



Clara Martin Center

2014 OUTCOMES REPORT



PEOPLE *helping* **PEOPLE**

LEADERSHIP IN MENTAL HEALTH CARE DELIVERY SYSTEM

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Clara Martin Center

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LEADERSHIP IN MENTAL HEALTH CARE DELIVERY SYSTEM



The Clara Martin Center has been providing community mental health & substance abuse services to the Upper Valley and the greater Orange County area for close to 50 years. The agency was founded in 1966 during a time when the federal government created and acknowledged the need for services to help people thrive and be productive citizens in their communities. Vermont took on this initiative by creating the Vermont Designated Agency system which is state wide and fully comprehensive today.

The core geographical region which Clara Martin Center serves is comprised of 34 small towns separated by hills and valleys and the challenges of a rural area. Each town is a tight knit community with its own governance focused on how to thrive and enjoy family and friends. As a service provider, Clara Martin Center is faced with topographic challenges to bring services to those who need our help. The area has limited resources, and the resources that are available must travel miles of back roads and be stretched to meet the needs of the communities.

Clara Martin Center focuses on the many opportunities available to meet its mission by networking and making connections. These connections bring the services to the local level and to the people who seek our help. The agency works with many municipalities, schools and school districts, multiple local health centers and independent primary care providers. The Clara Martin Center also works with the local sheriff's department, as well as town and state police, and other local service providers such as the Veteran's Administration, Safeline and Community Action just to name a few.

The Clara Martin Center embraces collaborative efforts to be able to bring broader resources to the area served. The agency is in partnership with Howard Center and Washington County Mental Health Services on two initiatives including the oversight and management of Second Spring North and South through Collaborative Solutions Corporation. These three agencies also partner together to operate Central Vermont Substance Abuse Services in Berlin, Vermont.

AGENCY PHILOSOPHY & PRACTICE

The purpose of this document is to help inform interested parties on the programs and services offered and the impact experienced. The agency has been collecting and managing data to review and improve efforts for many years now. In the spring of 2013, the agency adopted the Results

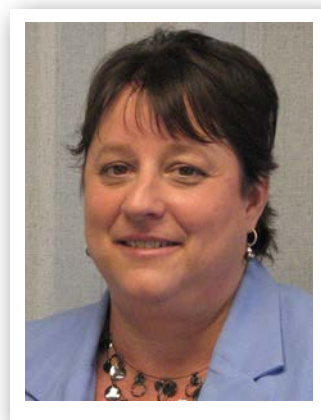
Based Accountability (RBA) model to use data as a tool to focus on the outcomes and achievements. All of the leadership staff were trained on the model in the summer of 2013 and have begun the process of putting the work produced into the RBA framework.

Clara Martin Center hopes to share more about the services provided and be informative in some key areas through this report. It is important to understand the framework and practices of the agency and its culture when reading the report.

The Clara Martin Center adopted a philosophy of Resiliency and Recovery in 2006 and trained all staff and leadership in these principles. These principles were embraced as a basis for all agency operations including business office functions, management and administrative functions and all of clinical programming and services.

Protective factors are the basis of our Resiliency and Recovery models. Those are environmental conditions that support the growth of resiliency, the ability to bounce back from adversity and the ability to achieve success in spite of setbacks.

The factors we strive to embrace in every aspect of our environment and culture are:



Linda Chambers
Executive Director

- High expectations
- Building from strengths
- Determining interest & desire
- Setting clearly defined individualized goals and benchmarks
- Structuring plans for success
- Developing commitment
- Rewards and incentives
- Social competency
- Caring relationships
- Unconditional positive regard
- Belonging to a positive peer culture
- A sense of meaning & purpose
- Opportunities for meaningful participation
- Voice & decision making
- Choices
- Problem solving
- Networking and making connections
- Planning ahead
- Experiential learning
- Community service
- Self-expression
- Cooperative learning

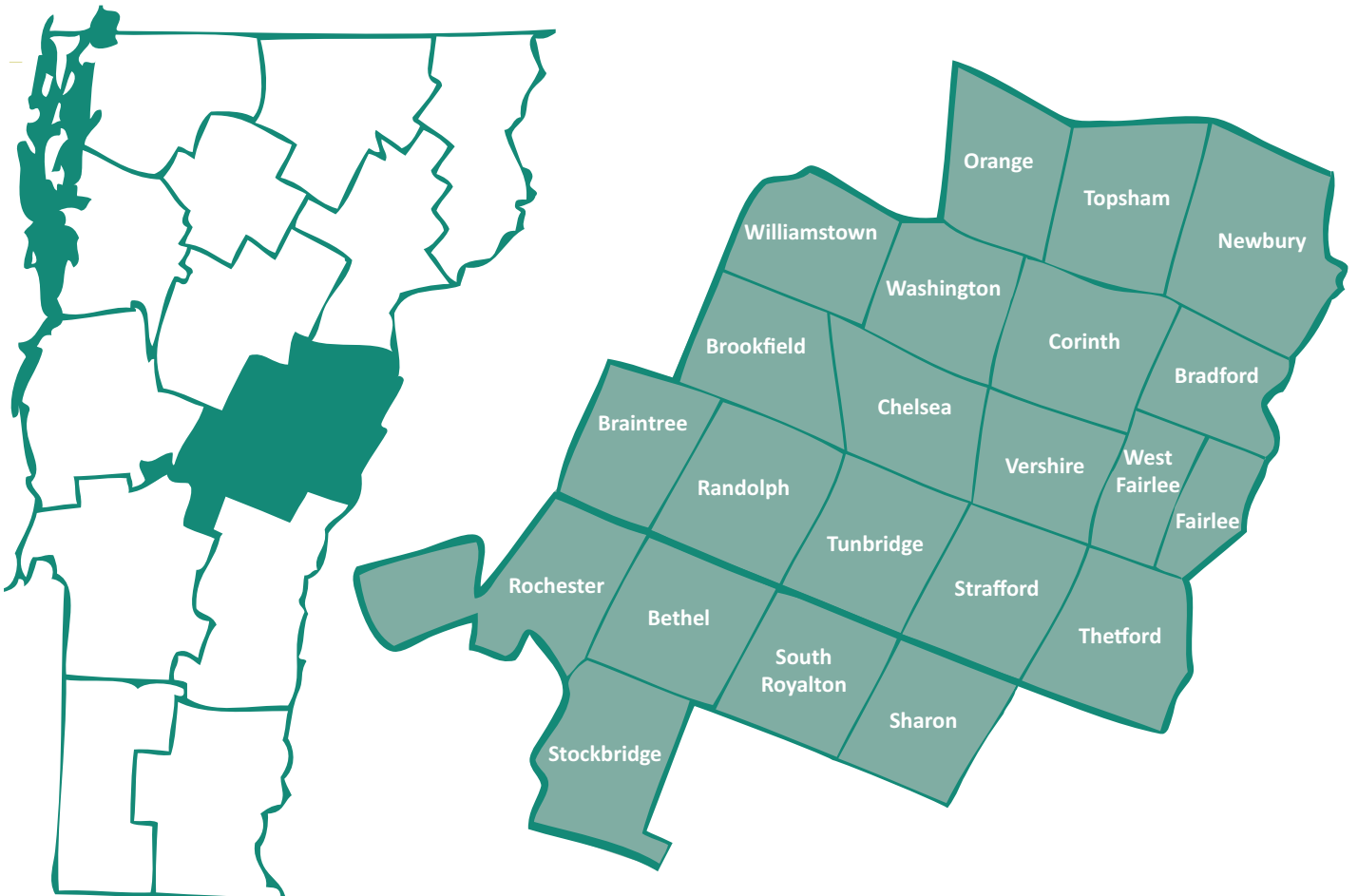
Who is Clara Martin?

Clara Martin came to Orange County with her husband Brewster in 1953. Both of their families had lived in Vermont for several generations, setting the stage for Brewster, a physician, and Clara as his assistant, to open a medical practice and a small nursing home for local residents. Helping many of the patients in the nursing home, Clara recognized a growing concern for those she saw challenged by mental illness. At that time, these were often the people who were sent to the state hospital, remaining there for years. Clara observed that this often diminished people's life spirit over time. Dr. Martin became reluctant to sign someone into the state hospital knowing the impact on his or her life could be significant for a long time to come. This often resulted in the patient's deterioration and eventual involuntary commitment to the state facility. Local services to see a mental health specialist had a waiting list of up to six months. Commitment to the state institution was often against the will of the person afflicted. Clara was deeply affected by one particular local resident's loss of good nature after her stay at the hospital. The Martins took her out of the state hospital to reside in their nursing

home. Clara began a grassroots effort in the county, with the help of some local clergy, and took their concern to the state legislature in order to bring services to local citizens. The initial services were offered out of the Chelsea Health Center where Dr. Martin practiced. The purpose of the initiative was to respond to those in the community who suffered from mental illness and were in need of care.

Orange County Mental Health was born in 1966. During a name change in the early 90s, the board voted to name the agency after a founding member, Clara Martin. Now, 48 years later, the organization has grown from a one-person operation with an annual budget of \$2,000 to a fully-operational, community-based system serving adults, children and families in need of mental health and substance abuse care, with an annual operating budget of \$11 million. Clara passed away in 1990 and Brewster took a seat on the board of directors to carry on her efforts. The organization continues to grow in size, number of locations, and service types while maintaining Clara Martin's original intent of promoting wellness for all in local rural communities.

CORE DESIGNATED SERVICE AREA





Bottom row, left to right: Priscilla Spahn, Rachel Westbrook, Marie Robbins
 Top Row, left to right: Dennis Brown, Ron Schoolcraft, John Larson, Arnold Spahn

Arnold Spahn (Arny), Board President

Representative from Randolph
 Joined board in 1976

Serves on: Board Planning Committee, Board Finance Committee, Board Advisory and Local Standing Committee, Board Personnel Committee

Mr. Spahn is a retired, self-employed business owner, photographer and U.S Air Force veteran. Arny is now applying his creative talents to wood turning. He joined the board at the request of the Brookfield town as a representative.

In his retirement, Arny has continued to be an active community member. He has worked on several local town projects, including Randolph’s revitalization and has committed years to the Restorative Justice Reparative Board. He is an active Rotarian and is very interested in the access to mental health services for the local communities throughout the State. Advocating for mental health services is dear to his heart because of his own family’s history.

Dennis Brown, Board Vice President

Representative from Randolph
 Joined board in 2001

Serves on: Board Planning Committee, Board Finance Committee, Chairman, Board Personnel Committee, Nominating Committee

Mr. Brown is a real estate agent and has past experience as a business owner. Dennis has received numerous awards and designations in his field and was recently awarded the Realtor of the Year. Dennis is very involved in local government having served on the Planning Commission, the Development Review Board, Town of Randolph Budget Committee and as the Chair of the Randolph Selectboard. He has a particular interest in volunteering with community organizations.

The roots of Dennis’s interest in mental health and substance abuse issues come from family and friends who suffer from depression and alcohol related problems. He feels all people need mental health care along with their physical health care. Dennis is committed to eliminating the stigma associated with mental illness.

John Larson, Board Treasurer

Representative from Barnard
 Joined board in 1998

Serves on: Board Planning Committee, Board Finance Committee

Mr. Larson was recruited to the board by a former board member. John is a retired President and CEO of the Connecticut Energy Corp.

He has served as a chair for the Management Advisory Committee in CT, vice chair of Bridgeport Hospital and

a volunteer consultant for Vladimiroblgas, in Vladimir, Russia. In addition, he is President of the Barnard education fund in his local town. He joined CMC because of our involvement in helping people and serving communities.

Ron Schoolcraft, Board Secretary

**Representative from Randolph Center
Joined board in 2005**

Serves on: Board Planning Committee, Board Finance Committee, Board Advisory and Local Standing Committee

Mr. Schoolcraft's career included teaching, guidance counseling, banking and being in the US Army National Guard. He received the Volunteer of the Year award from the Rotary Club recently. For the past 14 years, Ron has volunteered on the Restorative Justice Reparative Board. Interested in community involvement, Ron joined the board in 2003. Ron believes there should be mental health services available locally for those in need, including his own family.

Priscilla Spahn, Board Member

**Representative from Randolph
Joined board in 2007**

Serves on: Board Planning Committee, Board Finance Committee, Board Advisory and Local Standing Committee, Board Personnel Committee

Mrs. Spahn has a Master of Education and a Bachelor of Science degree from Skidmore College. She is a retired teacher and photographer and has held many volunteer community positions. She is the past president of the New England Photographers Association and is an active Rotary member. She joined the CMC board out of support for family members with mental health issues and developmental disabilities.

Rachel Westbrook, Board Member

**Representative from Randolph
Joined board in 2009**

Serves on: Board Planning Committee, Board Finance Committee

Ms. Westbrook has worked for large teaching hospitals across different levels of care in her career and currently is a physical therapist at Gifford Medical Center. She is committed to access to mental health services, understanding the needs of the community, decreasing stigma, and integration of physical health and mental health issues through parity. Rachel has an understanding and compassion for

Board of Trustees Dedication to Clara Martin Center

Board Member	Years of Service on Board
Arnold Spahn, <i>President</i>	38
Dennis Brown, <i>Vice President</i>	13
John Larson, <i>Treasurer</i>	16
Ron Schoolcraft, <i>Secretary</i>	9
Priscilla Spahn	7
Rachel Westbrook	5
Marie Robbins	4
Frank Roderick, <i>Member-At-Large</i>	21

those with mental health issues including her own family. She is a long term resident of Randolph and believes in keeping non-profit organizations strong including mental health agencies and schools. Rachel is interested in rescue dogs and training of animals.

Marie Robbins, Board Member

**Representative from Randolph
Joined board in 2010**

Serves on: Board Planning Committee, Board Finance Committee

Ms. Robbins is a retired nurse and practice manager from Dartmouth Hitchcock Medical Center. Her career as an RN in inpatient psychiatry at the VA and DHMC outpatient services as a staff nurse, manager and practice manager serves our mission well. She retired to the Randolph area in 2009. Marie knew Clara and Brewster Martin while growing up in the Chelsea community. Wanting to find ways to serve her community, she asked to be considered for nomination in 2011. She enjoys working on the board and is invested in the agency's mission in order for services to remain available locally for those in need. Marie's family history of mental illness influences her interest in this field.

She is an active member of the community as a clogger and as a member of the Randolph singers. Marie delivers meals on wheels for local citizens and also enjoys reading and quilting.



Back row, left to right: Christie Everett, Linda Chambers, Amanda Higgins, Jena Trombly, Dawn Littlepage, Melanie Gidney, Edward Upson. Front row, left to right: Renee Davis, Dr. Kevin Buchanan, Tammy Austin, Gretchen Pembroke

Leadership Team of the Clara Martin Center

The strength of the leadership team comes from the longevity, the clinical foundation and the varied experiences of its members. Each leader brings expertise, balance and perspective to the overall operations of the agency. Many of these leaders came to the agency in entry level, clinical positions and were promoted over time.

Employee	Title	Years with Clara Martin Center
Linda Chambers	Executive Director	30
Jena Trombly	Human Resources Director	23
Melanie Gidney	Director of Quality Assurance and Systems Improvement	22
Amanda Higgins	Administrative Operations Coordinator	15
Gretchen Pembroke	Director of Adult Services	15
Dawn Littlepage	Clinical Director	14
Dr. Kevin Buchanan	Medical Director	12
Tammy Austin	Director of Child and Family Services	11
Renee Davis	Director of Substance Abuse and Criminal Justice Services	9
Edward Upson	Chief Financial Officer	4
Christie Everett	Director of Access and Acute Care Services	3

COMPREHENSIVE MENTAL HEALTH CARE



The mission of the Access Program is to ensure appropriate response to all requests for services and ensure availability of timely access to appropriate care. It is our goal to link all those who contact us for assistance with a resource that matches their needs and desires for support and/or treatment. The Access Program is an entry point into most services that the Clara Martin Center offers and has a direct link with Acute Care Services as well in situations that warrant immediate response. Both the Access Program and Acute Care Program staff are cross-trained to respond to needs in order to streamline consumers entry into services.

SERVICES

- Link clients with area resources both internally and externally, always with an eye toward an appropriate level of care as well as individualized needs
- Assist with overcoming payment and insurance barriers to treatment, evaluating immediate, intermediate and long-term care needs
- Provide screening and referral services to all individuals, couples and families who contact, or are referred to, our agency
- Ensure availability of services at multiple sites, on multiple days and at different times
- Provide a smooth transition for all new referrals to enter our agency

WALK-IN CLINIC

- Ability to provide immediate consultation with brief treatment and referral sources
- Provides a safety net for those with no ability to pay for services and to be a back up to other agency programs
- Availability for people who want to discuss options before beginning treatment

ELIGIBILITY CRITERIA

- Anyone contacting our agency is eligible for screening, referral and emergency services
- All community members in the Clara Martin Center service area can access walk-in services

How Much Did We Do?

Since the Access Program is the entry point into most services, the number of people who contact the agency can be tracked on a regular basis. This helps to identify areas that show a higher need for services so staff can be shifted to meet the demand where needed. Over the past four years as shown in the graphs to the right, the number of clients served has risen. Programs have added new and innovative services to meet the needs of a greater amount of people.



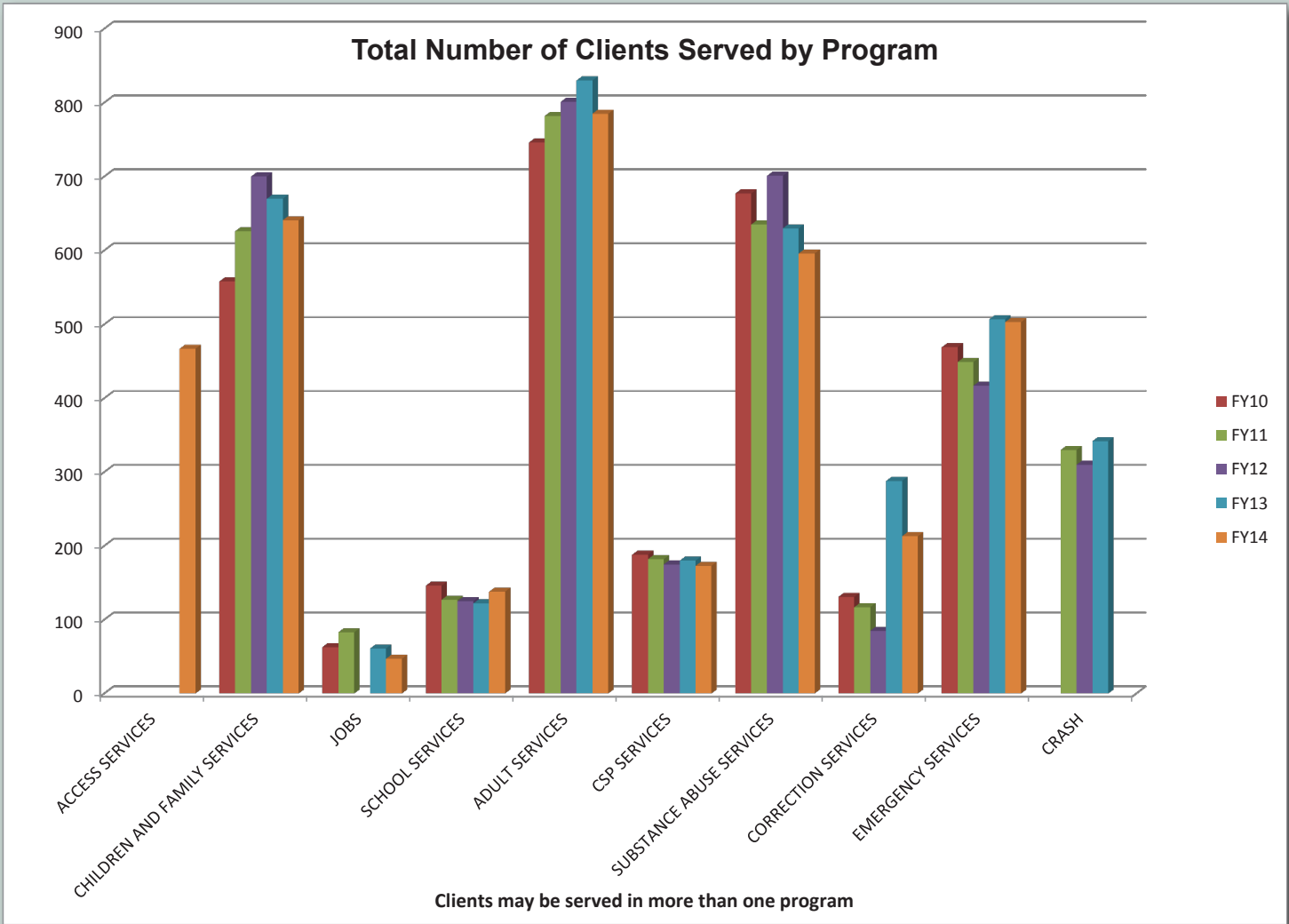
Bradford Access Team



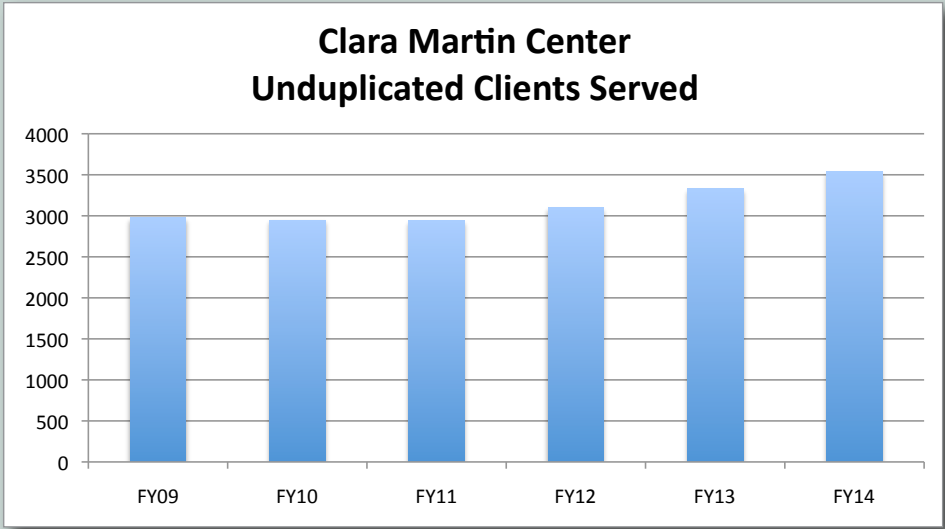
Randolph/Wilder Access Team

WALK-IN TIMES:

Monday	12:00 – 2:00pm	Bradford Office
Tuesday	2:00 – 4:00pm	Randolph Office
Thursday	1:00 – 3:00pm	Randolph Office
Friday	10:00 – 12:00pm	Bradford Office



“You guys have made me feel like I am worth loving and caring about myself. I feel like CMC saved my life.”



ACUTE CARE PROGRAM

The Clara Martin Center provides client and others from our service area with an immediate response to acute situations, as well as a short term continuum of support to help resolve a crisis period. Staff from both the Acute Care system as well as the Access system work in coordination with each other in an effort to provide seamless entry into services for consumers whenever possible.

EMERGENCY SERVICES

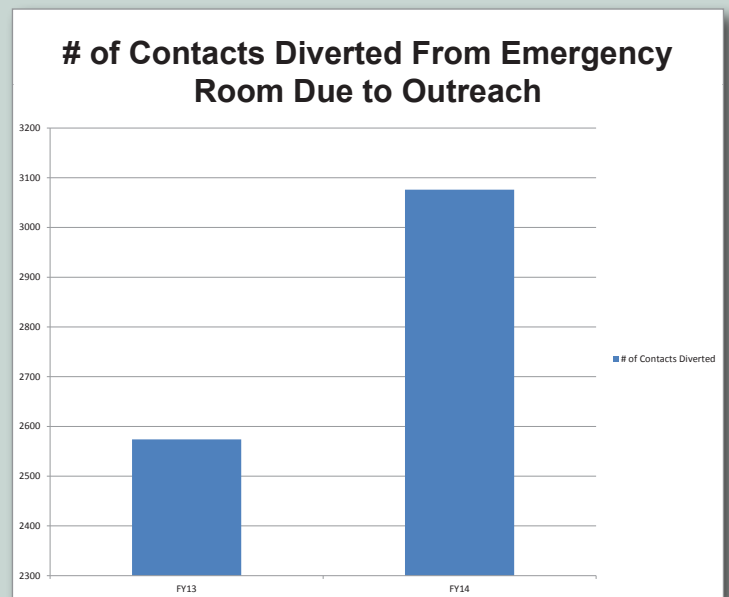
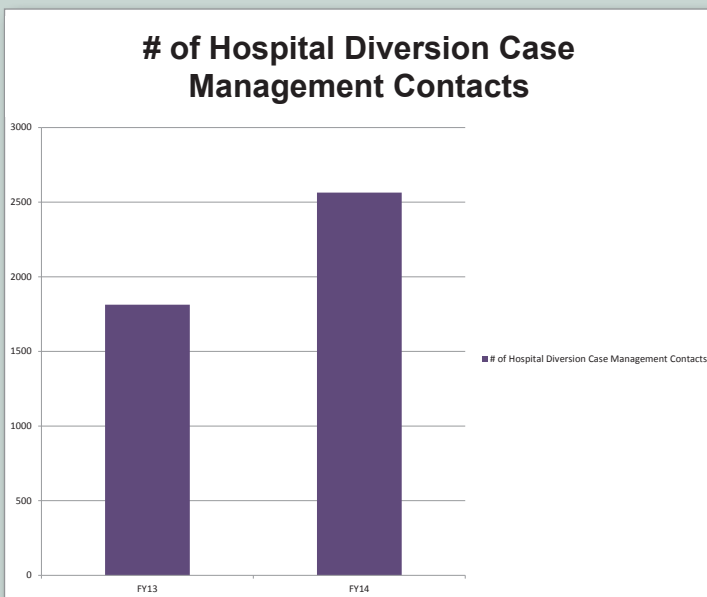
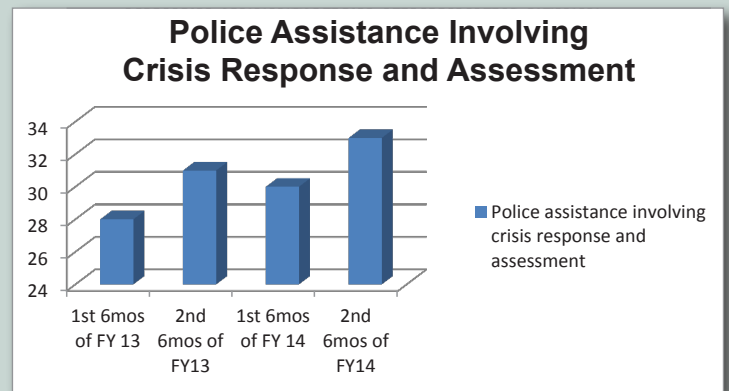
- Emergency Services available 24 hours a day, 365 days a year
- Emergency crisis response is available to all clients and others that present in our service area in a timely manner, assessing level of care needs, and facilitating linkage to appropriate treatment level of care
- Emergency services are intensive, time limited, and are intended to resolve or stabilize the immediate crisis through direct treatment, supportive services to significant others, or arrangement of other more appropriate resources
- Emergency services can be obtained either through face to face emergency screenings or by telephone support based on need
- Emergency staff coordinate with Access staff to provide walk-in services as needed
- Emergency services can be provided in the office, in

the local hospital/emergency department, at home or other places within the CMC service area

- Emergency services are available to all ages
- Community trainings provided by the Emergency Services team includes Mental Health First Aid, Team Two Law Enforcement/Mental Health Response training and Qualified Mental Health Professional training in collaboration with the Department of Mental Health

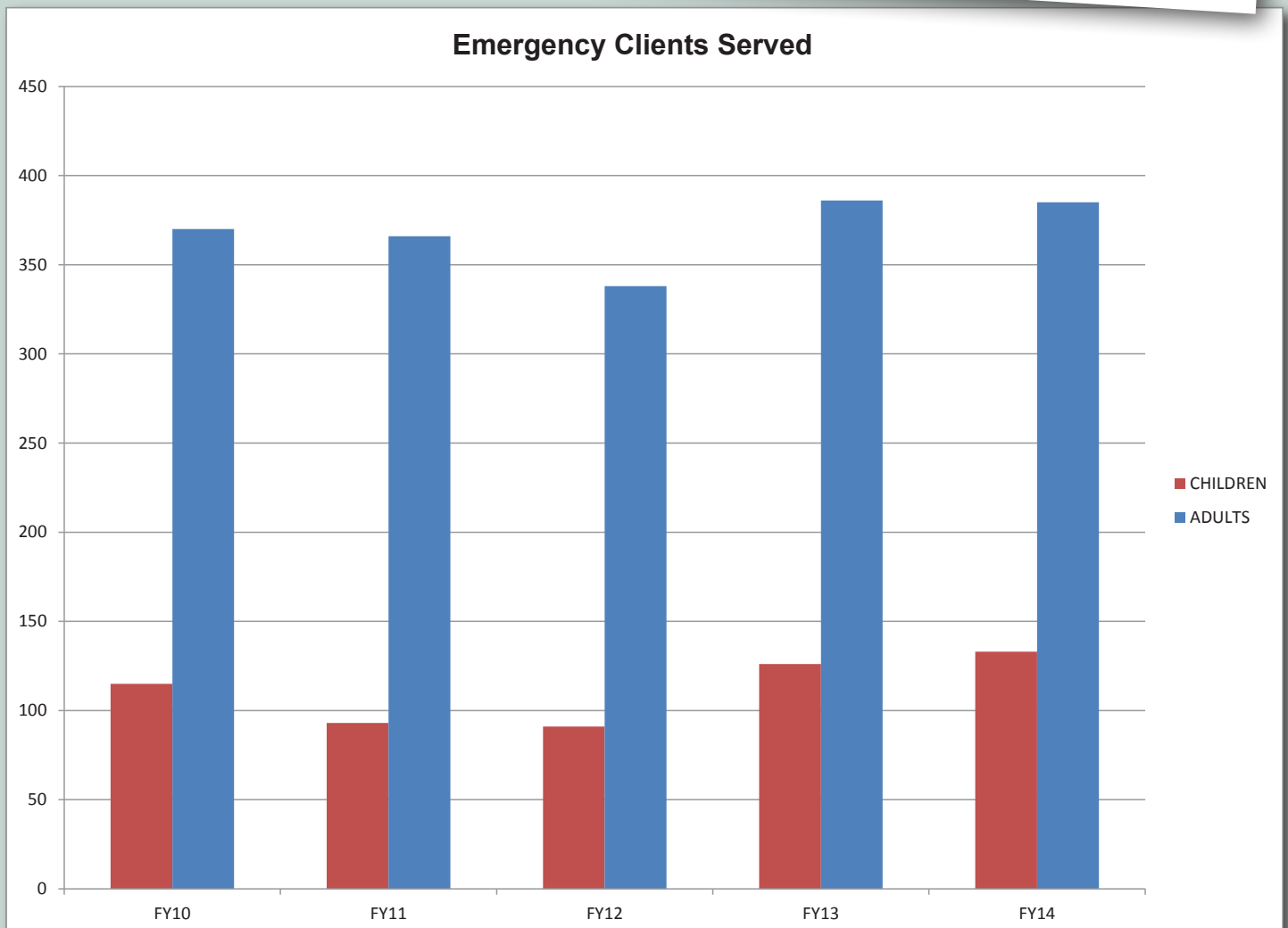
HOSPITAL DIVERSION CASE MANAGEMENT

- Short term case management services can be available to adults, 18 years or older, who are either already engaged in outpatient services or those in the process of connecting with outpatient services who are not traditionally eligible for case management services through other programs



How Much Did We Do?

Emergency Services are available to all clients in the Clara Martin Center service area, as well as any community member who presents for services in our area. Following Tropical Storm Irene and the closure of the Vermont State Hospital, there was an increased need for community based services, as well as a need for services for those that may not have qualified for traditional services. The Acute Care System was developed to respond to this need, with an emphasis on providing care outside of an emergency room, and working with community resources available to minimize the need for inpatient care. The graphs below attest to the increased need for these services over the years, and higher engagement with clients outside of a facility.



HOSPITAL DIVERSION CASE MANAGEMENT (CONTINUED)

- Services are focused on clients who are in need of case management services for a brief period to help minimize the usage of psychiatric hospitalizations, as well as support clients who are recently exiting an inpatient setting until securing a connection with outpatient services

CHRIS'S PLACE

Following the passage of Act 79, within two months of receiving the allocation of funding from the state, Clara Martin Center was able to open the doors to Chris's Place and begin serving consumers in need of this level of care. Named in honor of a former CMC client who embraced the concepts of resiliency and recovery, Chris's Place is designed to provide an alternative to inpatient care when appropriate.

- 2 bed short term crisis stabilization setting that can be accessed as a step down from inpatient care or

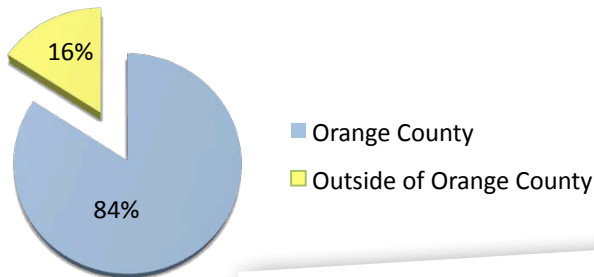
diversion from psychiatric hospitalization

- Referrals for intake completed through emergency screeners and assessment completed at admission and discharge
- Program staffed 24 hours a day/7 days a week
- Average length of stay 3-14 days depending on need and plan of care

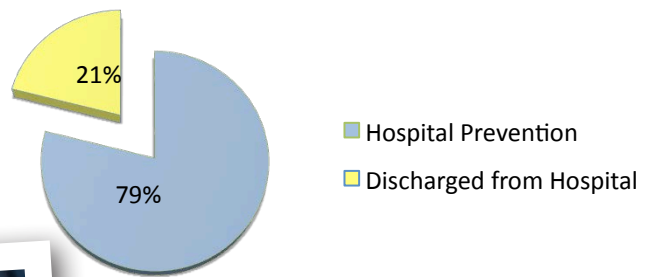
ELIGIBILITY CRITERIA

- Must be 18 years of age or older
- Primarily serving residents in the CMC service area, but can accept admissions from across the state with coordination with referring agency
- All admissions are voluntary and client must be assessed by emergency screener prior to acceptance to determine appropriate level of care needed
- Must be able to safely self administer medications
- Must be medically stable

Chris's Place Admissions by County of Residence



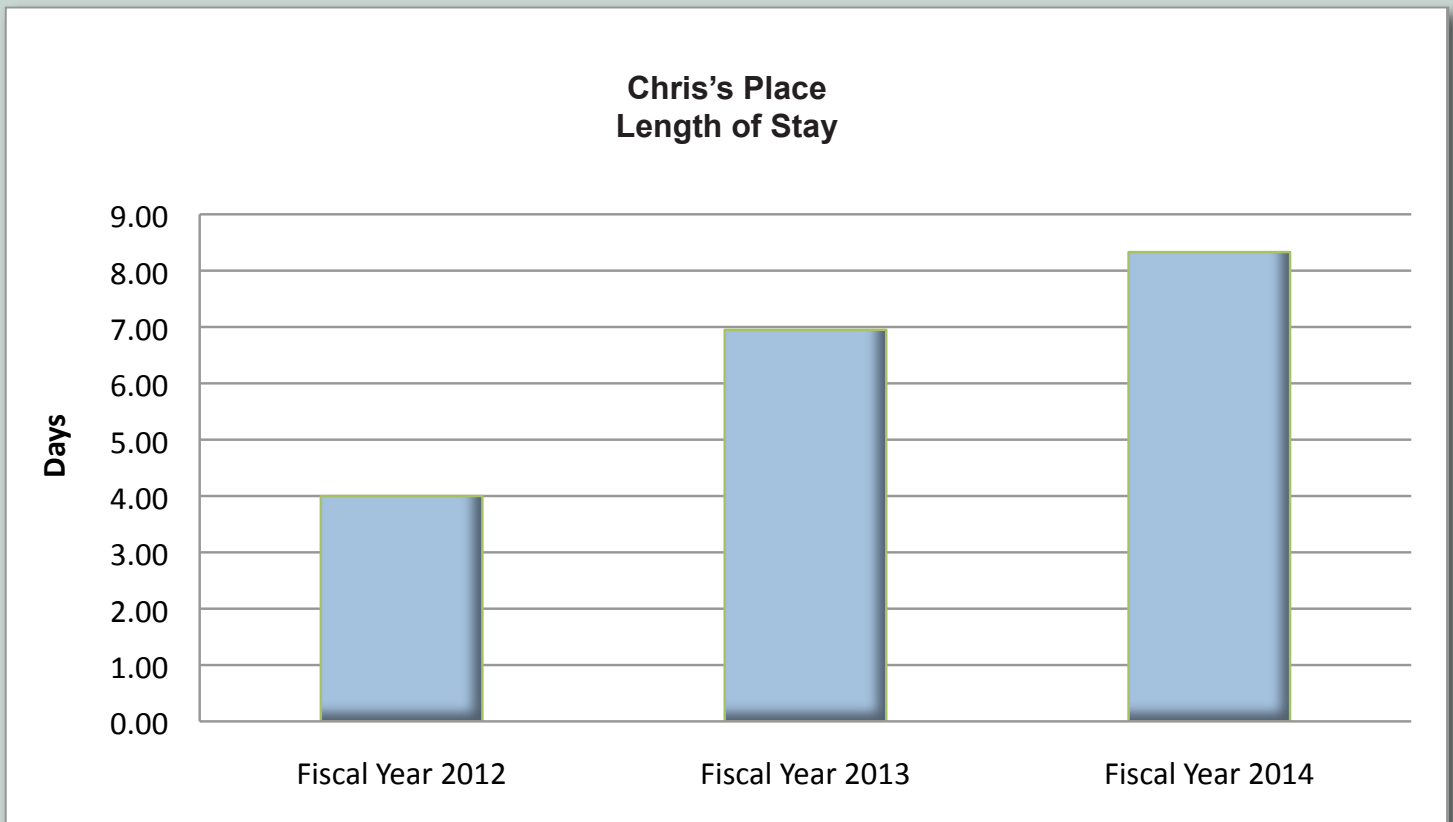
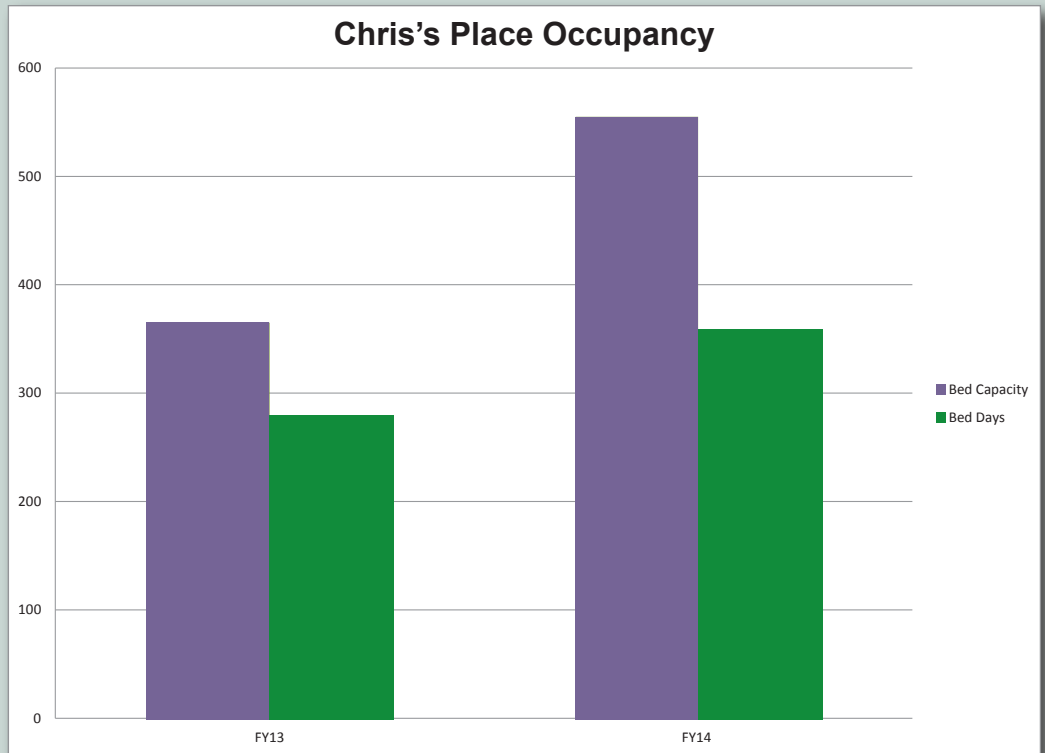
Chris's Place Reason for Referral



“I’m learning how to change my life in a healthy way.”

How Much Did We Do?

Chris's Place opened in the Spring of 2012 to serve as a short term intensive service for those in need in the local community. The majority of clients that have been served are able to regain a level of functioning such that they can return to their community without the need for inpatient care. Chris's Place is designed to primarily serve clients from the Clara Martin Center service area, but is a resource that remains available for any adult consumer across the state who may benefit from a short term admission to the program.



The mission of the Adult Outpatient Program is to deliver high quality, cost-effective, outpatient mental health services to adults that will promote health and well-being through the reduction or elimination of harmful psychiatric symptoms.

OBJECTIVES

- Provide outpatient treatment in a variety of sites to meet the needs of our consumers
- Assist individuals in increasing functioning and improving the quality of their life through stress and symptom management, development of coping skills and processing of emotions
- Develop individualized plans of care to meet specific needs including treatment for multiple diagnoses or co-occurring substance abuse issues
- Provide services that are gender, culture and trauma sensitive
- Work collaboratively with other providers to ensure continuity of care

CLINICAL SERVICES

- Assessment
- Individual, Couples or Family Therapy
- Psycho-educational Groups
- Case Management
- Psychiatric Evaluation, Medication Review and Monitoring
- Psychiatric Consultation to Primary Care Physicians
- Care Coordination

EVIDENCE BASED PRACTICE TREATMENT

- Integrated Dual Diagnosis Treatment: Individual and Group
- Dialectical Behavioral Treatment Programming
- Wellness Recovery Action Plan groups
- Seeking Safety
- Mindfulness

ELIGIBILITY CRITERIA

- Must be 18 years of age or older
- Must have a mental health diagnosis
- Must have the ability to pay for services received,

and must live in our service delivery area to be eligible for our sliding fee scale

ELDERCARE SERVICES

Eldercare services are provided in collaboration with Washington County Mental Health Services. The program provides in home counseling services and referrals to home bound elderly individuals living in the community. The Clara Martin Center program has seen growth in the number of clients served over the past few years in Orange County, totaling 18 individuals. The Eldercare Service program experiences barriers to providing care in the region. These barriers include limited funding to this program which directly impacts the number of hours that comprise the clinician's time, in addition to, the large geographic area that makes up Orange County.

SUPPORT AND SERVICES AT HOME (SASH)

SASH is a Blueprint for Health Initiative targeted at helping elderly/disabled people stay in their homes longer at optimal wellness. The program is staffed by SASH Coordinators and Wellness Nurses in many locations throughout the State. The Clara Martin Center along with Gifford Health Center Care Coordinators, Council on Aging and Visiting Nurses meet bi-weekly with SASH staff. The role of SASH is to support participants in determining their own health and wellness goals, to focus on preventative health care and service coordination and provide self-management education and coaching. In particular, there is a focus on chronic health conditions such as diabetes and arthritis. SASH also provides transition support after a hospital, nursing home or short-term rehab facility stay.

SAFE HAVEN

Safe Haven is a collaborative program between Clara Martin Center and Vermont Psychiatric Survivors to provide a transitional living shelter for homeless and mentally ill individuals primarily serving residents of Orange County, Washington County, and the upper towns of Windsor County. Safe Haven provides a place to live within the community while working on personal goals in a safe and supportive recovery oriented environment. Safe Haven is staffed 24 hours primarily by those that have experienced mental health issues.

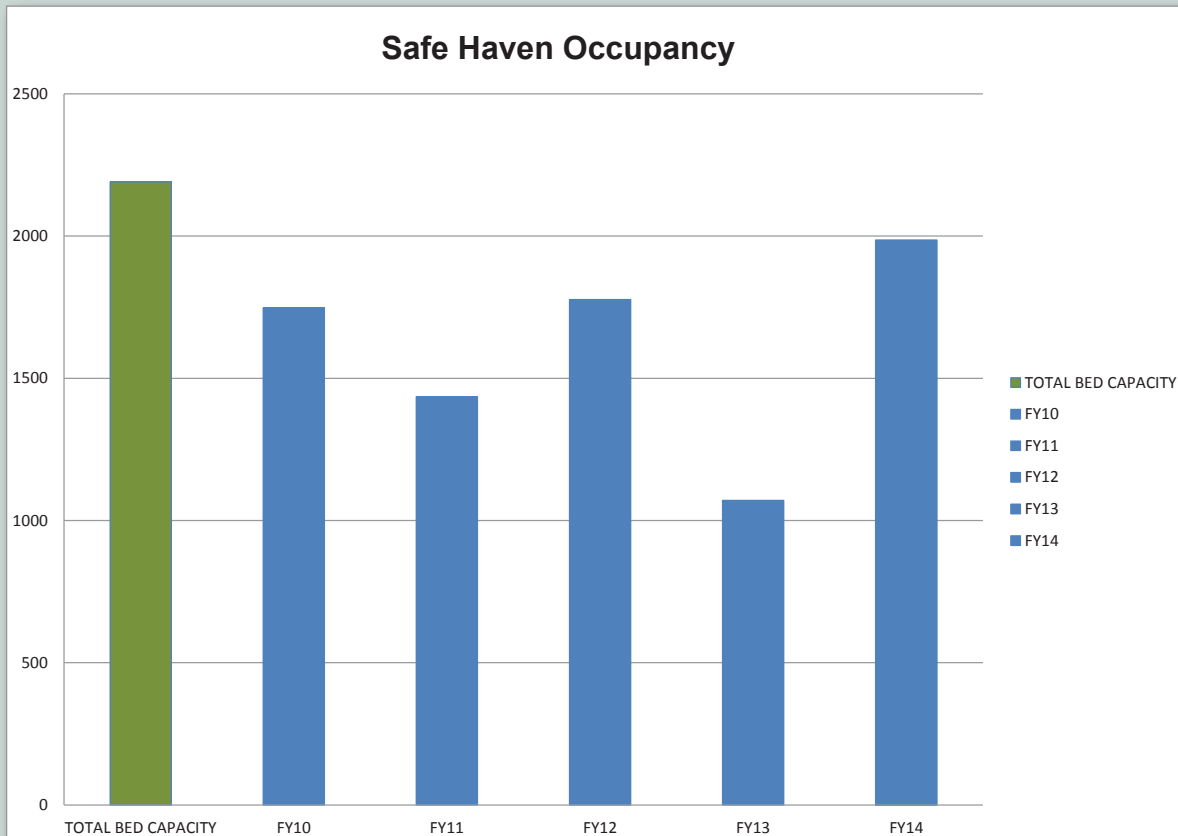
ELIGIBILITY CRITERIA

- Must be 18 years of age or older
- Must be an adult with a mental health and/or substance abuse diagnosis, with priority given to those with a mental health diagnosis

- If beds available, may admit homeless individuals without mental health or substance abuse diagnosis
- Meets current HUD definition of homelessness and have documentation of such
- May stay up to two years (average length of stay is 8 months)

How Much Did We Do?

The Clara Martin Center Adult Outpatient Program saw a steady increase in the number of services provided from 2009-2014. The environmental impact of the flooding from Tropical Storm Irene in August 2011 and the subsequent legislation and funding of Act 79 provided the framework to provide extended services to the service delivery area. Those services, which included case management services, support outreach services and supports to those in the community in need helped to get people connected to necessary resources. In 2013 the Clara Martin Center saw a decrease in the number of individuals served, yet the number of services increased. This was due to the complexity of the individuals and the presenting needs.



The mission of the Primary Care Integration Program is to ensure access and coordination to primary health care services for those who also have mental health needs. The Clara Martin Center has continued to reach out and form collaborative relationships with primary care practices within our service area. The Clara Martin Center is co-located with Gifford Medical Center in Chelsea at the Chelsea Health Center and has collaborative relationships with their offices in Randolph, Bethel and Rochester. Other primary care offices in which there is a strong relationship include Little Rivers Health Center – a federally qualified health center with offices in Bradford, Wells River and East Corinth; Upper Valley Pediatrics in Bradford, White River Family Practice in White River Junction, Dr. Melanie Lawrence in Bradford, and Ammonoosuc Health Center in Woodsville, New Hampshire.

OBJECTIVES

- Improve access to primary care services for residents of the area
- Coordinate care and services from community organizations to meet the needs of the individual
- Participate on the Community Health Teams in Randolph, Bradford and White River Junction
- Obtain referrals from the Community Health Teams for our services
- Provide referrals to the Community Health Team for clients needing primary care services
- Support in accessing other services offered by community organizations
- Participate and coordinate with SASH teams in Randolph and Bradford
- Participate on the Advisory Board for Gifford Health Center's Randolph and White River Junction teams. Member of Advisory Board for Upper Valley Community Health Team



BROAD CLINICAL SERVICES

- Care Coordination in Randolph, Bradford and White River Junction
- Psychiatric Consultations
- Screening
- Referral to internal services as well as external resources
- Walk-in Clinic
- Emergency Services
- Case Management

BRADFORD CLINICAL SERVICES

- Open Any Door- HRSA Grant providing co-located bi-directional care partnership with Little Rivers Health Center
- Provide monthly psychiatric consultation access to Little Rivers Health Center along with monthly provider consultations
- Attend monthly care coordination meetings with Little Rivers Health Center and Upper Valley Pediatrics

CHELSEA CLINICAL SERVICES

Clara Martin Center is co-located with Gifford Medical Center at the Chelsea Health Center. The Chelsea Health Center is owned and overseen by the Chelsea Health Center Board.

- Clinical services available:
 - Clinical Assessment
 - Individual (adults and children), family, and couples counseling
 - Mental health and substance abuse treatment
- Medicare eligible clinical services

RANDOLPH CLINICAL SERVICES

- Medication Assisted Treatment (MAT) in conjunction with the Blueprint and Gifford Medical Center
- Gifford Area Recovery Program (GARP) is a comprehensive and coordinated program to treat opiate addicted pregnant women
- Wellness Program for long term care consumers

WILDER CLINICAL SERVICES

- Clara Martin Center provides co-located care coordination services at the White River Family Practice one day per week which includes short term counseling and referrals

In 2012, the Behavioral Health Network of Vermont (BHN) received a three-year grant award through HRSA's Rural Health Care Services Outreach program. The goal of this grant was to provide co-located bi-directional health care between a Federally Qualified Health Center (FQHC) and a Community Mental Health Center (CMHC). This grant was piloted in Bradford, Vermont through Little Rivers Health Care (LRHC) and Clara Martin Center (CMC).

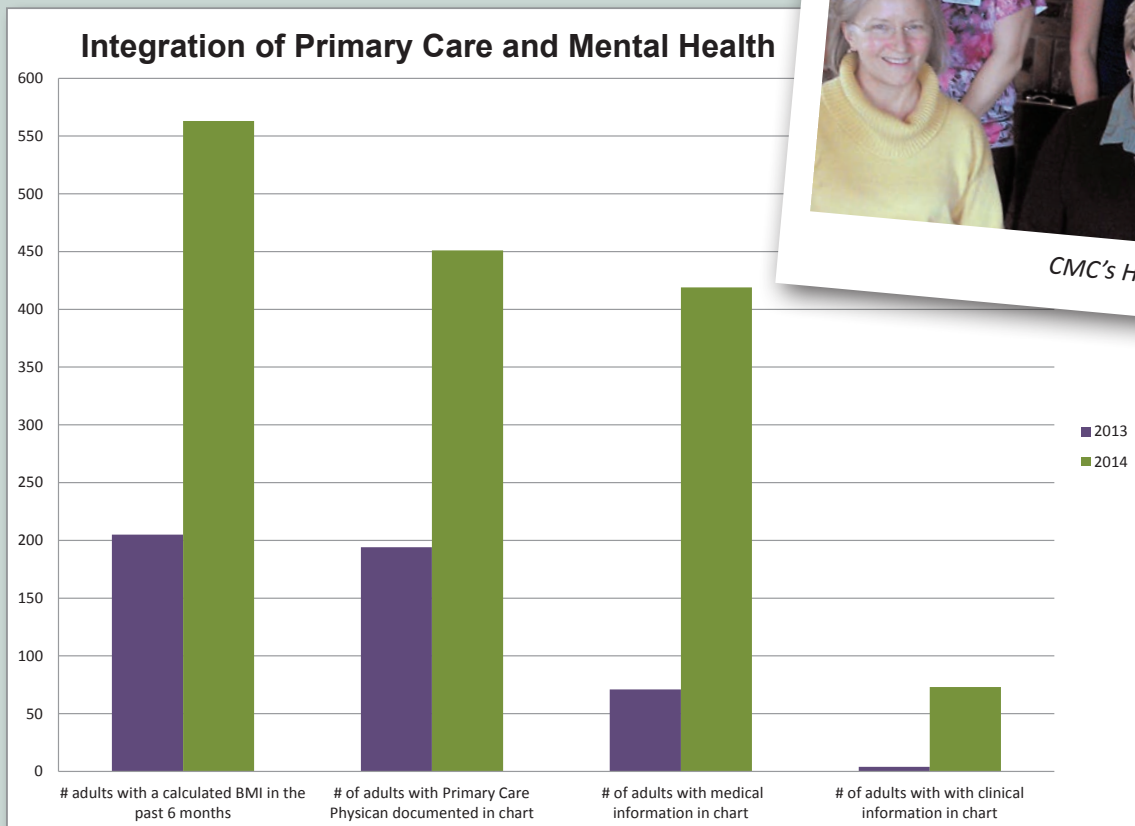
This "Open Any Door" program, which was established through a consortium of four organizations: BHN, Bi-State Primary Care Association, CMC, and LRHC, provides the

opportunity for early detection and treatment of conditions for clients who typically went without primary care services in the past. This also helps with management of chronic conditions, improves collaboration with the psychiatrist on medication management, and supports the "medical home" model through the state Blueprint initiative.

Since the grant began in May of 2012, we have seen a steady increase in the number of individuals who have established ongoing primary care services with LRHC providers at CMC's Farmhouse location. As of 2014, 48 individuals have received primary care services.

How Much Did We Do?

"This has been a lifeline to me. I don't know if I could be who I am today without the help I have received here. Thank you."



The mission of the Child & Family Program at the Clara Martin Center is to provide high quality, comprehensive, and integrated prevention and community based services to children and their families. Our team fosters resilience, inspires change, helps families recover from difficult events and promotes healthy family systems. The Child and Family Program operates with the understanding that children and adolescents live within families and communities. Prevention and treatment is planned in collaboration with families and appropriate community members/professionals. All services are intended to enhance the functioning of the family system. Our services are part of a comprehensive and coordinated array of community resources intended to form a “wrap around” safety net of support for every family in need in our region of Vermont. Each “wrap around” is designed to meet the unique needs of the child and their family.

EARLY CHILDHOOD MENTAL HEALTH (AGES 0-6)

In a regional collaboration with other Early Childhood providers, the Clara Martin Center provides therapeutic supports to young children, ages 0-6 years old, and their families. These services are specific to developmental, social and emotional needs and tend to be delivered through a more specific prevention based model. Services are provided in the home, community and at the office based upon need and appropriateness.

GENERAL OUTPATIENT SERVICES (AGES 6-15)

Within outpatient services, youth and their families receive individual and family therapy, community supports, case management, group programming, and summer group programming. While general outpatient services are focused on ages 6-15, the services below are available to any and all children within the larger Child and Family Program.

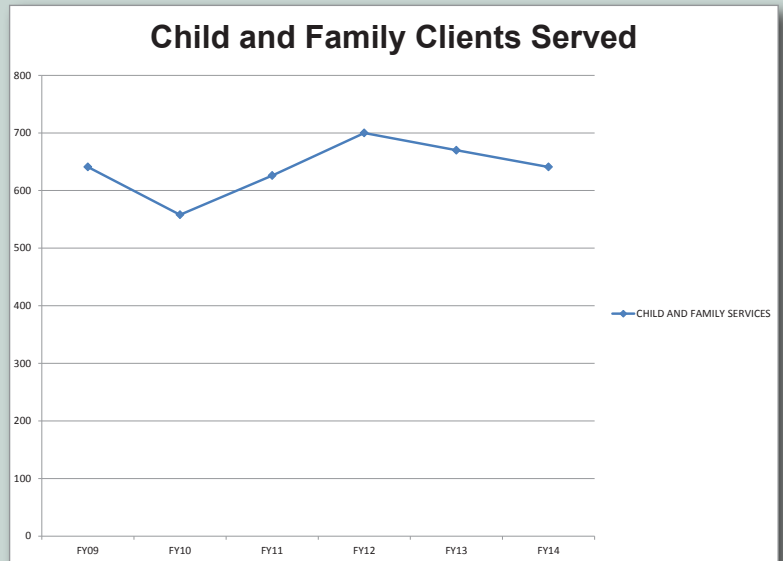
- **Therapy-** based upon the individual clinical needs, youth are assigned to a therapist that will best match the needs of the youth/family. Our staff offer specialized treatment in areas such as: Attachment Therapy, Play Therapy, Art Therapy, Trauma Focused Treatment, Brief Therapy, Cognitive Behavioral Therapy and Solution Focused Therapy.
- **Group Programming-** The Child and Family Program designs group curriculum with the population and community needs in mind. Group

programming addresses: emotion regulation, social skills, interpersonal relationship skills, family groups, parenting groups, substance abuse education groups, and specific targeted skills groups.

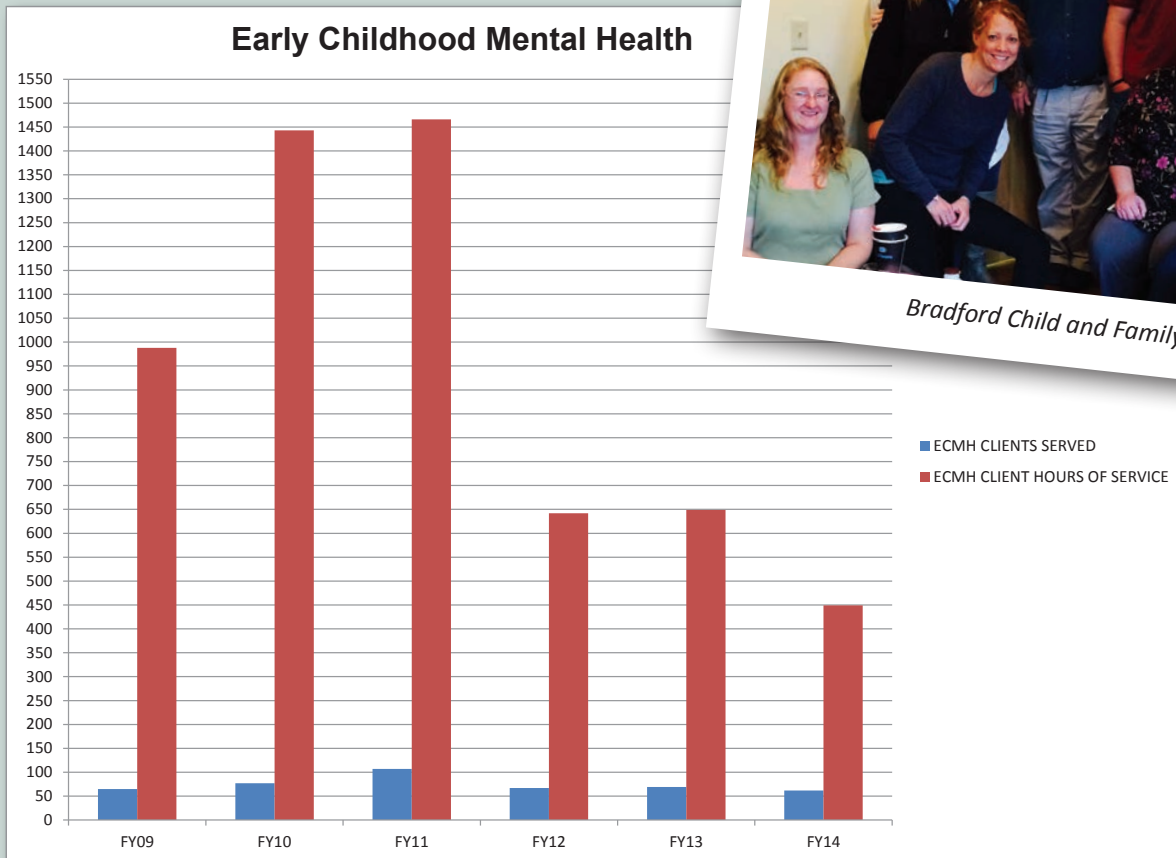
- **Summer Group Programming-** Skill building and the need for supports continues even when school lets out for the summer. We design skill based curriculum for groups that are delivered in the community that incorporate healthy, fun activities into the acquisition and practice of skills.
- **Case Management-** Based upon the needs of the child and family, case management can provide either short term or more intensive supports to address needs outside of the therapy office. This can include parenting supports (either in the home or in the office), resource finding and referrals to additional services, and coordination with other professionals and community based supports.
- **Community Supports-** Child and family clinicians provide community based supports designed for children in need. These supports assist with taking the children into the community to use a hands on approach in learning skills. Children are able to learn skills, including social, communication, peer interaction, emotional, and behavioral. Children learn to implement the skills within a community context while receiving support and coaching at the same time.
- **Child Psychiatric Services-** The Child and Family Program offers limited psychiatric services to those individuals with higher acuity of psychiatric needs. Our child psychiatrist utilizes a consultation model, in which our psychiatrist stabilizes the youth’s medications and then refers the youth back to their pediatrician. The pediatricians are encouraged to use the psychiatrist to consult on any further questions or medication changes.
- **Respite Services-** Sometimes a family or youth needs time to get away from their current circumstance. Our respite program allows youth to take planned “breaks” where they are able to be in a different environment to gain some space or perspective, and sometimes to just be able to have some quality one on one time with a provider who is there to support them. Respite is a limited, short term option that aims to reduce immediate stress, while allowing for natural resources to be put in place for long term supports. In order to be eligible for Respite Services a youth must be actively engaged in clinical services, and be willing to adhere to the rules of the program.

How Much Did We Do?

The Child and Family Program has seen a significant increase in the number of youth and families needing services. In the aftermath of Tropical Storm Irene, we saw an increase in services in all areas of programming. The total number of clients served in 2010 was 560, in 2011 the number rose to 620, and peaked at 700 in 2012. After Irene, families in our region faced many complications regarding housing, transportation, employment and family stressors as a direct result of the destruction Irene had on our communities. Along with the increased numbers, the complexity of the presenting symptoms has also increased.



With the development of the regional collaboration for Children's Integrated Services, the funding and reporting mechanisms have changed. The decline in Early Childhood Mental Health clients served from FY11 to FY12, 13 and 14 is representative of this change. While the agency continues to serve all children and families that need these services, due to the change in the funding, only a portion of the ECMH clients are reported in the data for ECMH. The clients that are not captured in these numbers are captured in the outpatient numbers.



TRANSITION AGE YOUTH (TAY) (AGES 16-22)

The Transition Age Youth program provides services to youth 16-22 years of age, utilizing the Resiliency Model to meet clients “where they are at.” Providing therapeutic services and supports in the youth’s environment help adolescents and young adults succeed. TAY supports the adolescent or young adult in developing and maintaining caring relationships by being held to high expectations, and giving them opportunities to participate and contribute to their community.

- Jump on Board for Success (JOBS)- Employment support program that provides job supports to youth ages 16-22 with severe emotional disturbances who are out of school, or are at risk of dropping out of school, issues with substance abuse, homelessness, physical or other abusive behaviors, or other concerning behaviors. JOBS supports young adults on preparing, securing, and maintaining employment.
- Adventure Programming- The Adventure Based Programming consists of a dynamic package of services that will engage clients in their treatment through Experiential Learning and Adventure Based Treatment. We foster resiliency and inspire change for children and adolescents by incorporating their whole self, including strengths and competencies that are brought out through active forms of treatment. The Adventure Based Program is a part of a comprehensive and coordinated array of community resources intended to promote self discovery and

meaningful relationships through hands on learning in a group format. Elements of the program include:

- Monthly Day Trips (for two age groups 12-15, and 16-18)
- Week long Wilderness Trips
- Booster Weekends
- Challenge Group for Teens
- Summer Group Programming
- Leadership Development- Through the state’s Youth In Transition (YIT) Initiative, the TAY program focuses on developing the voice of Young Adults to speak out and share their experiences. Clara Martin empowers young adults through the youth run group – Youth Community Rising (YCR). The YCR group continues to plan and organize the Annual Youth Summit. This has proven to have tremendous impact and success in engaging local communities in a supportive process of understanding and destigmatizing our youth.

VERMONT COALITION OF RUNAWAY AND HOMELESS YOUTH PROGRAM (VCRHYP) (AGES 12-22)

Housing resources provided for youth identified in the Child and Family Program through collaboration with the Vermont Coalition for Runaway and Homeless Youth Program (VCRHYP), of which the Clara Martin Center is a collaborative agency. VCRHYP creates a safety net for youth in need by supporting a network of runaway and homeless youth programs throughout Vermont.

- VCRHYP services are grounded in Resiliency Theory and the Positive Youth Development approach to serving youths. Positive Youth Development understands that all young people need support, guidance and opportunities during adolescence
- Provides for 3 critical types of services: Transitional Living, Runaway and Family Stabilization and Street Outreach.

SUBSTANCE ABUSE SERVICES

Substance abuse treatment, education and skills based services are embedded into all of our programming. The Clara Martin Center is a co-occurring treatment agency that provides comprehensive treatment to addresses both substance abuse and mental health together. Services are provided in individual and family therapy, as well as group therapy modalities.



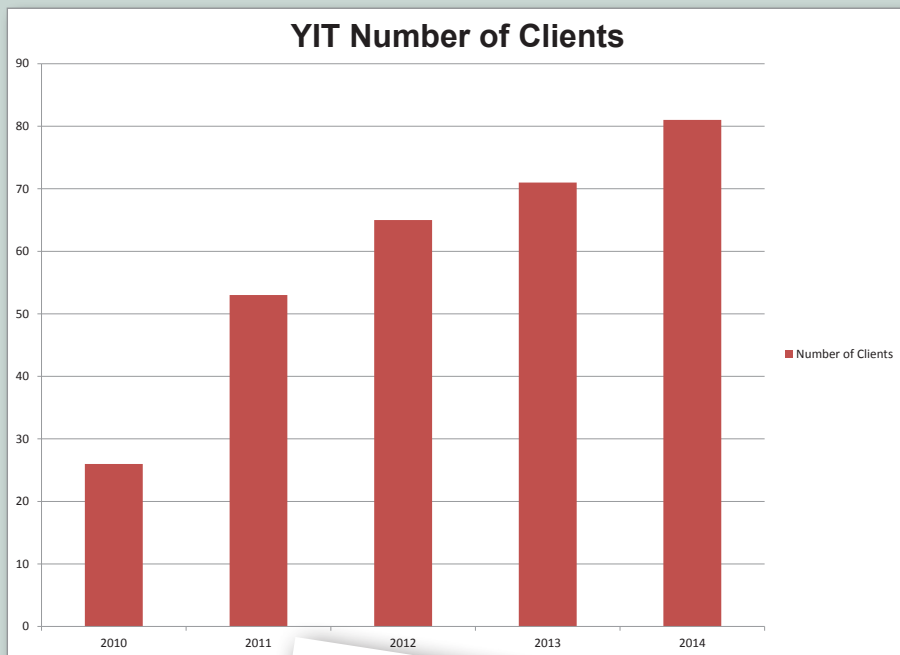
Randolph Child and Family Team

How Much Did We Do?

Under our Youth in Transition (YIT) grant, we have had a dramatic increase in services with the number of clients served nearly tripling since FY 10. This indicates the effectiveness of the Peer Navigator, who is able to meet clients where they are and assist them in navigating the services they need.

Four of our young adults involved in the Youth In Transition program were awarded the Young Adult Youth Leadership Award by the State Youth in Transition Team.

This is a great honor and testament to the strength of our youth. The Clara Martin Center is very proud of these recipients.



Our JOBS numbers reflect the same spike of services as a result of Irene, with FY 12 and 13 more than doubled the total JOBS clients served in FY 09. It is important to note that for the JOBS program, one outcome the program is expected to meet is “rehab.” “Rehab” is when a client maintains employment for a minimum of 90 days. Our target for JOBS is 9 “rehab” per year. Since 2009, we have met or exceeded that target goal each year.

SCHOOL SERVICES PROGRAM

The mission of the School Services Program is to provide a continuum of student centered supports and interventions that allow students with mental health challenges to be successful student learners. With a focus on prevention and early intervention, the goal of school services is the promotion of wellness for all students in their educational, family and community environments.

School Services include Behavioral Consultation, Behavioral Intervention, School Based Clinicians, and Alternative School Programming.

- Behavioral Consultation is a new addition to our School Services program menu of services. We are now able to provide individualized behavioral consultation to schools for identified students or classrooms.
- Behavioral Intervention provides highly individualized programs for youth and their families living with significant emotional and behavioral disorders in the school setting. Often youth who receive these services are at risk of hospitalization or of being placed in a residential program. Through the use of Behavioral Consultation, a trained Behavioral Interventionist, Clinical Case Manager in conjunction with a close collaboration with the educational team, the major-

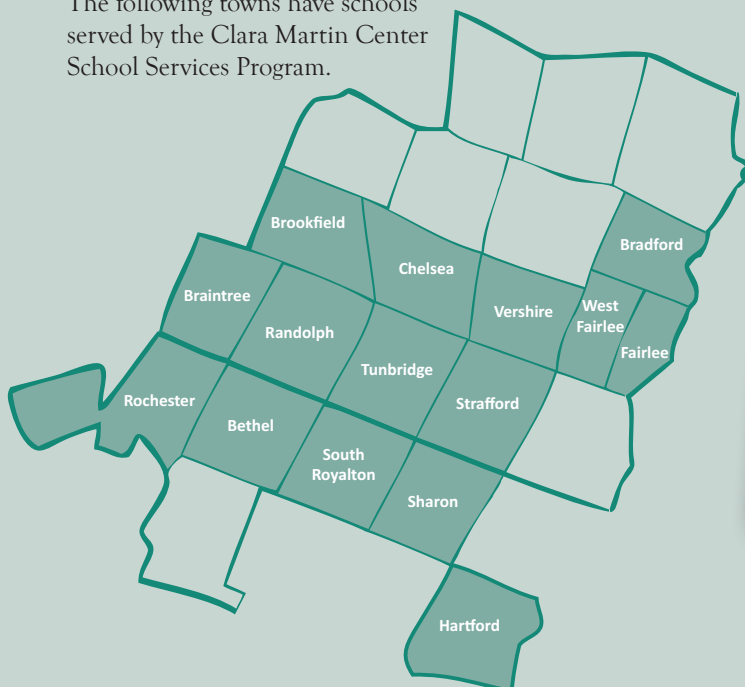
ity of youth are able to maintain their placement in their homes, school and community.

- School Based Clinicians provide mental health treatment to students, as well as education and support to school staff within the schools. School Based Clinicians are integrated into the school team and are able to provide daily supports to youth struggling with emotional and behavioral disorders.

ALTERNATIVE SCHOOL PROGRAMMING

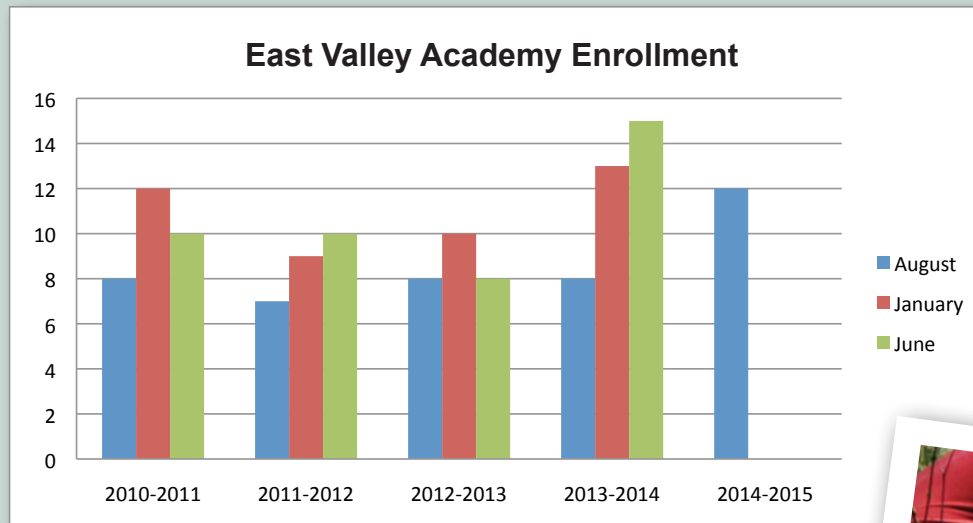
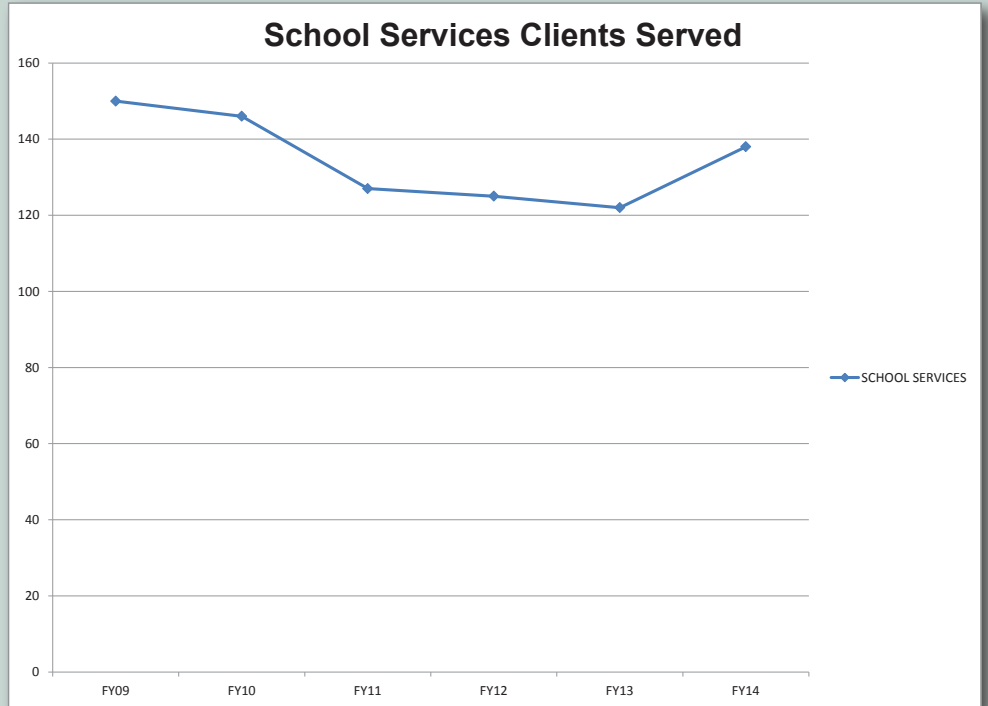
- East Valley Academy (EVA) is a licensed independent school that provides educational and therapeutic services to youth with severe emotional and behavioral challenges in grades 3-12. Youth who attend EVA are referred and tuitioned by their school. Clara Martin Center oversees all therapeutic as well as academic aspects of EVA.
- Wilder School (Regional Alternative Program – Hartford School District) is a licensed independent school made possible by a collaboration with the Hartford Area Collaboration, that provides educational and therapeutic services to youth with severe emotional and behavioral challenges. Clara Martin Center oversees the therapeutic services provided within the Wilder School.

The following towns have schools served by the Clara Martin Center School Services Program.



How Much Did We Do?

School Based Clinicians in schools play a vital role in the treatment and engagement in services for many of the children and families served. School Based Clinicians are provided through contractual arrangements between Clara Martin Center and a school. With changes in state funding structures, this service was redesigned into a case rate model that allows flexibility and creativity in how clinicians use their time. This allows School Based Clinicians to provide group services, mental health education, substance abuse education and wellness to students who are not enrolled as clients. This flexibility and creativity explains the noticeable difference in the number of clients served in school based services.



EVA's enrollment has increased year over year. September 2014 enrollment was the highest. Strong community relationships and partnerships with the schools have reinforced the excellent programming at EVA, resulting in increased enrollment

“Clara Martin Center helped me grow as a young adult. I now can help other people younger than me who have gone through similar problems.”



The mission of the Community Support Program is to develop and implement high quality, cost efficient, comprehensive services for adults with severe and persistent mental illness. The program assists individuals in achieving and sustaining the highest quality of life consistent with their abilities, needs, personal ambitions, and available resources.

OBJECTIVES

- To insure that individuals in the CSP program are treated with dignity and respect, provided opportunities to work, learn, have recreational opportunities, and live in the community based on their personal choices
- To insure that services provided are individualized and emphasize health, wellness and recovery
- To insure wherever possible, services be used that are based on evidence-based treatment models
- To insure that treatment goals are directed by the individual
- To teach individuals how to handle the stressors they face in life
- To minimize the usage of psychiatric hospitalizations
- To minimize the usage of involuntary treatment, either in the inpatient or outpatient settings

- To identify all diagnoses, both mental illness and substance abuse, and to treat both concurrently and within the same treatment team
- To provide an understanding of mental illness, of medications, and of feelings
- To support individuals in gaining self confidence to improve their living situation

ELIGIBILITY CRITERIA

The Community Support Program serves adults, 18 years and older, who meet the specific eligibility criteria set forth by the Vermont Department of Mental Health. The criteria must be met in three categories: diagnostic criteria, recent treatment history and level of impaired role functioning. Although persons with a primary diagnosis of Developmental Disability, head injuries, Alzheimer's disease, or Organic Brain Syndrome frequently have similar treatment needs, they are not included in this definition.

SPECIFIC PROGRAMMATIC CRITERIA:

Most clinical services are available to all clients in the CSP Program if they are clinically indicated by the individualized service plan developed in collaboration between the client and the treatment team. All CSP clients, regardless of need, are assigned to a primary case manager and are seen at least yearly by a member of the medical team.

CLINICAL SERVICES

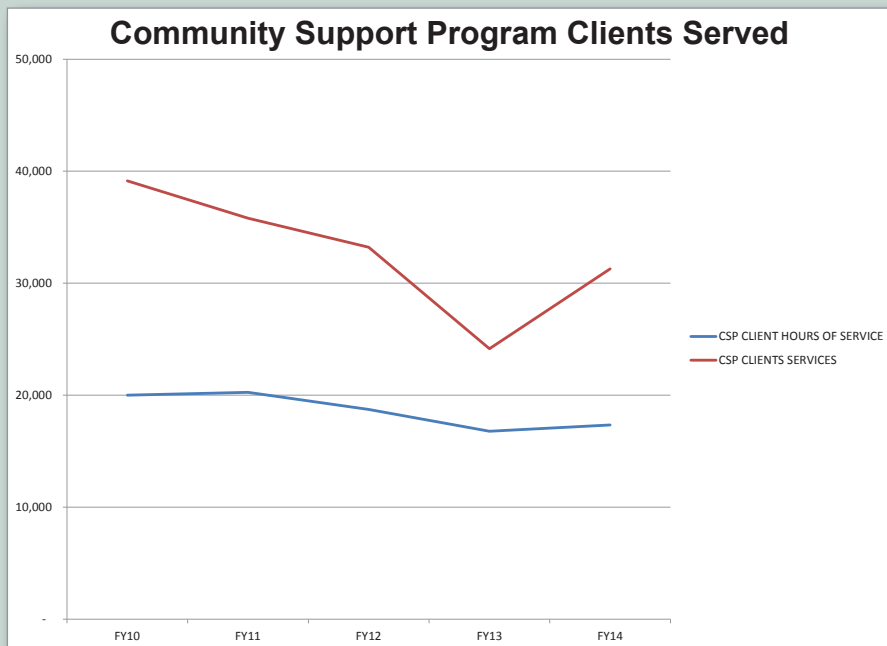
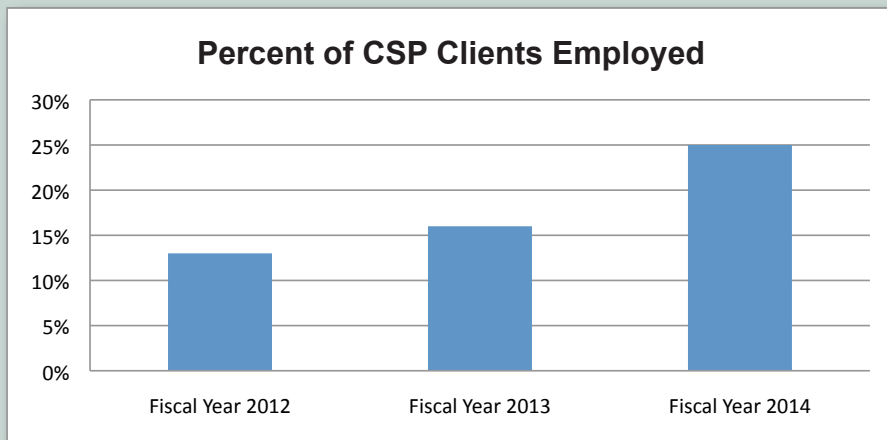
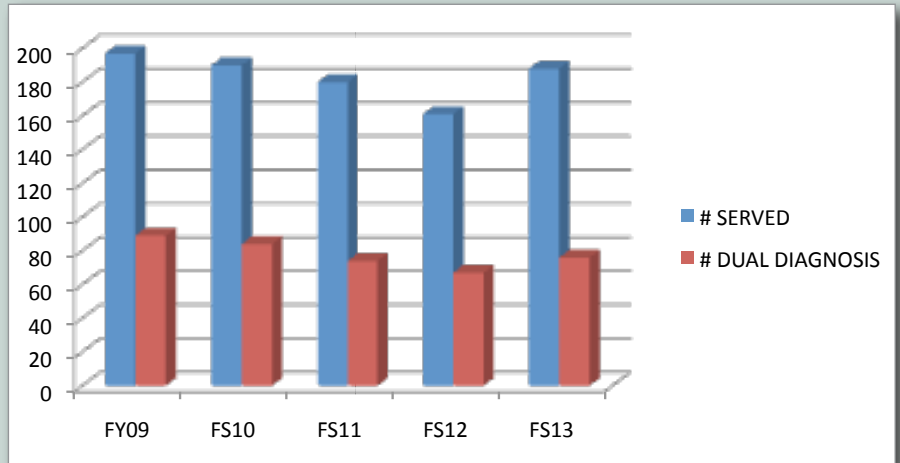
- Service Planning, Coordination and Outreach
- Case Management, Outreach
 - Community-based supports
 - Social support services/socialization skills
 - Assistance with activities of daily living
 - Community integration
- Service Planning and Coordination
 - Assistance with acquiring benefits and the application process
 - Payeeship services
 - Housing support services
 - Difficulty of Care Program and Wellness Recovery Action Plan support services
 - Assistance with accessing medical and dental services
- Psychiatric Evaluation, Medication Review and Monitoring



CSP Team

How Much Did We Do?

Although the Community Support Program has seen a steady decrease in the number of clients served in the program over the past five years, the needs of the clients that are being served has increased. These include medical, substance use, social and cultural issues. With the increase of intensive services that are offered and the changing landscape of inpatient care, the number of inpatient days for CSP clients has decreased over the years and instead individuals are receiving intensive supports and services within the community.



“I think Clara Martin Center is a leader in the way mental health centers should be. And other centers could learn a lot from seeing how this center runs.”

CLINICAL SERVICES (CONTINUED)

- Individual Counseling
 - Recovery and Wellness Groups
 - Women’s group, writing group, art group, cooking group, health and nutrition group, fitness groups, gardening group, walking group
 - Peer Supports
 - Emergency Services

EVIDENCE BASED PRACTICE TREATMENT

- Integrated Dual Diagnosis Treatment: Individual and Group
- Dialectical Behavioral Treatment Programming
- Wellness Recovery Action Plan groups
- Seeking Safety
- Family Psycho-education and Support groups
- Individual Placement and Supports (IPS) model for Vocational Services

VOCATIONAL SERVICES/OUTREACH:

The agency’s Supported Employment program assists adults within the agency’s Community Support Program to identify, achieve and maintain vocational goals, including paid employment, in collaboration with community employers.

- Assistance with preparing for employment
- Assistance with job development
- Assistance with on-going job support

WELLNESS PROGRAM:

The CSP program embraces the philosophy that physical health is an important component of overall health. Clients are encouraged to engage in activities that promote physical as well as mental health. All members of the CSP team work to assist clients to identify measures to decrease physical risk factors and to engage in activities that promote physical health. Within the CSP Wellness Program there are four levels of care: individual, group, program and community.

“I feel more confident, and have now got a job, which is helping to boost my self-esteem.”



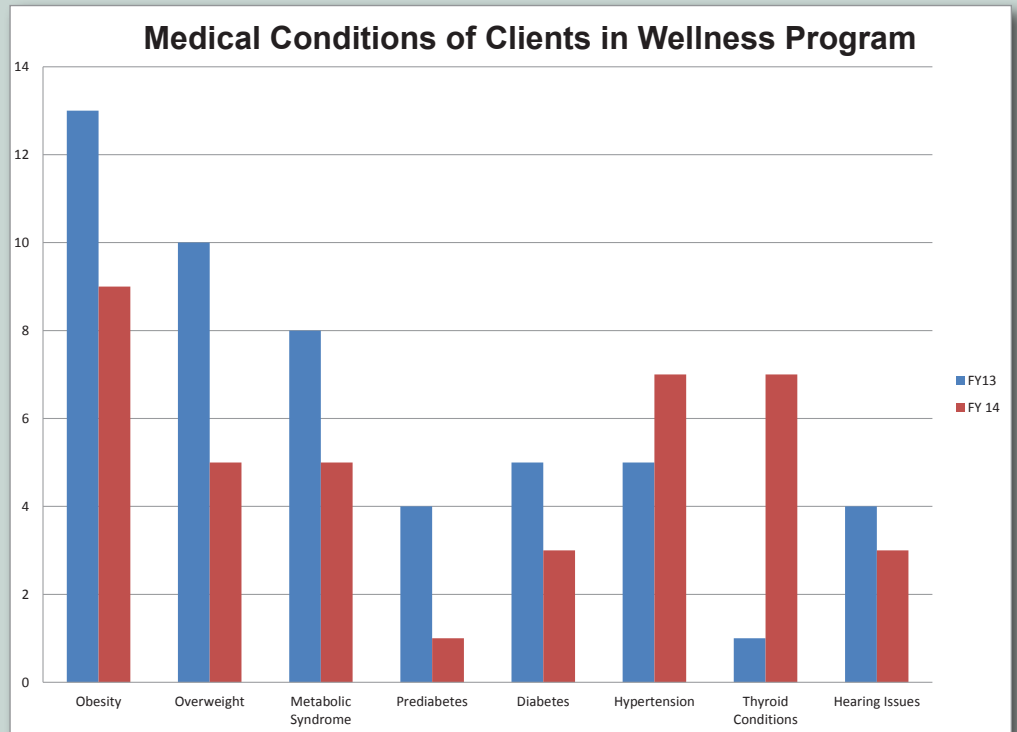
CSP Team – Randolph



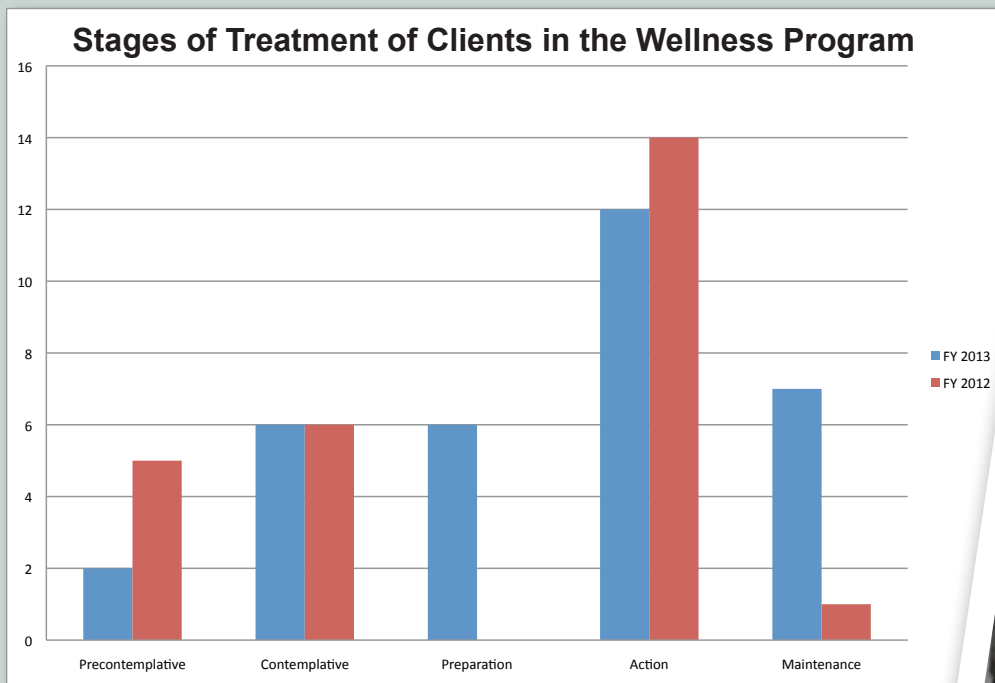
CSP Team – Bradford

How Much Did We Do?

Since the Wellness Program first began in 2009 in the Randolph CSP Program, we have seen a steady increase in the number individuals participating. As of 2014 about 40% of individuals being served in the Randolph CSP Program are involved in the Wellness Program. Individuals have moved between the various stages of treatment with the largest number of individuals actively working toward overall health. Between FY13 and FY14 we saw a decrease in the number of individuals presenting with obesity, being overweight, prediabetes, diabetes, hyperlipidemia and metabolic syndrome. This Wellness Program puts an emphasis on physical health, health education and integration with primary care.



“This has been a lifeline to me. I don’t know if I could be who I am today without the help I have received here. Thank you.”



The mission of the Alcohol and Drug Program is to promote healthy lifestyles by reducing the harmful effects of alcohol and other drugs on the client, family and community.

OBJECTIVES

- Provide comprehensive treatment which addresses the needs of both the person with a substance concern and the people affected by the substance concern
- Identify clients who have co-occurring mental illness and help them develop goals and a treatment plan individualized to meet their needs
- Recognize abuse of alcohol and/or other drugs as a progressive disease that affects the psychological, emotional, physical, social, and spiritual health of the person. It often impacts any system he/she interacts with including their family, friends, workplace and community
- Provide outpatient treatment in a variety of sites to meet the needs of our clients
- Provide education, consultation services, and support to family and friends of clients and other community organizations
- Work collaboratively with other providers and community organizations to provide continuity of care to our clients

CLINICAL SERVICES

- Assessment and Referral to appropriate level of care
- Outpatient Services: Individual, Group and Family Therapy
- Quitting Time – Intensive Outpatient Program
- Medication Assisted Therapy
- Aftercare Recovery Services
- Psychiatric Evaluation, Medication Review and Monitoring
- Psycho-educational Groups
- Weekend DWI Program/CRASH
- Emergency Services
- Case Management

QUITTING TIME – INTENSIVE OUTPATIENT PROGRAM

The goal of Quitting Time is to help clients with substance dependence maintain abstinence from alcohol and/or drugs and enhance their skills to prevent relapse. The program

is offered in the evening to accommodate needs of the clients. On average this program meets three evenings per week for approximately six weeks, however this is assessed and determined on a case by case basis to determine appropriate length of treatment recommendation. Once a participant completes the intensive portion of this program, the recommendation is to continue in the outpatient aftercare group as the maintenance portion of this program.

ELIGIBILITY CRITERIA

- Must meet the intensive outpatient level of care as determined by the American Society of Addiction Medicine (ASAM) Placement Criteria.
- Must meet criteria for a substance dependence diagnosis
- Must be age 18 or older
- Is not in acute withdrawal or are in need of a higher level of care such as residential treatment
- Must be willing to work towards abstinence

OUTPATIENT RECOVERY AND AFTER CARE GROUP

The goal of Recovery Group is to enhance relapse prevention skills and broaden client understanding of recovery as a lifestyle change.

ELIGIBILITY CRITERIA

- Must meet the outpatient level of care as determined by the American Society of Addiction Medicine (ASAM) Placement Criteria
- Must have a substance abuse/dependence diagnosis
- Must have a desire to live a substance free lifestyle
- Must be age 18 or older

MOTIVATIONAL GROUP

The goal of Motivational Group is to help clients develop increased awareness of the impact of alcohol and/or drug use has had in their lives. In addition, we hope to help increase the client's level of motivation to make healthier and safer decisions regarding their substance use. The group meets once each week. This group also meets CRASH recommendations for ongoing counseling towards license reinstatement.

CO-OCCURRING ISSUES GROUP

The goal of this group is to improve the health and self-care of clients with co-occurring substance abuse and mental illness. The groups meet once per week.

SEEKING SAFETY GROUP

The seeking safety group is a present-focused therapy to help people attain safety from trauma/Post Traumatic Stress Disorder and substance abuse. The group is gender specific and consists of 25 topic areas related to trauma and substance abuse.

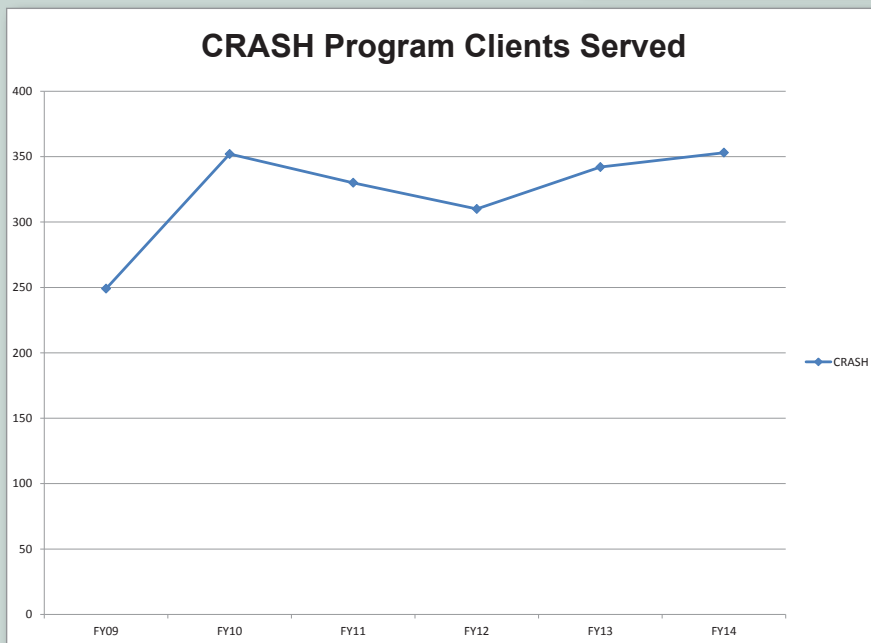
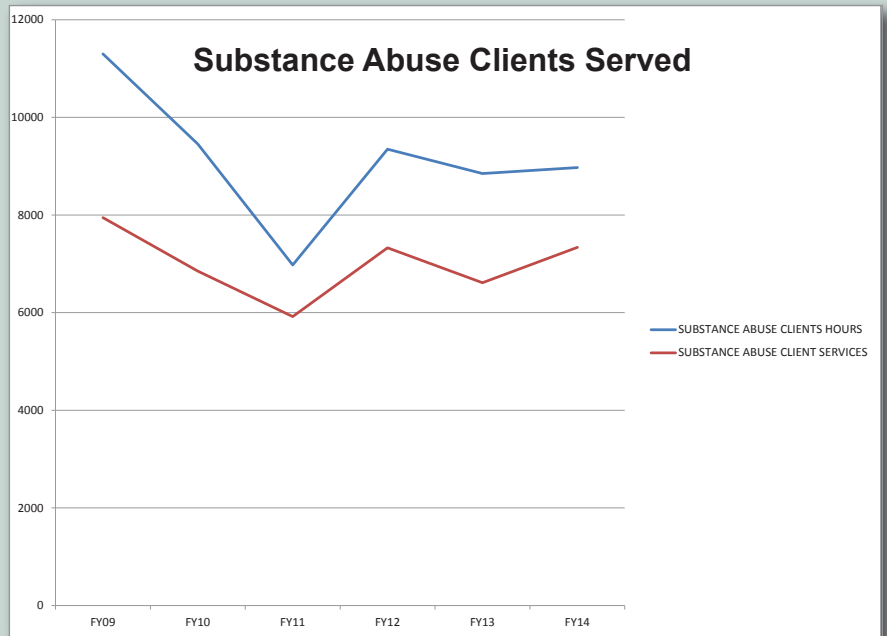
ADOLESCENT OUTPATIENT COUNSELING

The goal of the adolescent group is to help participants develop increased awareness of the impact alcohol and/or drug use has in their lives. In addition, we hope to help increase their level of motivation to make healthier and safer decisions regarding their substance use. The groups meet once each week.

How Much Did We Do?

Clara Martin Center's substance abuse programming is integrated into all programs to support the co-occurring culture that the agency upholds and to meet the intricate needs of the population. Although the data trend suggests a slow reduction of clients served across programming, the actual total number of services has risen. This highlights the complex nature of clients we serve as well as their immediate presenting needs, and the increased staff time to help each client reach their individual goals.

Clara Martin Center's weekend CRASH program has shown a consistent increase in the number of participants served over the past 3 years. This program originally served a maximum of 20 participants per weekend, however due to the demand of this program, Clara Martin Center was able to increase the monthly maximum to 30 participants.



“I have learned several tools and strategies to avoid using mind altering substances.”

The mission of the Criminal Justice Program is to provide effective assessment and treatment services to people who have been or are currently involved with the court or corrections system. Our aim is to enhance their ability to function effectively in the community, re-enter the community successfully and reduce the risk of committing additional crimes. We implement ethical and best practice models of treatment to help meet these goals.

OBJECTIVES

- Deliver specialized outpatient services in our Randolph, Bradford and Wilder sites
- Provide psychosocial assessments, individual therapy, specialized group therapy, family education, and support groups consistent with best practices
- Provide programming that is gender, culture and trauma sensitive
- Develop collaborative relationships with clients to help them reach identified treatment goals
- Incorporate interdisciplinary treatment planning to help clients take full responsibility for their crimes and gain the support needed to function successfully in the community
- Collaborate with community resources to ensure clients receive continuity of care and all services needed to function effectively in their communities

CLINICAL SERVICES

- Screening
- Assessment
- Individual Therapy
- Group Therapy
- Sex Offender Treatment Groups
- Batterer's Intervention Treatment Groups
- Anger Management
- Family Member's Educational and Support Groups
- Victim's Support
- Case Management
- Substance Abuse Reentry Assessments

BATTERER'S INTERVENTION PROGRAM

The program adheres to the Standards of Batterer's In-

tervention Programs set forth by the Vermont Coalition for Domestic Abuse. The goal of the program is to reduce the risk to engage in emotional or physical abuse towards intimate partners.

ANGER MANAGEMENT

The anger management program aims to provide consumers with skills necessary to identify and effectively manage emotions that may lead them to engage in threatening or assaultive behavior.

SUBSTANCE ABUSE RE-ENTRY ASSESSMENTS

Substance abuse re-entry assessment assessments are conducted at the Southern State Correctional Facility and the Northeast Regional Correctional Facility. These assessments are provided to inmates presenting with a substance abuse concern who will be re-entering the community within 90 days. Full assessments are provided along with clinical recommendations and referral to appropriate community based providers.

RE-ENTRY CASE MANAGEMENT

Re-entry case management services are for individuals supervised out of the Hartford and Barre probation and parole offices. These services assist individuals to successfully re-enter the community after incarceration and/or who are already on probation and parole and needing additional supports. Assessment and referrals are made to local agencies and resources to include but not limited to: substance abuse services, mental health services, employment services, health care, etc.

COMMUNITY BASED SEX OFFENDER TREATMENT

The goal of the program is to decrease the risk of re-offense and promote healthy lifestyles through individual and group therapy. The program meets program standards set forth by the Vermont Center for the Prevention and Treatment of Sexual Aggressors. The Vermont Center for the Prevention and Treatment of Sexual Aggressors provides the clinical supervision.

FAMILY EDUCATION AND SUPPORT GROUP

The Family Education and Support Group provides education and support to family members and/or support people for individuals convicted of a sexual offense. The group is offered two times annually.

CORRECTIONS BASED RISK REDUCTION SERVICES

- Risk Reduction Services in Southern State Correctional Facility
- Risk Reduction Services in Southeast Regional Probation Offices

COMPASS

COMPASS is a voluntary substance abuse and criminogenic needs program based out of the Northeast Correctional Facility.

ity. Services are provided in both a group and an individual format and address individual needs in an individualized treatment plan. Programming consists of communication skills, re-entry skills, anger management skills, examination and interruption of criminal thinking, and social supports.

ELIGIBILITY CRITERIA

- Must be 18 or older
- Has been charged and convicted of a criminal offense
- Must be willing to participate voluntarily

How Much Did We Do?

Clara Martin Center is dedicated to serving the criminal justice population through programming and treatment services to prevent recidivism and support community re-integration. The past couple of years has shown a dramatic increase in clients served within these programs. The services and programs include treatment within the community and within the correctional facilities. This includes risk reduction services and coordination with community probation and parole offices. The broad range of services we deliver has enabled us to sustain a continuum of care for this population. Although this graph shows a drop in criminal justice clients served in 2014, Clara Martin Center actually secured new contracts with the Department of Corrections and the number of clients served has increased. This graph does not reflect this increase due to a change in how data is collected through the Department of Corrections. This issue will resolve itself in the next reporting year.



How Well Did We Do? Is Anyone Better Off?

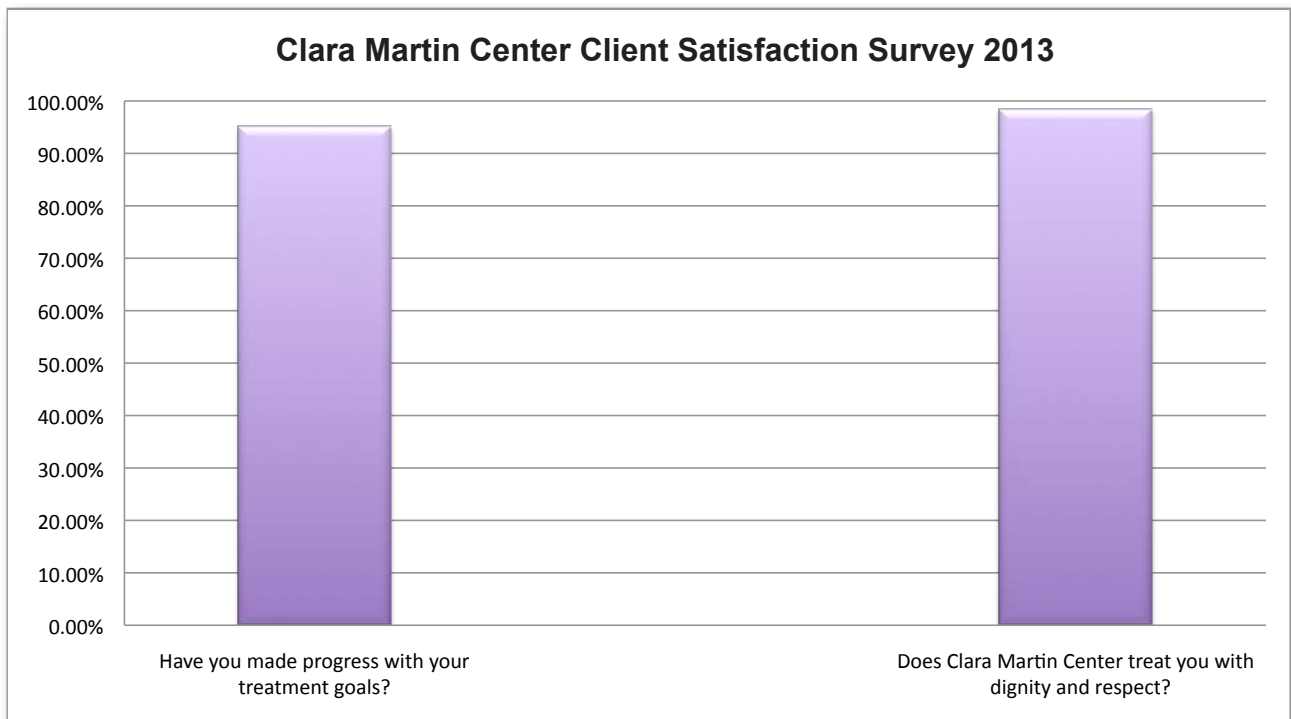
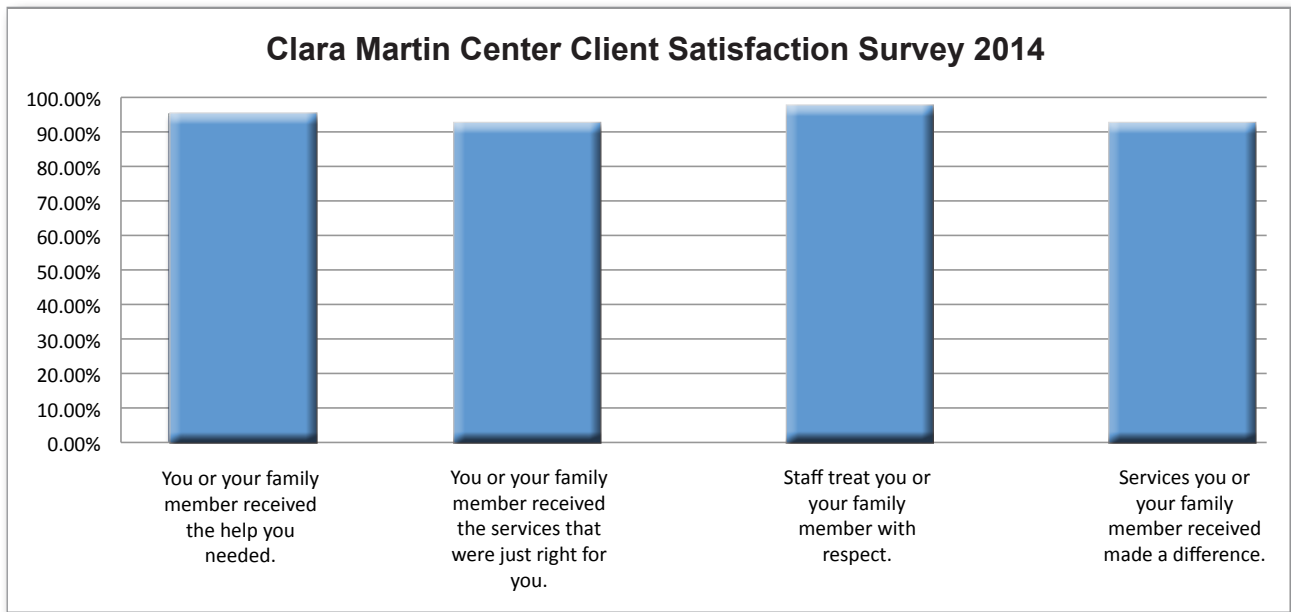
Almost 600 clients or family members responded to our 2013 and 2014 client satisfaction survey.

98% reported that Clara Martin Center treats them with dignity and respect.

95% reported that they made progress with their treatment goals/received the help they needed.

One of Clara Martin Center's most important measures of success is knowing that our clients feel that the services they have received are helpful and that we treat our clients with dignity and respect. Clara Martin Center continues to receive very high marks from our clients in regards to both of these indicators in our annual client satisfaction survey. In the survey responses, 97.5% of responses agreed that we treat the individual or their family member with dignity and respect and 95% of responses agreed that the individual or their family members received the help they needed. This internal agency report validates the feedback we received

from the Department of Mental Health during our 2014 Program Review. We are very proud and pleased to know that clients report that they are better off for the services they have received from the Clara Martin Center and that they feel we are doing very well in meeting their needs.



SUSTAINABLE AGENCY AND COMMUNITY RESOURCES



“I have had the opportunity to have contact with clients of all ages. It is wonderful to see the difference that the Clara Martin Center Staff can have on our clients and the improvements the clients can make.”

Our employee turnover regularly runs below the Statewide average for Designated Agencies. Our close proximity to Dartmouth College and the Vermont Law School often brings us employees whose partners are attending school for several years, and who then move back to their original location. We also have a significant number of staff who have left Clara Martin Center, only to return here a year or two later. Many of them cite the flexibility, generous time off, the opportunity for advancement and the supportive, collaborative environment as reasons why they return. No matter what our turnover average is, we constantly strive to reduce it and to look at ways to increase employee retention.

2014 Staff Anniversaries

5 years

- Leah Abrahamsen
- Molly Dugan-Sullivan
- Michele Sargent
- Cara Collins

20 years

- Chris Titchenal
- Deb Hawley

25 years

- Nancy Duranleau
- Gretchen Linton
- Sarah Crosby
- Nancy Copeland

10 years

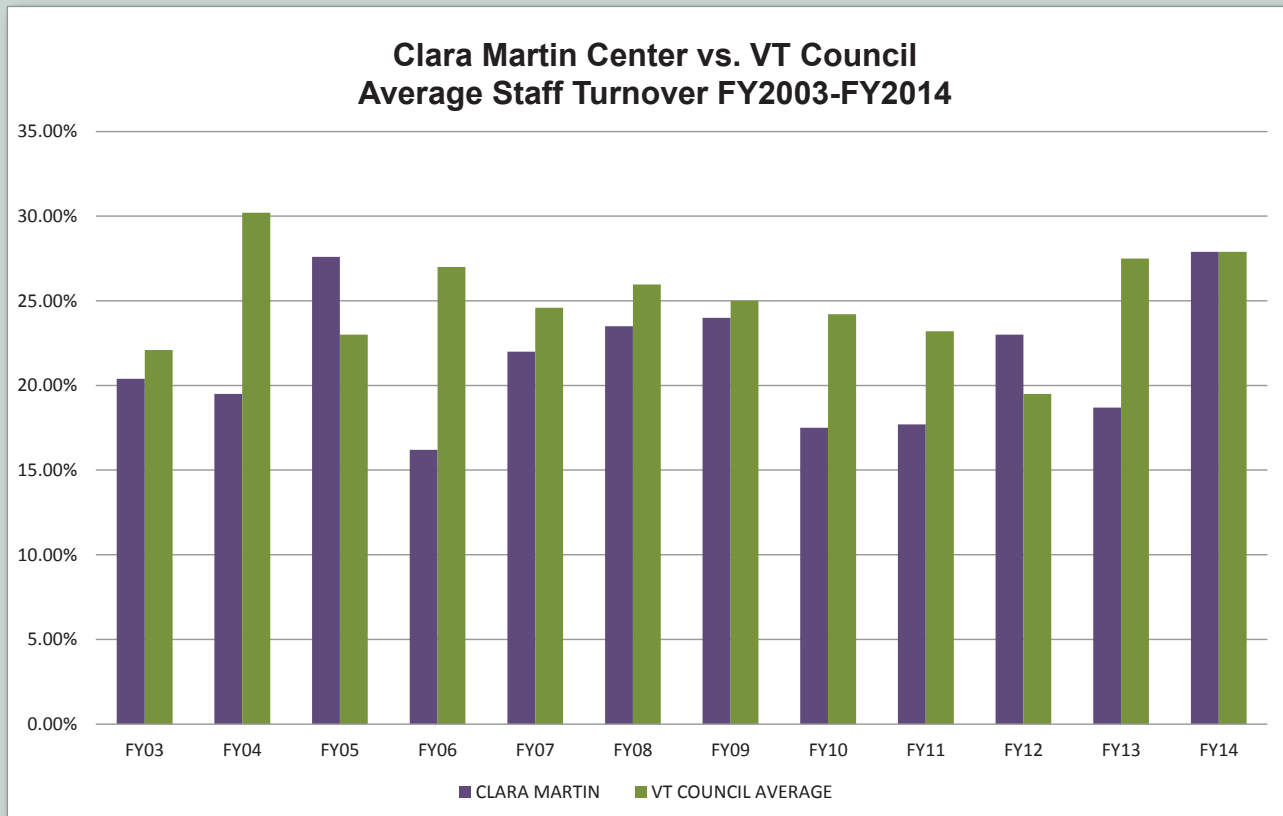
- Andrea Barrett
- Brock Davis
- Sarah Brownell

30 years

- Linda Chambers

15 years

- Amanda Higgins
- Gretchen Pembroke



INTEGRATED COLLABORATION AND PARTNERSHIPS IN
HEALTH CARE DELIVERY SYSTEMS



“My counselor, doctor, and group meetings have changed my life dramatically. The compassion, consideration, and respect has been phenomenal. I could have never done this without them. All the support makes a significant difference.”

CENTRAL VERMONT SUBSTANCE ABUSE SERVICES (CVSAS)

Central Vermont Substance Abuse Services (CVSAS) is a substance abuse service agency providing outpatient and intensive outpatient alcohol and other drug treatment services for community members of the Greater Washington County area. Central Vermont Addiction Medicine (CVAM), a program of CVSAS in collaboration with BAART Behavioral Health Services, is part of the Vermont Care Alliance for Opioid Addiction. CVAM provides medication assisted treatment for residents of Washington, Orange, and Lamoille Counties who are addicted to opiates.

CVSAS provides assessment and referral to appropriate level of care. Outpatient services offered include individual/group/family therapy, intensive outpatient programming, psychiatric consultation to primary care physicians, psycho-educational groups, DUI programming through Project CRASH, Washington County Treatment Court services, clinical services to the Lighthouse public inebriate program, medication assisted induction and stabilization for opiate addiction, case management, and, emergency services, which are provided by contract through Washington County Mental Health Services.

CVSAS was founded in 1997 and is a program of the Clara Martin Center, Washington County Mental Health and Howard Center, representatives of which serve with community members on the board of directors. The staff

includes licensed alcohol and drug counselors, licensed clinical mental health counselors, counseling interns, case managers, and a consulting psychiatrist. CVSAS is committed to on-going review of clinical practices using evidence-based tools and practices.

COLLABORATIVE SOLUTIONS CORPORATION

In 2007, Clara Martin Center, The HowardCenter, and Washington County Mental Health joined together to establish a new corporation called Collaborative Solutions Corporation. This entity was developed to create Community Recovery Residences (CRR) to assist the State of Vermont with the census at the Vermont State Hospital (VSH) and to meet the step down needs of hospitalized patients.

The first Community Recovery Residence established was Second Spring South. Second Spring is a licensed Level III Care Home located in Williamstown, Vermont. Second Spring North recently opened in Westford, Vermont.

VERMONT CARE PARTNERS

The Vermont Council of Developmental and Mental Health Services and the Vermont Care Network (formerly Behavioral Health Network of Vermont) have come together under the partnership of Vermont Care Partners to provide statewide leadership for an integrated, high quality system of comprehensive services and supports.

The Vermont Council, a 501(c)(6) non-profit trade association established in 1974, focuses on national and state policy development, lobbying and advocacy to strengthen developmental, mental health and substance abuse services.

The Vermont Care Network, a 501(c)(3) non-profit organization, was incorporated as Behavioral Health Network of Vermont (BHN) in 1994 and is the business arm of the partnership. VCN will continue its mission of developing the statewide network that integrates the full continuum of health, wellness and social services. By providing care beyond health care and through enhanced services, collaboration and integration, the network improves value, health outcomes and life satisfaction.

Clara Martin Center is a member of Vermont Care Partners.

CONTACT US

Clara Martin Center

PO Box G
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802-728-4466
www.claramartin.org

24-Hour Emergency Service
1-800-639-6360

Walk In Clinic

Monday	12:00-2:00 PM	Bradford
Tuesday	2:00-4:00 PM	Randolph
Thursday	1:00-3:00 PM	Randolph
Friday	10:00-12:00 PM	Bradford

Randolph Locations

11 North Main Street
PO Box G (mailing address)
Randolph, VT 05060
(802) 728-4466

Ayers Brook
35 Ayers Brook Road
PO Box G (mailing address)
Randolph, VT 05060
(802) 728-4466

Community Support Program
24 South Main Street
PO Box G (mailing address)
Randolph, VT 05060
(802) 728-6000

Safe Haven and Chris's Place
4 Highland Ave
Randolph, VT 05060
(802) 728-5233

East Valley Academy
579 VT Route 14 South
PO Box 237 (mailing address)
East Randolph, VT 05041
(802) 728-3896

Bradford Locations

Bradford Farmhouse
1740 Lower Plain Road
PO Box 278 (mailing address)
Bradford, VT 05033
(802) 222-4477

Bradford Main Site
1483 Lower Plain Road
PO Box 278 (mailing address)
Bradford, VT 05033
(802) 222-4477

Chelsea Location

Chelsea Health Center
356 VT Route 110
Chelsea, VT 05038
(802) 728-4466

Wilder Locations

Wilder Office
39 Fogg Farm Rd
P.O. Box 816 (mailing address)
Wilder, VT 05088
(802) 295-1311

Regional Alternative Program (RAP)
Norwich Avenue
Wilder, VT 05088
(802) 295-8628

Berlin Locations

Central Vermont Substance
Abuse Services
100 Hospitality Drive
PO Box 1468 (mailing address)
Montpelier, VT 05601
(802) 223-4156

Central Vermont Addiction Medicine
300 Granger Road
Berlin, VT 05601
(802) 229-6183



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