Local System of Care Plan
FY 2018 – FY 2020
Purpose and Guidance

The Vermont Department of Mental Health: Vision and Mission

Vision: Mental health will be a cornerstone of health in Vermont. People will live in caring communities with compassion for and a determination to respond effectively and respectfully to the mental-health needs of all citizens. Vermonters will have access to effective prevention, early intervention, and mental-health treatment and supports as needed to live, work, learn, and participate fully in their communities.

Mission: The mission of the Department of Mental Health is to promote and improve the mental health of Vermonters.

Purpose and Requirements of the Local System of Care Plan

Annual grant awards to designated agencies (DA) require the submission of local system of care plans consistent with 18 V.S.A. §8908. The statutory language requires that each DA

1. determine the need for community-based services;
2. establish a schedule for the introduction of new or additional services and/or strategies to meet the needs; and
3. specify the resources that are needed by and available to the agency to implement the plan.

The *Administrative Rules on Agency Designation* also outline requirements for the Local System of Care Plan. The *Administrative Rules* require that each DA

1. determine the needs of consumers, families, and other organizations based on information that includes satisfaction with agency services and operations (4.16.1);
2. include the need for services and training, including service and training gaps; resources available within the geographic area to meet the need; and the anticipated provision or need for new or additional services or training to meet the identified gaps (4.16.2);
3. facilitate the involvement of people who live in the geographic area in the development of the Local System of Care Plan in accordance with [DMH] policy and procedures (4.16.3); and
4. review the plan annually and update with new information if appropriate. The plan must be fully revised every three years (4.16.4).

In addition, the Department of Mental Health (DMH) wishes to provide all Vermonters with a better understanding of:

1. what the system of care is trying to accomplish;
2. how the system of care serves Vermonters;
3. how tax dollars and other resources are used;
4. the level of resources necessary to support these vulnerable populations and, when possible, to develop services and supports for unmet needs; and
5. the priorities for this three-year period.

Guidance Regarding the Development of a Care Plan

The *Administrative Rules on Agency Designation* require a new Local System of Care Plan every three years. DMH understands that some strategies and goals are long-term, however, and may require more than three years to accomplish. While a new engagement process is required triennially, DAs can continue to work on previously established goals if there is still a community need.

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Questions to consider when Developing a Local System of Care Plan:

- Which community need(s) that merit highlighting here have you been able to address during the past twelve months?
- What are the gaps in your service delivery system and how do you plan to address them?
- What are the strengths in your service delivery system and how do you plan to build on them?
- How are you using data to inform your service delivery system?
- Which promotion and prevention strategies do you need to focus on?
- Which innovative practices would you like to develop or promote?

Developing Goals

In the AHS common language document—which is built off the Results-Based Accountability (RBA) framework—a goal is defined as "the desired accomplishment of staff, strategy, program, agency or service system."

Whenever possible, goals should be **S.M.A.R.T**. (specific, measurable, attainable, relevant, and time bound).

S – Specific	• Use clear language • Define who is involved, what is to be accomplished, where it will be done, why is needs to be done, and/or which requirements must be met
M – Measurable	• Progress can be tracked • Outcome can be measured
A – Attainable	• Goal can be accomplished • Goal is appropriate; it is neither overreaching nor below standard performance
R – Relevant	• Goal is consistent with the needs of the community or the organization • Goal is consistent with long term and short term plans • Goal doesn't undermine other goals of the agency
T – Time-bound	• Establish a due date or a time line

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DMH Quality Domain Update

DMH evaluates its ongoing work of quality assurance and quality improvement for the system of care within four domains:

1. Access: Core capacity services will be available to people who need them.
2. Practice Patterns: Services will be appropriate, of high quality, and reflect current best practices.
3. Outcomes: The quality of life for consumers and families will improve.
4. Agency Structure and Administration: Designated Agencies will be fully functional and have strong working relationships with DMH, consumers and families, and other stakeholders.

In light of the four quality domains, please report on the following:

Access:
List your program's top three strengths. 1) The CRT program has been able to maintain a relatively low inpatient hospitalization rate and is well below state average for hospital bed days. 2) The Bay View Crisis bed program has maintain consistently high utilizations rates the last three years with FY 16= 96% . We believe the effective use of this program has contributed to prevention psychiatric hospitalizations and reducing the length of staff for those transitioning back from inpatient hospitalization. 3) The CRT program does not have a waitlist & all assessments are completed within 10 business days.
Specify any significant unmet needs. 1) Medical Center's experience of individuals needing to wait for inpatient psychiatric hospitalization 2) Cuts to housing and employment services and impact on the persons we service 3) Workforce development realities and difficulties recruiting staff due to low wages and higher acuity needs.
Explain how the needs were determined. 1) Strategic planning process and development of plan for 2017-2020 2) Standing Committee Feedback 3) DMH review in 2013 & CARF review
Practice Patterns/Evidence-Based Practices:
List your program's top three strengths. 1) Contract with outside licensed providers to conduct Utilization Reviews 2) Commitment to implementing Evidenced Based Practices with available resources 3) Commitment to pilot site for Zero Suicide and Action Plan
Specify any significant unmet needs. 1) Identified need for clinical orientation for new staff and have started implementing and modifying format to meet needs. 2) Recognize more effective strategies to address Stigma and expansion of Mental Health First Aid in our region 3) Recognize need to expand Trauma Informed Care initiative across program, division and agency
Explain how the needs were determined. 1) Strategic planning process and development of plan for 2017-2020 2) Standing Committee Feedback 3) DMH review in 2013 & CARF review

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DMH Quality Domain Update

Outcomes:

List the most significant client outcome measures used by your program.

1) Client satisfaction surveys are distributed and analyzed on a yearly basis
2) Staff engagement surveys are distributed and analyzed on a yearly basis
3) Use of the LOCUS measure
4) NCSS is participating in its three year CARF accreditation in November 2017

List any significant unmet needs/poor outcomes.

1) Working more closely with Quality Improvement programs to enhance data integrity (particularly MSR data)
2) Need for more primary care collaboration in sharing wellness initiatives as well as information sharing

Explain how the unmet needs/poor outcomes were determined.

Primarily through staff discussions and agency Quality Improvement initiatives

Agency structure and administration:

List top three strengths of your program.

1) Strong commitment to effective clinical structures for care of persons served
2) Continuing commitment to developing and maintain division Standing Committee
3) Organizational commitment to Unified Health Record

Specify any significant unmet needs/challenges.

1) Based on past DMH program review, have developed orientation for new standing committee participants
2) Determining ways to balance demands for client care and operational improvements

Explain how the needs/challenges were determined.

1) Strategic planning process and development of plan for 2017-2020
2) Standing Committee Feedback
3) DMH review in 2013 & CARF review

Local System of Care Plan Form
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Please complete this form for each program provided at your agency.

Designated Agency:

Person Completing Form: Steve Broer	Program [*check one*]: ☐ Child, Youth, and Family Services (CYFS) ☒ Community Rehabilitation and Treatment (CRT) ☐ Adult Outpatient (AOP) ☐ Emergency Services (ES)	Year 1: Due Feb 1, 2017 Date e-mailed to DMH: 3/1/17	Year 2: Due Feb 1, 2018 Date e-mailed to DMH:	Year 3: Due Feb 1, 2019 Date e-mailed to DMH:
Agency Vision: Northwestern Counseling & Support Services (NCSS) welcomes all citizens to join us in cultivating a partnership with Franklin and Grand Isle counties and with surrounding communities. We affirm our commitment to offer consumers directed services that are easily accessible and delivered in a comfortable setting **Agency Mission:** Our mission is to ensure that the residents of Franklin and Grand Isle Counties have access to high quality services, which promote healthy living and emotional well-being. **Program Mission, if applicable:**				

Plan Development

Identify the number of consumers, families, and other organizations and stakeholders involved in the plan's development.
State how these individuals and groups were included.

People/Groups Involved

People/Group	Number Involved	Names	How Were They Involved? *
Consumers	100 (approximately)	Not required	Strategic planning interviews, SWOT Analyses, Standing Committee
Families	50 (approximately))	Not required	Strategic planning interviews, SWOT Analyses, Standing Committee
Stakeholder Organizations	15 (approximately)		Strategic planning interviews
Other			

**e.g.,* open forum, survey, telephone contact, individual meetings, data review and analysis with Local Program Standing Committee, program management team discussion).

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How did you facilitate the involvement of people in your catchment area?

The Behavioral Health Standing Committee, which is composed of approximately 15 individuals representing persons who receive services and family members, were integral in providing input into bot the agency's Strategic Plan and the Divisions' System of Care Plan. In February 2017, the divisions Standing Committee focused on primary areas of emphasis in the division's System of Care Plan.

How were goals and priorities established?

Strategic planning committee & standing committee meetings and discussions

Local Priorities

List your program's top goals for this three-year plan. Please list no more than four goals. Please include a short paragraph explaining the process for arriving at these goals, including data. Please include copies of any relevant documentation related to your goals, consideration of resources, and measures of progress.

According to the AHS common language, a goal is defined as "the desired accomplishment of staff, strategy, program, agency or service system." Whenever possible, goals should be S.M.A.R.T. (specific, measurable, attainable, relevant, and time-bound).

GOAL 1: **Zero Suicide Pilot Project**

NCSS was selected as one of two Vermont pilot sites for the Zero Suicide imitative supported through the Vermont Department of Mental Health, Center for Health & Learning and technical assistance from the University of Vermont. A central part of this initiative is the administration of an Organizational Self-Assessment based on 18 domain areas. OSA scores are used to develop Zero Suicide Action plans with expectations for progress to be measures. Based on a 5 point anchored scale, in 2016 the NCSS total score is reported below. The Zero Suicide Action plan has many components, including the implementation of an evidenced based practice, Collaborative Assessment & Management of Suicide (CAMS). An independent evaluation of NCSS participation is also being conducted by the University of Vermont. The Behavioral Health Divisions is the lead on this initiative within NCSS and in the community.

	Current status (select from drop-down)	Action steps/ strategies planned	Resources Needed	Time Line or Due Dates	Measure(s) of Progress and Data Point
YR 1	Moving in right direction	Zero Suicide Action Plan which outlines action steps in all 18 domain areas	Multiple resources across Behavioral Health and other NCSS divisions as well as community partners	December 2016 OSA	2016 total OSA scores was 66%

YR 2	[select one]			December 2017 OSA	
YR 3	[select one]			December 2018 OSA	

GOAL 2: **Trauma Informed Care**

Since 2014, NCSS has been part of a Trauma Informed Care initiative through the National Council for Mental Health which involves an agency wide Organizational Self-Assessment (OSA) based on a national measure in 7 domain areas associated with increasing the capacity of organizations to be more trauma informed. Specific domain scores for 2016 for the Behavioral Health Division are reported in the measures of progress.

	Current status (select from drop-down)	**Action steps/ strategies planned**	**Resources Needed**	**Time Line or Due Dates**	**Measure(s) of Progress**
YR 1	Moving in the right direction	Action Plan for Trauma Informed Care based on OSA scores and focus of priority areas	Trauma Informed Care Committee composed of representatives from all three service divisions as well as the administrative division to organize, administer, and coordinate calculation of scores with Behavioral Health Divisions who manages all data	July of each year the OSA is re-administered across the agency to determine progress within & across divisions	1) Screening & Assessment 3.32/4.00 2) Consumer Driven 3.40/4.00 3) Workforce Development 3.10/4.00 4) Best Practices 3.30/4.00 5) Safe Environments 3.46/4.00 6) Community Outreach 3.20/4.00 7) Trauma Evaluation Data 3.30/4.00
YR 2	[select one]			July 2017 OSA	
YR 3	[select one]			July 2017 OSA	

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GOAL 3: Health & Wellness

Increase the overall wellness of clients with severe & persistent mental illness by reducing their Body Mass Index (BMI) to within a healthy range.

	Current status (select from drop-down)	Action steps/ strategies planned	Resources Needed	Time Line or Due Dates	Measure(s) of Progress
YR 1	[select one] Moving in the right direction	BMI's of CRT clients were measures at two points within 6 months A range of Wellness activities were implemented as part of an intervention protocol	Nursing and CRT Staff to coordinate and support on wellness activities	1) Baseline BMI 2)Intervention 3) Post BMI	Body Mass Index Measure Finding- observable change in right direction for average decrease in BMI's (38.1 to 37.2) 50% decrease, 43% increased (mostly in residential programs), 7% maintained
YR 2	[select one]	Continue to measure BMI Modify intervention protocol		Continue to measure BMI & Intervention	
YR 3	[select one]				

GOAL 4: Engagement in Supported Employment Services

To engage 35 % of those served by the CRT program in Employment Services

	Current status (select from drop-down)	Action steps/ strategies planned	Resources Needed	Time Line or Due Dates	Measure(s) of Progress
YR 1	Moving in the right direction	Utilize components of the Individual Placement & Support model to engage and enroll clients in the CRT Employment program	Employment Team Support and involvement of larger CRT program & leadership	February 2017 Monthly tracking system	Baseline- 25% (n=52) CRT clients were enrolled in CRT Employment services. Goal is to enroll 35 % of total CRT group in Employment services
YR 2	[select one]				
YR 3	[select one]				

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To be answered in Year 1:

How did you determine the needs of consumers, families and other organizations in the development of your local system of care plan?

NCSS conducts a strategic planning process every 3-5 years. Our process involves consumers, staff, providers on local and state levels, and other stakeholders. The process involved a strategic planning committee, interviews with a cross section of the community, Strengths, Weaknesses, Opportunity & Threats (SWOT analyses) with our Board, Standing Committee & individual programs.

How did you consider satisfaction with services and operations in the development of your local system of care plan?

In addition to specific program evaluations, NCSS has a commitment to developing a continuous process for identifying and improving outcomes in several areas. To track essential indicators of success, NCSS has developed an agency **Balanced Scorecard**. The concept is to look at several areas known to be associated with organizational and client success. The first area is Staff Engagement. Our goals for use of a system wide standardized measure is to achieve a 90% rating. For this period we achieved a 81% staff engagement rating. The next area is tracking our Turnover Rate. Our goal is 15% and we achieved a 17% turnover rate during this reporting period. Our client satisfaction goal is 93% and we achieved 90% for this reporting period. Financial results indicate Current Assets Ratio at 2.84, Debt/Equity Ratio: .95, Days of Cash on Hand: 51. . Our goal is to maintain 60 days for next assets. We have been able to maintain this goal during the study period. The second area is Client Satisfaction.

How did you consider the need for services and training, resources, and service gaps in the development of your local system of care plan?

Primarily through SWOT analyses & interviews