavioral distress severe enough to disrupt their lives, who are medical patients at the Community Health Centers of the Rutland Region, but who do not meet eligibility criteria for Community Rehabilitation and Treatment services.

Substance Use Disorders Services: Substance use treatment services, including alcohol and drug assessments for individuals age 12 and older. Includes individual and group outpatient services, intensive outpatient program (IOP), impaired driver rehabilitation program (IDRP), case management, Rutland County Treatment Court, Federal Drug Court, Healthy Women's Program, Elder SUD services, and collaboration with DCF - Reach Up. Naloxone distribution site.

Crisis Stabilization and Inpatient Diversion: Short-term stays for adults with acute psychiatric symptoms to help avoid the need for a higher level of care such as an inpatient psychiatric hospital or to serve as a step-down from inpatient psychiatric care to prepare for a return to community-based support.

MapleWood Recovery Residence: Supervised and supported recovery intervention services in a residential location for adults in the early stages of recovery.

Welcome Home: A joint program of Rutland Mental Health Services (RMHS) and The Homeless Prevention Center (HPC) of Rutland County, providing housing and support services utilizing the Housing First model to people who experience chronic homelessness.

Child and Family Services

Child and Family Services provides assessments, referrals, individual, family and group therapy, psychopharmacology, community education, crisis intervention and stabilization supports, substance use disorders treatment, wraparound services and intensive family-based services. These services are provided in a variety of settings including schools, communities and homes as well as at our Outpatient and Early Childhood offices.

Early Childhood Services: Assessment, consultation, service planning/coordination, supportive counseling and evidence based individual and family psychotherapy for infants and children age 6 and under. Master's level Early Childhood Mental Health Consultation is provided to childcare centers, Head Start, and childcare provider networks.

Outpatient Child, Adolescent and Family Psychotherapy: Mental health assessment and evidence-based psychotherapy interventions for children and families age 6 to 18, experiencing mental health, behavioral and/or emotional challenges. Clinical services are offered with a strong focus on family and person-centered choice and are provided in child and family-friendly environments.

Community Supports: Community-based service coordination, supportive counseling and skills building activities for children, youth and families age 6 to 18 who seek assistance navigating through the local system of supports, developing coordinated service plans, building individual and family skills and achieving their treatment and self-improvement goals.

School-Based Services: Contracted supports are offered to Rutland County schools for the provision of on-site mental and behavioral health services. Schools have the option of contracting for Clinician, Case Manager and Behavioral Interventionist positions. Through these contracts, RMHS is able to provide more accessible care for students and develop more active collaborations with families, schools and treatment teams.

Mobile Response & Stabilization Services (MRSS): Immediate in-home assessment and stabilization service for any Rutland County family (foster and kinship included) with a child under the age of 18 who is experiencing a non-emergency level of mental, emotional, or behavioral crisis. Services are available 8:30-4:30 Monday-Friday regardless of insurance type or ability to pay. Call (802) 345-3080.

Rapid Response: Immediate, short-term child and family crisis stabilization supports, provided as an aftercare service following an assessment and intervention through the 24/7 RMHS Emergency Services program. In situations where a child is hospitalized following an emergency service assessment, Rapid Response services can be accessed for discharge planning and immediate supports upon the child's return to their home.

Intensive Family-Based Services (IFBS): Intensive/short-term home and community-based family therapy and stabilization supports for families at risk of having a child removed from their home due to emotional or behavioral

challenges, delinquency, truancy, and/or family risk factors such as domestic violence, mental health and/or parental/caregiver substance abuse issues. IFBS services also provides support and stabilization to families who are in the reunification process with a child following an out-of-home placement.

Oak Tree Program (Foster Family Supports): Specialized counseling, education, and service coordination supports for foster parents caring for children with mental and behavioral health challenges.

Vermont Outdoor Adventure Program (VOAP): Daily/year-round individual and group therapeutic, experiential and adventure-based activities provided in a wilderness setting as a means of assisting children and youth in achieving their emotional and behavioral goals. VOAP services are offered in conjunction with other services as part of a child's treatment plan rather than as a "stand alone" service.

Adolescent Outpatient Substance Use Disorder Treatment: Services for adolescents seeking treatment and support around challenges related to self-medication and substance use. Treatment utilizes a "co-occurring" model which simultaneously focuses on both substance use and mental health treatment goals.

Respite Services: The Respite program offers parents/guardians regularly scheduled breaks from the stressors, attention and supervision that is often required when parenting a child who is impacted by mental, emotional and behavioral challenges. Breaks are offered through the provision of one-to-one (staff to child) community-based outings. Respite services are offered in conjunction with other services as part of a child's treatment plan rather than as a "stand alone" service.

J.O.B.S Program (Jump On Board for Success): The JOBS Program is an innovative supported employment and intensive case management service that empowers "at risk" youth, ages 16 through 21 in making healthy life choices, overcoming employment barriers, sustaining healthy relationships and managing the stressors of daily living.

DEVELOPMENTAL SERVICES

Developmental services at Community Care Network provides an array of comprehensive, person-centered supports and services to children and adults with developmental disabilities and their families.

Service Coordination: Assists individuals in planning, developing, accessing, coordinating and monitoring supports and services.

Home Supports:

Supervised Living: Supports provided to individuals who live in their own home/apartment or that of a family member.

Staffed Living: 24-hour supports provided to one or two adults living in their own home/apartment.

Group Living: 24-hour supports for four adults living in our licensed group home.

Shared Living: Supports provided to one or two individuals living in the home of a shared living provider.

Health Services Coordination: Nurse Consultants help coordinate and monitor health care for individuals receiving staffed, group, or shared living supports.

Respite Supports: Provide family members and shared living providers a break in caring for an individual.

Community Supports: Assist adults to develop skills and social connections through volunteering, recreation, leisure, and educational opportunities.

Employment Services: Assist adults to obtain and sustain competitive employment and achieve career goals.

Project SEARCH: Workplace immersion program for students with intellectual disabilities in last year of high school or young adults that helps them learn skills and obtain competitive employment through collaboration with DS, the Rutland School district, Rutland Regional Medical Center, and Voc Rehab.

College Steps: Supports students living with social, communication, or learning challenges to make successful transitions into college life at Castleton University while learning new skills and preparing for meaningful careers.

Clinical Services: Access to psychiatric services, therapies, behavioral consultation, and other clinical supports.

Crisis Services: Support for individuals who are experiencing a psychiatric, behavioral, emotional, or medical crisis.

Transportation: Reimbursement for mileage to access community supports. Assistance for individuals requiring an accessible vehicle to acquire and maintain accessible transportation.

Bridge Care Coordination: Support for families to access and coordinate needed services and resources for children up to age 22.

Family Managed Respite: Provides families with a break from caring for their child with a disability up to age 21.

Flexible Family Funding: Available to families to support their child or adult family member to live at home.

Specialized Services in a nursing facility: Services for individuals 18 years old and older living in a nursing facility who need additional social, behavioral, or communication supports related to their disability beyond the scope of the nursing facility.

Choices for Care Adult Family Care: A 24-hour shared living option for individuals at least 18 years old who meet clinical criteria for nursing home level of care.

RUTLAND COMMUNITY PROGRAMS

One-2-One: Volunteer drivers provide essential services transportation to adults 60+. More information at www.volunteersinvt.org/service/rsvp-telecare-program.

Green Mountain Foster Grandparents: Volunteers provide mentoring and role modeling for children of all ages in a variety of educational settings throughout Rutland, Bennington, and Addison Counties. These intergenerational relationships enrich both the volunteers and the children they serve. More information at www.volunteersinvt.org/green-mountain-foster-grandparent-program.

RSVP and The Volunteer Center: Provides individuals of all ages with a variety of interesting and diverse volunteer opportunities throughout Rutland and Addison County in over 150 non-profit agencies. Our locally-designed Signature Programs, RSVP Bone Builders and RSVP Operation Dolls and More, also respond to the needs of our communities. More information at www.rchscn.org.

Early Care and Education / Rutland County Head Start: Our 5-STAR, NAEYC-accredited, early care and education programs prepare children and families for a successful school experience through comprehensive, integrated, family-centered services. Comprehensive programming integrates successful learning, medical, dental and mental health support; social services; and parent engagement for income-eligible, preschool-age children and their families. More information at www.rchscn.org.



Family fun at the 2022 Community Care Network Developmental Services picnic.



Community Care Network

Rutland Mental Health Services | Rutland Community Programs

LEARN MORE AT: rmhscn.org

P.O. Box 222 | 78 South Main Street | Rutland, VT 05701 | 802.775.2381



Community Care Network



Community.Care.Network

CCN is a member of:



Vision

To be the provider and partner of choice, advancing services that transform and empower lives.

Mission

To enhance the health and well-being of our communities, individuals and families through responsive, innovative and collaborative services.

2022 Impact Report

PHOTOGRAPHY
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