

# 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.

# Local System of Care Plan

FY 2018 – FY 2020

## Purpose and Guidance

### 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

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#### M – Measurable

- Progress can be tracked
- Outcome can be measured

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#### A – Attainable

- Goal can be accomplished
- Goal is appropriate; it is neither overreaching nor below standard performance

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#### 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

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#### 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:

<b>Access:</b>
List your program’s top three strengths. <ol style="list-style-type: none"> <li>1- The Children’s Division of NCSS has a robust access rate / 1000 population</li> <li>2- The breadth of programming allows for a continuum of care designed to meet individual needs at a variety of acuity levels.</li> <li>3- We have an “innovative spirit” and a willingness to work with local partners to adapt services to better meet the community’s changing needs.</li> </ol>
Specify any significant unmet needs. <ol style="list-style-type: none"> <li>1- Inadequate resources results in families waiting for necessary care. This is particularly true for Adolescent Substance Abuse Treatment, Family Centered Services, and services designed to serve children diagnosed with Autism and other Developmental Delays.</li> <li>2- Families and community providers are not familiar with the scope of services available which may limit access</li> </ol>
Explain how the needs were determined. <ol style="list-style-type: none"> <li>1- Child, family, and community partner surveys (as part of our agency Strategic Planning Process)</li> <li>2- Input from Integrating Family Services Steering Committee</li> <li>3- Input from NCSS Children, Youth, and Family Steering Committee</li> </ol>
<b>Practice Patterns/Evidence-Based Practices:</b>
List your program’s top three strengths. <ol style="list-style-type: none"> <li>1- Strong ABA programming applied to services across all service delivery settings (home, school, community, and office)</li> <li>2- Strong belief in strength-based, least restrictive, community based care, wraparound care</li> <li>3- Strong school partnerships with innovative collaborations in models of care such as PBIS.</li> </ol>
Specify any significant unmet needs. <ol style="list-style-type: none"> <li>1- Limited Peer Supports. Would benefit from a Peer Navigator within our community</li> <li>2- Continue to invest resources into prevention and develop population health activities to promote wellness</li> </ol>
Explain how the needs were determined. <ol style="list-style-type: none"> <li>1- Child, family, and community partner surveys (as part of our agency Strategic Planning Process)</li> <li>2- Input from Integrating Family Services Steering Committee</li> <li>3- Input from NCSS Children, Youth, and Family Steering Committee</li> </ol>
<b>Outcomes:</b>
List the most significant client outcome measures used by your program. <ol style="list-style-type: none"> <li>1- We are operationalizing the CANS (Child, Adolescent, Needs, and Strengths) across all children’s programming.</li> <li>2- The CANS will allow us to monitor individual child/family progress as well as aggregate progress for target groups of children.</li> </ol>
List any significant unmet needs/poor outcomes. <ol style="list-style-type: none"> <li>1- Continue to advocate for the CANS to be a broader system of care monitoring tool across AHS Departments.</li> </ol>

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DMH Quality Domain Update**

2- We have children and families who are underserved / not served, due to inadequate resources
Explain how the unmet needs/poor outcomes were determined. 1- Child, family, and community partner surveys (as part of our agency Strategic Planning Process) 2- Feedback from Integrating Family Services Steering Committee 3- Feedback from NCSS Children’ Youth, and Family Steering Committee
<b>Agency structure and administration:</b>
List top three strengths of your program. 1- Strong relationships and committed Community Partners who value a team approach to supporting families and strengthening our system of care. 2- Community Partners listen to each other and strive to adapt programming to meet the community’s changing needs.
Specify any significant unmet needs/challenges. 1- Inadequate resources results in families waiting for needed care
Explain how the needs/challenges were determined. 1- Child, family, and community partner surveys (as part of our agency Strategic Planning Process) 2- Feedback from Integrating Family Services Steering Committee 3- Feedback from NCSS Children’ Youth, and Family Steering Committee

## Local System of Care Plan Form FY 2018 – FY 2020

*Please complete this form for each program provided at your agency.*

**Designated Agency:** Northwestern Counseling & Support Services

<b>Person Completing Form:</b> Todd Bauman	<b>Program [<i>check one</i>]:</b> <input checked="" type="checkbox"/> Child, Youth, and Family Services (CYFS) <input type="checkbox"/> Community Rehabilitation and Treatment (CRT) <input type="checkbox"/> Adult Outpatient (AOP) <input type="checkbox"/> Emergency Services (ES)	<b>Year 1:</b> Due Feb 1, 2017  Date e-mailed to DMH: 02-28-17	<b>Year 2:</b> Due Feb 1, 2018  Date e-mailed to DMH:	<b>Year 3:</b> Due Feb 1, 2019  Date e-mailed to DMH:
<p><b>Agency Vision:</b> All citizens are welcome to join us in cultivating community partnerships. We affirm our commitment to consumer directed services that are open and available to all. We embrace the role of a health care leader and commit ourselves to positive outcomes to promote growth and learning. The people of our community are an important asset as we build faith and trust in those we serve.</p> <p><b>Agency Mission:</b> To ensure that the residents of Franklin &amp; Grand Isle Counties have access to high quality services, which promote healthy living and emotional wellbeing.</p> <p><b>Program Mission, if applicable:</b></p>				

### 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	216	Not required	Survey
Families	216	Not required	Survey
Stakeholder Organizations	8	DCF, Home Health, Local Public Education, NFI, Howard Center, Voices Against Violence, Building Bright Futures, The Federation	LIT & IFS Core Team
NCSS' Children, Youth & Family Standing Committee	6		It is this team's role to inform the system of care and guide service delivery models and practice patterns. We meet once a month.

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

## Local System of Care Plan Form FY 2018 – FY 2020

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

- 1- As part of our Strategic Planning process, we surveyed 216 children and their families who are actively receiving care through NCSS. The results were analyzed for common themes and trends.
- 2- We also approached existing structures that are tasked with child and family issues. These included LIT and our IFS Core Team. The system of care was discussed and specific content was identified and included within the system of care plan.
- 3- We met with our Local Standing Committee that consists primarily of parents whose children receive services within the system of care. They provided specific content that was included in the system of care plan.

### How were goals and priorities established?

- 1- Information was gathered from the teams discussed above.
- 2- Teams use local data as well as family stories to identify needs as well as priorities.

### 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:** Decrease number of children residing in out of region care

	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 the right direction	<ol style="list-style-type: none"> <li>1- Identify children placed in out of region care.</li> <li>2- Develop models of care to support those children using local resources</li> <li>3- Bring children back from out of region residential care and assess progress</li> </ol>	Funding to develop local resources to better serve our most clinically acute children.	Begin to show a decrease in the numbers of children residing in residential care by 7/1/17	The numbers of children residing in out of region residential care will start to decline by 7/1/17

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<b>YR 2</b>	[select one]				
<b>YR 3</b>	[select one]				

**GOAL 2:** Increase access to adolescent substance abuse treatment options

	<b>Current status (select from drop-down)</b>	<b>Action steps/ strategies planned</b>	<b>Resources Needed</b>	<b>Time Line or Due Dates</b>	<b>Measure(s) of Progress</b>
<b>YR 1</b>	Moving in the right direction	Work with state and local partners to secure additional resources to improve access to substance abuse treatment options.	Funding to expand adolescent Substance Abuse treatment options	Increase the numbers of adolescents accessing by 7/1/17	Numbers of adolescents accessing Substance Abuse treatment will increase
<b>YR 2</b>	[select one]				
<b>YR 3</b>	[select one]				

**GOAL 3:** Improved School Attendance

	<b>Current status (select from drop-down)</b>	<b>Action steps/ strategies planned</b>	<b>Resources Needed</b>	<b>Time Line or Due Dates</b>	<b>Measure(s) of Progress</b>
<b>YR 1</b>	Moving in the right direction	Work with local partners to identify children struggling with or at risk of truancy. Refer these students to a model of care that specializes in truancy.	Funding to provide services designed to support families and improve school attendance.	We will have a truancy position in place by 7/1/17 and be working with our local partners to identify and support families struggling with school attendance.	For those children identified and referred to the truancy specialist, school attendance will improve.

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<b>YR 2</b>	[select one]				
<b>YR 3</b>	[select one]				

**GOAL 4:** Access to innovative models of mental health, prevention, wellness promotion, and integrated care

	<b>Current status (select from drop-down)</b>	<b>Action steps/ strategies planned</b>	<b>Resources Needed</b>	<b>Time Line or Due Dates</b>	<b>Measure(s) of Progress</b>
<b>YR 1</b>	Moving in the right direction	Work with state and local partners to identify models of care that emphasize prevention, wellness, and integration.	Funding to expand programming to include models of care as identified by our state and local partners	We will be actively involved in projects emphasizing prevention, wellness, and integrated care by 7/1/17.	Numbers of children and families participating in programming that emphasized prevention, wellness, and integration will increase.
<b>YR 2</b>	[select one]				
<b>YR 3</b>	[select one]				

**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?

1) We reviewed consumer satisfaction surveys as well as working with our LIT, IFS Core Team, and local Standing Committee to develop our system of care plan.

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

- 1) All people served within NCSS programming receive a consumer satisfaction survey once a year.
- 2) All people served within NCSS will have goals uniquely tailored to their own individual hopes, strengths, and needs.

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

1) We reviewed data that indicated gaps in services and areas of priority. We worked with local and state partners to identify models and develop implementation plans.