It is with pleasure that we present the Community Care Network 2018 annual report. We hope you will enjoy learning more about CCN programs and some of our results from the past year from our two agencies, Rutland Mental Health Services and Rutland Community Programs.

We continued to make improvements that enhance the comfort and convenience of our clients and staff. Our substance use disorders program, Evergreen Recovery Center, opened mid-year at its new home within the BROC Community Action office building next to Downtown Rutland. In addition to newly renovated space with ample office and meeting rooms, the synergy created by our close proximity to the region’s Community Action Agency benefits our clients in recovery who need additional help from the supportive programs offered by BROC Community Action, and vice versa. Our Child and Family Services team is now together at our main administrative office building, after having been separated for many years due to space constraints. This was made possible by building out vacant space and relocating administrative offices to make room for the Child and Family clinical team.

Vermont is embarking on significant reform of its mental health payment models beginning in January 2019, transitioning from a traditional fee-for-service practice to bundled, Value-Based payments that ultimately will be tied to performance and outcomes. The transition will be implemented over a few years, and the goals of the State are threefold: improve the effectiveness and coordination of mental health programs around the state; simplify payment structures to increase flexibility and predictability of provider payments; and, shift to Value-Based payment models that reward outcomes and incentivize best practices. A similar effort is underway for reform of Developmental Disabilities payment models, but no date for implementation has been decided. For our part, we are preparing for Value-Based models and population health care as envisioned by the All-Payer Model by investing in systems and processes that are adaptable to new and more robust data and reporting requirements.

Our mission is “to enhance the well-being of our communities, individuals and families through responsive, innovative and collaborative human services.” The directory of CCN programs in this report is comprehensive, and it may surprise you to learn all that CCN does to address critical community needs and improve lives in the process. Thank you for reading.

Dick Courcelle
Chief Executive Officer

What People Said About Services Received from RMHS*

*from Vermont Care Partners Unified Client Satisfaction Survey

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>92%</td>
<td>said they received the help they needed</td>
</tr>
<tr>
<td>95%</td>
<td>said RMHS staff treated them with respect</td>
</tr>
<tr>
<td>90%</td>
<td>said the services were right for them</td>
</tr>
<tr>
<td>90%</td>
<td>said the services they received made a difference and improved their quality of life</td>
</tr>
</tbody>
</table>
RMHS
Senior Leadership

Dick Courcelle
Chief Executive Officer

Jim DiCosimo, CPA
Chief Financial Officer

Lorraine Jenne
Chief Operating and Human Resources Officer

Laura Kass, LICSW
Chief Services Officer – Behavioral Health

Ellen Malone
Chief Services Officer – Developmental Disabilities Services

Judy Tietz, M.D.
Medical Director

Rutland Mental Health Services
Board of Directors

Front Row – Lillian Jackson; Deborah Quirk; Thelma Stoudt; Ron Holm, Secretary; Scott Tanner

Back Row – Laird Covey, Vice Chair; Michael McClallen; Brian Kilcullen; Chris Keyser, Chair

Rutland Community Programs
Board of Directors

Dick Courcelle; Jay Slenker, Chair; Betsy Glynne, Vice Chair; Susanne Engels; Cassy Webster-Burch; Tim O’Connor, Secretary

Missing – Kate Thomas
For parents of young children with behavioral issues, something as simple as getting dressed, taking a walk, or taking a trip to the mall can often turn disastrous. This was the case for Jasmine and her four-year old son Skyler earlier this year.

“He behavior was horrible,” says Jasmine. “He wouldn’t listen to me – always very defiant – and would sometimes get violent. He threw a lot of tantrums; there was always disrespect, sassing, not wanting to do anything independently. He knew how to push my buttons.”

In May of this year, all that changed. Prompted by a referral from Skyler’s case manager, mother and son enrolled in Parent-Child Interaction Therapy (PCIT), an evidence-based psychological treatment for out-of-control children (ages 2-7) now offered by the Early Childhood team at Rutland Mental Health Services.

Backed by over 30 years of research, PCIT is a form of play-therapy that has proven to be exceptionally effective through its use of “live coaching.” The therapy is unique in that child and parent are seen together, and parents are coached by the therapist from an observation room using a “bug-in-the-ear” system of communication as they play together.

Jasmine saw results in their very first session. “Just by using a different way of talking to my son, I saw a difference in his

### Rutland Mental Health Services
#### Behavioral Health Child and Family Services

- **930** children and youth served
- **90%** said the services made a difference in the life of their child
- **94%** said their child received the help needed
- **96%** offered initial assessment appointment within 5 business days of request
- **14** contracts with Rutland County schools for clinicians and/or behavioral interventionists
- **77%** of young children discharged with no further need for services
response. I realized I was contributing to the problem, like getting angry and emotional when he would act out. This process, it was like a reboot – a rewire of my brain. That’s how it feels to me.”

Most families complete PCIT after 10 to 20 weekly, hour-long sessions. In the first phase – called child-directed interaction – the parent is taught to notice and praise even the briefest moments of good behavior, while mostly ignoring defiance. In the second phase – called parent-directed interaction – the parent is taught to issue calm and concrete commands, and to respond to noncompliance with predictable, immediate consequences. Once parents graduate from the program, they can schedule a “booster” session in a few months to brush up on skills.

“PCIT is one of the most effective practices in the field today,” says Lauren Norford LICSW, Director of Early Childhood Services. “Using this distinguishing live-coaching technique, parents acquire more effective parenting skills, children’s behavioral problems improve, and together they develop a more positive and affectionate relationship.”

That is certainly the case with Jasmine and Skyler, who now have a closer bond and a more loving relationship. “We can do things as a family now. He’s like a different child.”
Aging and Dementia Care for People with Developmental Disabilities

As Americans are living longer, healthier lives, so too are adults with developmental disabilities. This longer life expectancy – along with greater quality of life – is due in large part to advancements in medical and social services, advocacy programs, and the development of community-based services with trained staff. This upward trend of living longer also means more of this population is subject to age-related diseases such as dementia, presenting unique challenges in the areas of assessment, treatment and care.

Michel Kersten, Director of Shared Living for the Community Access Program (CAP) and Darlene Kelly, RN and Service Coordinator on the Child and Family Team, are certified trainers of a practice entitled Dementia Capable Care of Adults with Intellectual Disabilities and Dementia. The practice was developed through the efforts of an advocacy coalition called the National Task Group (NTG). The manual/training modules are offered to caregivers and team members to provide additional resources in caring for individuals. The ultimate goal is to provide personalized supports to individuals with developmental disabilities throughout their lifespan.

One of the more innovative tools utilized by the CAP team is the sensitivity training program known as the Virtual Dementia Tour. The VDT is an experiential kit used to simulate the symptoms of age-related Alzheimer’s and dementia and to help caregivers better identify and cope with their patients’ behaviors and needs. CAP was the first DD agency in the country to purchase the equipment.

“Sensitivity training is an important aspect of understanding the physical and mental challenges of dementia when it affects someone with a lifelong developmental disability,” says Kelly. “This is a wonderful tool for that.”

Screening for dementia is another area that is evolving. When it comes to dementia, typical screening tools are often not effective on adults with developmental disabilities. To be able to capture the right information, the NTG piloted a screening instrument that is now being used to detect cognitive impairment among adults with intellectual disabilities.

“It is part of our mission to advocate for people with developmental disabilities and serve people in their homes,” says Kersten. “One solution does not fit all. By providing training in these
areas, and bringing these and other resources to our teams and community partners, we can have a profound effect on our clients as they move through the aging process.”

(Left) Darlene Kelly, RN and Service Coordinator on the Child and Family Team and Michel Kersten, Director of Shared Living for the Community Access Program (CAP).

| **RMHS Community Access Program** |
| **Developmental Disabilities Services** |
| **428** | individuals served |
| **216** | individuals were supported to remain home with their families |
| **47** | Intakes were completed for new individuals |
| **142** | people were supported in Shared Living Homes |
| **42** | Shared Living Providers have 15-plus years of service. 31 have more than 20 years of service |
| **4** | individuals owned their own home and 35 were renters |
| **36** | individuals live independently with limited or no support |
| **75** | individuals (of the 92 receiving Employment Supports) were competitively employed |
| **Over 99%** | of individuals reported satisfaction with their services |

- CAP partnered with 38 employers in Rutland County, with five new partnerships in the past year
- Earnings of employed individuals resulted in $67,725 savings to Supplemental Security Income by reducing the entitlement received
In January, Rutland Mental Health Services welcomed Michelle Michalkovic in a new, expanded role as Director of Residential and Emergency Services. Michelle holds a Master’s degree in Social Work and is a Licensed Clinical Social Worker, and brings twenty-five years of clinical and administrative experience to the organization. She previously held the position of Director of Adult Mental Health Services for a division of the New York State Department of Mental Health, where she worked extensively in the areas of program development, risk management, utilization review and community collaboration. She has also held a private practice.

“Michelle is a wonderful addition to Rutland Mental Health Services, really bringing a clinical background and a fresh eye to our community’s needs,” says Laura Kass, Chief Services Officer for Behavioral Health. “We are excited to have her taking on this critical role.”

In addition to heading up the Crisis/Emergency Services team, Michelle oversees staff and services at both the Crisis Stabilization and Inpatient Diversion program (CSID) and MapleWood Recovery Residence. Kass says the crossover between the outpatient screening facility and the stabilization unit prompted the programmatic decision to restructure. “It made perfect sense to have the same person oversee all programs. We can better manage the care that we are providing, and avoid people falling between the cracks.”

Since starting the job, Michelle has introduced a number of new strategies aimed at refreshing programs and elevating the level of service across the board. Residually, she hired a new program manager to oversee both CSID and MapleWood, and is working with that manager to implement a formalized education and training process for all residential staff. In Emergency Services, the team has been tasked to do more mobile outreach, and is building capacity in both facilities and staff to support that effort.

“My style of leadership is driven by that person in crisis, who is going to pick up the phone and ask for help,” says Michelle. “So I am exploring all the ways we can connect more people to care. By identifying gaps and designing a tighter network of providers, we can provide a more tiered range of services and a comfortable space for every level of crisis.”

Other community initiatives include educating school-based clinicians and staff on high-risk signs; collaborative training with police and other first responders; ongoing work with the Emergency Department; and work with groups and schools.
### Mental Health Crisis Services

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults received crisis services</td>
<td>1016</td>
</tr>
<tr>
<td>Children received crisis services</td>
<td>231</td>
</tr>
<tr>
<td>Of crisis services were for people who live outside Rutland County</td>
<td>22%</td>
</tr>
<tr>
<td>Self-reported improvement after 60 days of receiving services</td>
<td>67%</td>
</tr>
<tr>
<td>Indicated satisfaction with crisis services 60 days after receiving services</td>
<td>70%</td>
</tr>
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</table>

### Substance Use Disorders Treatment

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals served</td>
<td>570</td>
</tr>
<tr>
<td>Indicated an improvement in quality of life after treatment</td>
<td>86%</td>
</tr>
<tr>
<td>Who attended 10-plus sessions achieved abstinence at termination</td>
<td>40%</td>
</tr>
</tbody>
</table>

### Crisis Stabilization and Inpatient Diversion Program

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupancy rate</td>
<td>82%</td>
</tr>
<tr>
<td>Admissions</td>
<td>53</td>
</tr>
<tr>
<td>Days average length of stay</td>
<td>17.2</td>
</tr>
</tbody>
</table>

on better support of the developmentally disabled. According to Michelle, there is also a large community education initiative in the works.

“This community is rich with creative people who have the ideas and enthusiasm for improving systems,” says Michelle.

“This team is among the most resilient, experienced, compassionate clinicians I have had the chance to work with all in one group. I’m looking forward to bringing the work of this essential organization to more people in our community.”

Michelle Michalkovic LICSW, Director of Residential and Emergency Services.
Despite much progress in the field of behavioral health, there are still many people affected by mental illness who are falling through the cracks of the healthcare system, and do not receive the care they need. Behavioral health problems such as depression, anxiety, alcohol and substance use disorders are among the most common and disabling health conditions, and have a significant impact on overall health and quality of life. To address this concern and this population, Rutland Mental Health Services has initiated a new service model in Rutland County that integrates behavioral health care with primary care.

Introduced in March of 2018, this model of collaborative care is a partnership between Rutland Mental Health Services and the Community Health Centers of the Rutland Region (CHCRR), and serves to eliminate some of the barriers that keep people from receiving care. Heather Curavoo is the clinical case manager now working with the Community Health Centers. A clinician with a Master's degree in Mental Health Counseling, Heather's role is to reach people who are struggling with chronic mental health issues, and who consequently have a hard time making or keeping doctor’s appointments and receiving care. Although much of her time is spent visiting people in remote, rural locations and doing in-home assessments, she also sees patients at Community Health Centers in Castleton, Brandon, Rutland and Metowee.

“This collaboration is important because we are filling a service gap,” says Laura Kass, who leads the Behavioral Health division. “The goal is not just to address the needs of sick patients but also to target those who may be at risk or who are sick and do not seek care. Heather’s presence in the primary care office makes the referral process easy, efficient, and natural, and brings people to us who otherwise would remain untreated.”

Referrals come from the primary care doctors and nurse managers at the CHCRR. The response from patients, says Heather, has been mostly positive. “In general people are pretty welcoming, especially if their mental health issues have been a barrier for them to get care for medical conditions.”

As a clinician, Heather can provide therapy, assessment, coping skills, and a better understanding of an individual’s mental health condition. As an advocate, she builds relationships with her clients, identifies their greatest areas of need, and connects them to the right services.
Rutland Mental Health Services
Behavioral Health Adult
Outpatient Services

- **305** individuals served
- **90%** started services within 14 days of initial evaluation
- **72** individuals received Eldercare clinical services

“Some people I work with are homeless and in need of emergency housing or affordable permanent housing. Some have just gotten into a bind for one reason or another. I help them connect with different resources, whether it’s the food shelf or Medicaid or heating assistance.”

Heather has also worked with veterans, helping them access benefits and support services available through the VA and organizations like Veterans Inc.

“I think this is a new way of practicing health care, where we are looking at a person in a holistic way, connecting them to the right resources, and giving them a better quality of life.”

Rutland Community Programs
Older Adult Services

- **796** volunteers gave 177,712 hours valued at $4.5 million* in the Retired Senior Volunteer Program
- **321** RSVP Bone Builders volunteer trainers provided 69,548 hours of service leading 61 classes at 52 sites in Rutland and Addison counties to 1,024 participants. 78% of Bone Builders participants said they are stronger. 81% report better flexibility
- **31** One-2-One volunteer drivers provided 8,667 hours of service to 280 clients, providing 5,655 round trips over 198,608 miles. 97% of clients feel that One-2-One transportation services have allowed them to remain in their homes with increased social ties to their community
- **57** Foster Grandparents provided 53,314 hours to 211 children at 24 sites in Rutland, Addison and Bennington counties
- **22,912** hours of service to 52 participants from Rutland County allowing them to live more independently outside of residential care
- **853** volunteers provided 231,026 hours valued at $5.8 million*
- **RSVP, FGP and One-2-One:**
  - RSVP Bone Builders
  - Foster Grandparents
  - InterAge Adult Day Program
  - One-2-One

* based on Vermont Department of Labor Average Hourly Wage
For women who struggle with substance use disorders, treatment is only the beginning of a successful road to recovery. Too often, women emerge from treatment, only to face difficult issues, relationships and environments that trigger a relapse. It’s a trend that Clay Gilbert has seen too much of as the Director of Evergreen Recovery Center, and was the impetus for the Center’s new Women’s Healthy Living program.

“Multi-generational addiction and poverty are tough cycles to break. Many of the women that come through treatment don’t have the basic life skills they need to make better choices and to be successful in life – vocational skills, parenting, budgeting, domestic skills. They needed more than we had.”

So last year, Gilbert teamed up with staff clinician Maggie Theys to create a holistic new program for women, designed to build confidence, develop life skills, and help them live healthier, more productive lives. Funding was secured to help with child care and transportation, and a curriculum was designed utilizing the nationally recognized Stephanie Covington program, Helping Women Recover.

Four women successfully completed the first 17-week session in August. A second group is midway through the program, and a third has just begun. According to Theys, who is the coordinator of the program, this first year has been enlightening as far as what topics have had the most response.

“We’ve gotten a lot of trauma treatment done over this past year, and that’s been successful. Now we are working on introducing other aspects of healthy living, like spiritual connection, nutrition, volunteerism, relationships, and other areas that encourage good choices and personal growth.”

For this next phase of the program, Theys has engaged a wide range of community groups to make presentations about resources and supports that are available. Groups...
Rutland Mental Health Services
Community Rehabilitation and Treatment

- 277 clients served
- 13% clients receive a regular wage
- 62% of services were delivered in the community vs. office setting

Rutland Mental Health Services
MapleWood Recovery Residence

- 5 individuals served
- 100% occupancy rate
- 417 days average length of stay

Teamwork for Success — Evergreen now located at 45 Union Street

CCN WORKFORCE

- 388 Total Full-time and Regular Part-time employees
- 342 Rutland Mental Health Services
- 46 Rutland Community Programs
Evergreen, continued from page 12

like the Mentor Connector, the Boys and Girls Club, CCV and Master Gardeners can open doors and broaden horizons. And with Evergreen’s new address, BROC Community Action’s vital services like housing, heating assistance and food shelf are easy to access.

Not everyone who starts the program stays with it, and Theys is on a mission to improve retention and outcomes. “We’ve lost some to relapse, some move away, others became incarcerated, some just disappear, or worse. But as long as they are in the program, we do everything we can to support them. We tell them on day one, we have transportation, we have child care. If someone doesn’t show up for a session, we text them right away, so they know somebody cares.”

“The program is doing what we want it to do. The need is so great. If we can help just one woman, we feel we’ve been successful. That woman is going to be the success story that brings another woman in. It’s a matter of connecting. Recovery happens in connection, and these women have connected with each other.”
Renovations are complete, moves have been made, and the longtime goal of strategic consolidation for RMHS has been realized. Child and Family Services now occupies the entire first floor at 78 South Main Street, with Early Childhood housed in the building right next door on Engrem Avenue, bringing their staff together in one location, and allowing for more efficient delivery of services and programs. Prior to the move, that team had been spread out among many buildings in several locations. The one exception is Applied Behavior Analysis services for children on the autism spectrum. That program is now located at Court Square.

Evergreen Recovery Center has moved from Granger Street to its new address in the BROC Community Action building at 45 Union Street, and is joined in that space by the Adult Outpatient and Intake programs of Rutland Mental Health Services. Chief Services Officer Laura Kass says the consolidations are making a big difference in both the giving and receiving of services. “Our teams and clinicians have a lot of shared clients, so proximity to each other has made it easier to share information. The client experience is better, too, since they only have to go to one place.”

We Honor our Long-Serving Employees:

The following Community Care Network employees were honored at the 2018 Employee Recognition Luncheon for their many years of dedicated service. We offer our sincere thanks to them for their strong commitment to the mission of CCN.

20 Years:
- Dawnelle Leichtnam
- Deborah Gates
- Lynn Reardon
- Todd Brewster
- Valerie Judge

25 Years:
- Diane Driscoll
- Karen Grimm
- Kimberly Mayo
- Marie Hayes
- Vivianne Hill

30 Years:
- Holly Massores
FINANCIALS

July 1, 2017 to June 30, 2018

Rutland Mental Health Services:

Revenue by Source:
- 83% Medicaid
- 10% State Grants & Contracts
- 4% Other Contracts & Town Giving
- 3% Private Insurance, Self-Pay, Misc.

Expenses by Programming Area:
- 60% Developmental Disabilities Services
- 15% Behavioral Health Child and Family Services
- 4% Substance Use Disorders
- 2% Behavioral Health Adult Services
- 19% Community Rehabilitation & Treatment/Crisis Services
- 10% Other Contracts & Town Giving

Rutland Community Programs:

Revenue by Source:
- 53% Federal Grants & Contracts
- 25% State Grants & Contracts
- 19% Other Fees
- 1% Medicaid
- 1% Local Contracts and Support
- 1% Miscellaneous & Town Giving

Expenses by Programming Area:
- 69% Head Start/Early Childhood Education & Care
- 12% InterAge Adult Day Program
- 9% Green Mountain Foster Grandparents
- 5% One-2-One
- 5% Retired Senior Volunteer Program

Number of Individuals Served by Rutland Mental Health Services: 3,222
Rutland Mental Health Services

Number of Individuals Served by Town (July 1, 2017-June 30, 2018)

<table>
<thead>
<tr>
<th>Town</th>
<th>Number Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>BENSON</td>
<td>35</td>
</tr>
<tr>
<td>BOMOSEEN</td>
<td>39</td>
</tr>
<tr>
<td>BRANDON</td>
<td>211</td>
</tr>
<tr>
<td>CASTLETON</td>
<td>102</td>
</tr>
<tr>
<td>CHITTENDEN</td>
<td>36</td>
</tr>
<tr>
<td>CLARENDON</td>
<td>68</td>
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<tr>
<td>DANBY</td>
<td>34</td>
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<tr>
<td>FAIR HAVEN</td>
<td>145</td>
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<tr>
<td>FORESTDALE</td>
<td>6</td>
</tr>
<tr>
<td>HUBBARDTON</td>
<td>7</td>
</tr>
<tr>
<td>HYDEVILLE</td>
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<tr>
<td>IRA</td>
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<td>KILLINGTON</td>
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<tr>
<td>MENDON</td>
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<tr>
<td>MIDDLETOWN SPRINGS</td>
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<td>MOUNT HOLLY</td>
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<td>MOUNT TABOR</td>
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<tr>
<td>MOUNT TABOR</td>
<td>3</td>
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<td>PAWLET</td>
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<tr>
<td>PITTSFIELD</td>
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</tr>
<tr>
<td>PITTSFORD</td>
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<tr>
<td>POULTNEY</td>
<td>124</td>
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<tr>
<td>PROCTOR</td>
<td>76</td>
</tr>
<tr>
<td>RUTLAND CITY &amp; TOWN</td>
<td>1,503</td>
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<tr>
<td>SHREWSBURY/CUTTINGSVILLE</td>
<td>29</td>
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<tr>
<td>SUDSBURY</td>
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<tr>
<td>TINMOUTH</td>
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<tr>
<td>WALLINGFORD</td>
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<tr>
<td>WELLS</td>
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<tr>
<td>WEST RUTLAND</td>
<td>144</td>
</tr>
<tr>
<td>OTHER TOWNS</td>
<td>330</td>
</tr>
</tbody>
</table>
Community Care Network is comprised of Rutland Mental Health Services and Rutland Community Programs. The mission of CCN is to enhance the well-being of our communities, individuals and families through responsive, innovative and collaborative human services.

The programs of Community Care Network serve more than 3,000 people each year throughout Rutland County. The dedicated 350 plus employees of Community Care Network are focused on improving the health and well-being of Rutland County residents and their families.

BEHAVIORAL HEALTH

Adult Services

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

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

Outpatient Treatment. Individual and group therapy includes daily stabilization group, women seeking safety group, weekly aftercare group and anger management group, psychiatric evaluations and medication management.

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

Emergency Crisis Services. Available 24-hours-a-day, 7-days-a-week, providing emergency supportive counseling by telephone or in person.

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

Substance Use Disorders Services. Substance abuse treatment services, including alcohol and drug assessments for individuals age 12 and older. Includes Outpatient treatment, Intensive Outpatient Program-Adult (Quitting Time), Impaired Driver Rehabilitation Program, Case Management, Rocking Horse Program, Rutland County Treatment Court, Collaboration with Reach Up, Healthy Women’s Program and Elder SUD Services.

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

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

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

Child and Family Services

Early Childhood. Mental health services and supports for children (birth to age 6), adolescents and families that promote mental health; prevention services to reduce risk factors and increase resiliency and protective factors; and comprehensive intervention and treatment services to children and youth with serious social, emotional and mental health needs.

School-Based. In-school clinicians provide mental health services including family therapy, case management, substance abuse counseling, and daily one-on-one behavioral intervention and skills building in many Rutland County schools to support academic success.

Outpatient and Case Management. For children birth to age 18 and their families, psychotherapy (individual, family, group), case management, psychiatric evaluation, and medication management for mental health, substance abuse, and co-occurring disorders.

Intensive Family Based Services. Intensive, home-based services to children at risk of removal from their home due to emotional or behavioral problems and also when there is a reunification of a child back home from an out-of-home placement.

Respite. Short-term support and relief to families of children and adolescents with significant mental health issues.

Vermont Outdoor Adventure Program. Therapeutic skill-building and experiential learning activities provided in a wilderness setting.

J.O.B.S./Youth Transitional Services. Youth ages 14-26 are helped to overcome employment barriers, sustain healthy relationships, and manage the issues of day-to-day living.

Rapid Response. Immediate community-based supports to children returning home following a crisis assessment or a hospital/residential placement.

Wraparound and ABA Program. Applied behavior analysis services for children on the autism spectrum.
Service Coordination. Assists individuals in planning, developing, accessing, coordinating and monitoring supports and services.

Home Supports. 
Supervised Living: Supports provided to individuals who live in their own home/apartment or that of a family member.
Staffed Living: 24-hour supports provided to one or two adults living in their own home/apartment.
Group Living: 24-hour supports for four adults living in our licensed group home.
Shared Living: Supports provided to one or two individuals living in the home of a shared living provider.

Westview Court Intermediate Care Facility for Individuals with Intellectual/Developmental Disabilities: 24 hour intensive health care and therapeutic services provided for six adults in a home environment.

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

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

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

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

Project SEARCH. Workplace immersion program for students with intellectual disabilities in last year of high school that helps them learn skills and obtain competitive employment through collaboration with CAP, Rutland Regional Medical Center, and Voc Rehab.

College Steps. In partnership with Castleton University and CAP College Steps provides individualized college supports for students living with social, communication, or learning challenges to prepare them for meaningful careers and increased autonomy after graduation.

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

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

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

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

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

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

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

RUTLAND COMMUNITY PROGRAMS

InterAge Adult Day Program. A full service, medical model adult day program offering socialization, a variety of activities and health supports to adults 18 and older with cognitive and/or physical impairments, and to socially-isolated elders. These services allow program participants to remain at home, active in their communities and delay or prevent institutional care.

One-2-One. Volunteer drivers provide essential services transportation to adults 60+.

Green Mountain Foster Grandparents. Volunteers provide mentoring and role modeling for children of all ages in a variety of educational settings throughout Rutland, Bennington, and Addison Counties. These intergenerational relationships enrich both the volunteers and the youth they serve.

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

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

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

VISION

thriving community, empowered lives

Rutland Mental Health Services
Rutland Community Programs

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