

HowardCenter



Annual Report

FY 2013

**Independence, inclusion,
dignity, and advocacy.**

HowardCenter offers life-saving professional crisis and counseling services to children and adults; supportive services to individuals with autism and intellectual disabilities who need help with education, employment, and life maintenance skills; counseling and medical services for those struggling with substance abuse, and intensive interventions for adults with serious and persistent mental health challenges.

Our mission:

HowardCenter improves the well-being of children, adults, families, and communities.

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acknowledge all of our FY13
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we've missed you, please call
(802) 488-6912 so we can
update our records.*



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*Cover photo: HowardCenter's
First Call Staff.*

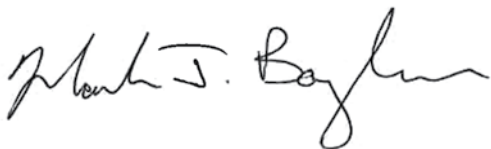
Letter to the Community

The *Burlington Free Press* once cited HowardCenter's integral role within the community and the "largely invisible" work our agency performs. It's true; much of what we do is, by design, under the radar in order to protect the privacy of those who receive our life-changing services and to make it more likely that they will seek the services they need.

There are times when our social mission is manifested in controversy. We don't purposely provoke it, but our mission requires that we stand up for individuals' rights to dignity, independence, and inclusion. When the specters of stigma and discrimination emerge, our role is to bring facts, integrity, and understanding to the conversations while providing non-judgmental care. We advocate when it is the right thing for our clients and the community in which we all live. We do it because our service partners rely on us to provide otherwise-unmet community needs. We do it because our board and staff believe that best-practice care requires compassion.

The Free Press article concluded, "HowardCenter has been the place to call. It has been helping people in distress since 1873, and the mission continues." This report highlights a few examples of how HowardCenter continues to respond. And while what we do may not always be obvious, the results have a lasting and profoundly positive impact on the quality of life in our community.

With gratitude,



Mark Baglini
President, Board of Trustees



Todd M. Centybear
Executive Director

From the Editor

Ask various members of the community what HowardCenter does, and you will likely get a variety of responses. With hundreds of programs at more than 60 buildings throughout Chittenden County, our three service areas serve more than 15,000 clients a year.

Regardless of the support that any one individual receives, there are four themes which are at the core of all our programs and form the foundation of our services:



**independence,
inclusion,
dignity,
and advocacy.**

In this summary of HowardCenter's FY13 activities, we offer stories of one individual who is learning to live independently while dealing with a chronic mental health issue and another who is rebuilding his life with dignity following recovery from alcohol abuse. You will also read about staff who are helping refugees adapt to their new community, and another whose work supports the health and well-being of children during times of individual and family crises and community tragedies.

Their remarkable stories would not be possible without the support of our generous friends. We are grateful to you because your contributions offer the promise that we will continue to advocate for, and provide life-changing services to, individuals and families who wish and deserve to live their lives with dignity as valued members of our community.

Martie Majoros



We advocate for children, individuals, and families so they are able to live independently and with dignity.



Sean enjoys going to movies and baseball games, especially the Lake Monsters'. He likes to fly fish and ties his own flies. However, he is less enthusiastic about ice fishing and standing on ice while waiting for fish to bite. Sean is 53 and has experienced major mental health challenges for much of his adult life. Last spring, Sean moved into an apartment through HowardCenter's innovative MyPad program.

MyPad, which opened in August 2012, is a residential program with 24/7 staff coverage, designed for people who have been repeatedly admitted to psychiatric hospitals. The program helps keep individuals out of the hospital by providing the support they need. Graham Parker, MyPad Director, notes that the program passed its first-year anniversary without anyone needing to return to the hospital. Residents have their own apartment, or in some cases, a shared apartment, in a large Victorian house in Essex Junction.

Sean grew up in Saxton's River and attended Johnson State but left college to join his father's cable television business in Alberta, Canada. Later, he joined the Army and served for eight years, much of the time in Germany. Following the military, he lived in Ohio, Washington, and later Oregon, where he worked for a cable television company. In 2003, his brother in Massachusetts convinced him to move back East.

Before MyPad, Sean was living independently in an apartment in Burlington when he experienced a mental health episode which required hospitalization. When he left the hospital, he lived in a motel for three months before moving to MyPad. Sean says that one benefit of living at MyPad is that the staff check in with him to make sure he's taking his medications, preventing a possible trip to the hospital.

Sean describes his new home as "normal," and adds, "In a hotel, you just live in one room. Here, I have my own bedroom." He doesn't mention that there is also a living room, kitchen, bathroom, laundry facilities, and a porch. Initially, Sean had to adjust to having a roommate, but now they hang out together on the back porch during the nice weather.

Residents prepare their own meals, and Sean says for him that usually involves a frozen dinner and a microwave, although he would like to learn to make tacos. Staff help residents learn life skills such as cooking, preparing healthy meals, budgeting, and planning social activities. About once a month, Sean and other

residents in the building gather to share a meal and socialize, an important component of the program.

Graham says the MyPad Program is unusual because residents can stay there as long as they like, as long as they continue to benefit from the support. Similar residential programs ask residents to leave once they become more independent. Often, individuals who live in a residential setting begin to rely on the sense of community, and it's hard for them to make the transition to living independently without the day-to-day social interaction. A key component of the MyPad Program is helping people learn to have fun and to participate within their community. This may include going to the movies, playing music, eating out, swimming, or going for walks. One resident plays ice hockey regularly and another is a volunteer for Meals on Wheels and hoping to gain skills that will help him get a job.

Residents are evaluated when they enter the program to determine areas where they may need help to prepare them to live independently: cooking, shopping, cleaning, medical, and social interactions. Although their progress is monitored, Graham says the one thing they aren't able to evaluate through the data they collect is often the secret ingredient to success: the relationships clients develop with each other and the staff and their sense of community and belonging.

In addition, Graham and the staff help residents develop other life skills. "We help them learn to negotiate by giving them choices as much as possible, and we encourage them to advocate for themselves by asking them to tell us about something that they have done that is good, positive," says Graham.

By all accounts, Sean's current living situation is working well. He says, "It's a good place for me." MyPad provides a sense of community and stability that makes it possible for Sean to plan for the future. One of his goals is to renew contact with his two children, a 26-year-old son who is attending the University of Cincinnati and a 24-year-old daughter who works in Cincinnati. Although he talks to them on the phone, he hasn't seen them in many years. Sean also has his eye out for a decent used sax. When he was in elementary school, Sean played jazz and blues on his saxophone. When asked what his favorite song was, he is quick to reply "School Room Dixie," then he hums a few bars.



“It’s a good place for me.”

– Sean, MyPad resident



Stairway to one of the upstairs MyPad apartments is being renovated for new tenant.

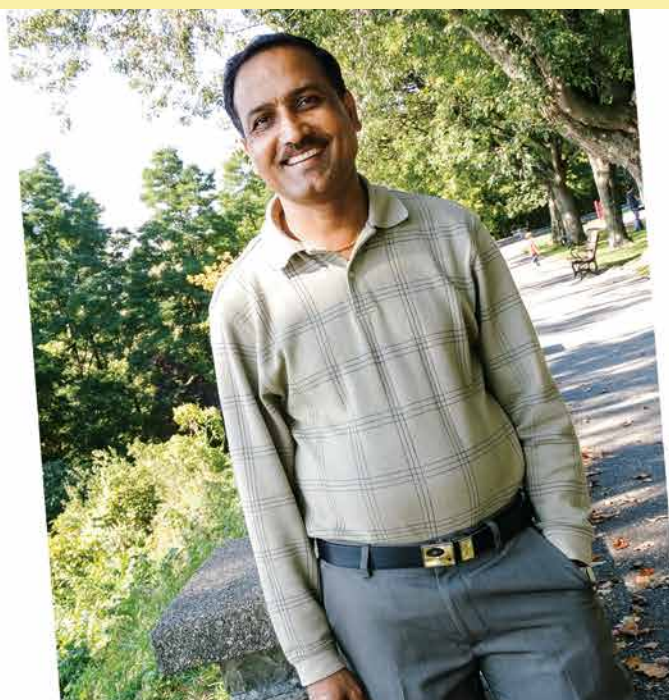


MyPad is a cooperative project between HowardCenter and the Champlain Housing Trust (CHT). HowardCenter leases the five-apartment building in Essex Junction from CHT, and residents sublet apartments using income they receive from SSI or SSDI. MyPad is sometimes described as a “hybrid” program, a combination of a supervised apartment and a group home with 24/7 awake staff. All clients receive case management support through HowardCenter.



“We share a lot of things with them. I have been able to work closely with their families to provide culturally appropriate services.”

– Harka Khadka, Program Manager, Developmental Services



Yam Mishra

Harka Khadka

Harka Khadka, Yam Mishra, and Madhu Neupane grew up in neighboring villages in Bhutan and were reunited years later through their work at HowardCenter.

When they were teenagers, political turmoil caused their families to move from Bhutan, and for the next 18 years, they lived in separate refugee camps in Nepal. The friends unexpectedly met again in Vermont. Harka moved here in 2008 after earning a master's degree from Tribhuvan University in Nepal. Yam arrived in 2010 with a bachelor's degree from North Bengal University. In June of this year, Madhu Neupane, joined them at HowardCenter. Madhu completed his bachelor's degree at Tribhuvan University and moved to Vermont in 2008. Now, all three are Program Managers in Developmental Services. Together, they form a team that helps clients with a range of intellectual disabilities, who themselves are former refugees, to build healthy community connections.

Harka and Yam agree that the blessing of being in Vermont is working with Bhutanese clients, many of whom they know from the refugee camps. Harka says, "We share a lot of things with them. I have been able to work closely with their families to provide culturally appropriate services."

Yam describes a HowardCenter client, a man in his 50s. He is unable to hear, and he wanted to return to Bhutan—a sentiment echoed by many refugees. While family members went to work each day, Yam's client was home alone in an unfamiliar culture. With the help of HowardCenter services, he is becoming more engaged with the community, and activities such as fishing have helped him adjust to his new life.

Another client, a non-verbal young woman whose parents are also disabled, faces many challenges. She is unable to walk well and was unable to feed herself. The responsibility of caring for the parents and sister fell to the younger daughter, who is the family's breadwinner and arranged for them all to come to the United States.

After receiving HowardCenter services, the older sister is now able to hold a toothbrush, feed herself using a spoon and a bowl, and turn on a water spigot. Her overall health has improved.

The younger sister also receives culturally appropriate support from HowardCenter, including having Nepali speaking residential and respite supports. Although she and the support providers speak English as a second language, Harka still accompanies the family to interpret when they go to a psychiatrist or doctor appointments.

Yam adds that even though he speaks the same language as his clients, he has a difficult time explaining certain medical terms, such as high blood pressure. Most clients have never heard that term, nor do they understand the concept—either in English or Nepali.

Harka and Yam often are cultural brokers. Harka explains, "Several clients have experienced trauma and psychiatric issues. In our culture, this may be seen as a curse, and clients don't want to express that." Harka tells them it's okay to express those concerns and that "we are here to help."

Recently, Yam spoke to staff at Community Health Centers of Burlington about how cultural differences can interfere with diagnosing a medical problem. A patient may deny having a problem because people with problems in their culture are treated differently. Repeated visits for the same symptom could indicate a trauma-related issue. He urged Health Center staff to be patient and create trust. "Remember, people lost their spouses, their parents, their kids. Always remember that. If they have a headache, medicine may help, but they may need more than that. Pay attention."

One recent day, Harka and Yam wander through Burlington's Battery Park. Yam stops to visit with a group of Nepali-speaking Bhutanese men sitting on the ground playing cards, while Harka talks with an elderly woman, his mother's distant relative. They are active in Burlington's Bhutanese community of about 800. They balance multiple roles: program manager, interpreter, cultural broker, and community member. What underlies all their work is helping clients build connections with their new community.

As Madhu says with a smile "the three of us were trained together in junior high school in Bhutan to work for HowardCenter.



The team highlighted in this article serves the emerging population of former Bhutanese refugees and is part of the HowardCenter Developmental Services. Developmental Services provides a wide scope of supports for individuals with intellectual disabilities and autism spectrum disorder and their families. Last year, 911 clients and their families received support.

“There are two types of people who go through CRASH,” says Paul. “Some folks who see themselves as victims think, the cop had no reason to pull me over, I only had one beer. They see it as a miscarriage of justice. Then there are folks like me who are deeply impacted, shamed, humiliated. It can go either way. Lives can be devastated or people can get their lives together.”

Paul is 45, married with two children, and lives in South Burlington. For many years, he worked in sales for a business that required him to travel and entertain clients. He took clients out to dinner nearly every evening, and dinner usually involved drinking. “I didn’t drink much before, but the more I drank, the more tolerance I had for alcohol.” Soon, Paul began drinking more at home.

His increased drinking coincided with the economic downturn, and he began to feel the pressure. He became depressed, and to alleviate his depression, he drank more. “Alcohol was a diversion,” says Paul. “I drank more and more to the point where I would nearly pass out in order to be able to sleep.”

In April 2009, Paul reached a low point. He remembers the afternoon. The sales numbers for his group were low, and Paul was convinced he was going to be let go. He began drinking in the afternoon but then remembered he had a meeting in Albany, New York. He got in the car, and on the way, he received his first DUI. Although he received only a minor penalty, Paul began counseling for his depression and stopped drinking. Later, in the fall of 2009, Paul did lose

care of his family. Instead, he began drinking—until he remembered that he had to pick up his wife. On the way, he ended up in a snow bank. This time, his license was suspended and he was ordered by the courts to attend CRASH.

“When I went to CRASH,” says Paul, “I had an ‘ah-ha’ moment. I realized that my relationship with alcohol wasn’t a healthy one. I decided to go through this and take it to heart. There was some truth in what they were saying.”

Paul credits much of his successful recovery to the other participants in the weekend program. “I met people who I might not be friends with otherwise, but even today we continue to support each other. If I’m having a rough day, I can pick up the phone and chat, and they do the same.” Paul isn’t sure if he would have made those same connections in the less-intensive evening program.

After completing CRASH, Paul called Marianne Phillips, CRASH Program Director, to see if there was anything he could do to give back to the program. Soon after, he began speaking at CRASH classes. He tells participants that although it looks pretty bad now, it will get better. He says he also gives people a slap on the head and tells them, “If you don’t think you have a problem relationship with alcohol, look around you! You’re in a CRASH Program. Wake up.”

Once again, his work requires travel so he isn’t able to do as much as he would like for the program, but Paul continues to speak at CRASH as his schedule

“When I went to CRASH, I had an ‘ah-ha’ moment.”

—Paul, former CRASH participant and current CRASH teacher

his job. Although he and his family had a somewhat “normal” Christmas, he became depressed when the bills arrived in January. He continued to go to counseling, but he wasn’t really engaged with the process. “There’s a fair amount of work you have to do while you’re in counseling, and I wasn’t doing it,” he says. Soon after, Paul reached another low point. He was still unemployed, and he remembers debating whether to end his life, thinking his life insurance would take

allows. “It helps me remain sober. It reminds me of where I once was, and I still get some lessons from speaking.” He adds, “If someone is going to CRASH, I strongly urge them to see it as an opportunity. It isn’t a burden, something to get through. It’s a wake-up call.”

And that is one wake-up call that Paul has heard loud and clear.



Marianne Phillips, CRASH Program Director



CRASH (Countermeasures Related to Alcohol Safety on the Highway) Drinking Driver Assessments and Schools provide the screening process and referral following license suspension resulting from a drinking-and-driving conviction. Weekday courses are offered in Burlington and St. Albans. Weekend residential sessions are offered in Huntington. Marianne Phillips, CRASH Program Director, notes that the weekend course is one of just a handful in New England. Participants attend from throughout New England, New York, and as far away as California and Florida. On average, 800 clients per year attend CRASH weekday and weekend programs in Chittenden County. The cost ranges from \$400 for the weekday program and \$600 for the weekend course.



**“We can look at what the family needs and say:
how can we join together to make this work?”**

—Charlotte McCorkel, Director, First Call for Children and Families



HowardCenter's First Call for Children and Families program is perhaps best known throughout Chittenden County for its 24/7 mobile crisis team. What may be less known is the advocacy work that First Call performs behind the scenes to build a network of support for children, families, and communities.

First Call Director Charlotte McCorkel says, "There are no typical kids we see or average caller. Sometimes the caller just needs help understanding their emotions." Recently, a worried parent called when their young child came home from school after being teased for the first time. She adds, "By letting the caller define the crisis, we are able to intervene earlier and help the family sooner rather than later. We can look at what the family needs and say: how can we join together to make this work?"

When necessary, First Call clinicians meet face-to-face with the caller and family to gather additional information. The goal is to help children and parents develop a plan for wellness and prevention so issues don't build. The plan that evolves is unique for every family, and it may be as simple as having parents outline curfew expectations. It may be a risk-reduction plan to keep kids safe by making sure there is no access to medications, alcohol, or firearms. In some cases, First Call will arrange for a respite clinician to spend a short time with a child doing something fun in the community as a healthy break from the emotional stress. First Call also refers children and families to outpatient, inpatient, and community-based support services.

After each visit, First Call makes a plan with the family to follow up with the child's pediatrician and school guidance counselors, administrators, and other providers, as appropriate. First Call staff host collaborative meetings to determine what mental health supports are appropriate and available for students.

When a child is struggling with symptoms of severe mental illness or is at risk of self-harm, First Call

helps the family navigate appropriate medical and mental health services, which can be overwhelming in a crisis.

In all cases, First Call plays a key role in advocating for appropriate services for children and families. Because police may be the first contact during a crisis, First Call clinicians offer trainings about how to best respond to someone who has a mental health issue or an intellectual disability.

If a patient arrives at the emergency room and there is a concern for self-harm or safety, emergency room staff contact First Call. First Call clinicians confer with the parents or guardian in a separate meeting room, then with the child, and then with the whole family to discuss a plan for services which will support them on a path to health and well-being.

In addition to working with individual families, First Call is often called upon when a community crisis occurs, such as a suicide or other traumatic event. According to Charlotte, sometimes the biggest opportunity for prevention is following a tragedy that impacts a community. She says this is often the most fulfilling aspect of her job. It is a chance to increase collaborations with schools, medical personnel, and emergency responders. First Call offers training following a crisis and has resources, such as best practice protocols, to give to schools and other groups to help them develop plans to prevent future tragedies.

Charlotte says, "Tragedies become equalizers, for better or worse. There is no diagnosis required, and everyone needs help or support. The emphasis is on people: people helping people, neighbor helping neighbor. We're all part of the same community."

First Call for Children and Families is Vermont's designated mental health screener for Chittenden County and, when appropriate, clinicians screen children for hospital diversion services or psychiatric hospitalization. The program links families with other needed resources within HowardCenter and the larger community. First Call staff includes eight Master's-level Children's Crisis Clinicians who staff the program 24/7. Last year, First Call conducted 1,605 face-to-face assessments, and had another 13,830 crises, follow-up and intake calls and provided Crisis Case Management for 52 individuals and families.

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With your support, clients are able to live more independently.**

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Your financial support sustains critical services for more than 15,000 clients a year: children and teens with emotional and behavioral challenges and their families; adults with mental illness and substance abuse issues; and people of all ages with intellectual disabilities.

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Participate.

HowardCenter hosts several fundraising events throughout the year. Put together a team for the Curling Challenge, Vermont's only curling fundraiser, in March. Run or walk in Zoe's Race in August and help us make homes more accessible for Vermont children and their families. These events are an opportunity for HowardCenter to increase program funding, involve the community, and raise awareness about our diverse services. Join us!

Volunteer.

Everyone has a skill, talent, or interest to share, and we invite you to see how you can help HowardCenter by checking the volunteer opportunities on our website.

Be an Ambassador.

Tell your family and friends about how you or someone you care about has been helped by HowardCenter. Your story reinforces the life-saving support our clients receive and dignifies those who receive mental health services.

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Rolf Kielman
Klinger's Bread Company
Jane Koplewitz Fine Art
Jewelry
Lake Champlain Chocolates
Lake Champlain Cruises
Lake Champlain Maritime
Museum
Lake Champlain Transportation
L'Amante
Mr. & Mrs. Michael Larkin
Bruce Lee
Leunig's Bistro
LinCo Entertainment
Kristina Lind
Lisa Linnane
Pam Lipman
Lippa's Jewelers
Brandi Littlefield
William Leckerling
Lululemon
Judy Lyons
Mad River Glen

Magnolia's Bistro
 Marilyn's
 Al Martin's
 Sam Mazza
 Muddy Waters
 Old Spokes Home
 Amy Patrick
 Pauline's Café
 Peking Duck House
 Penny Cluse Café
 Pet Food Warehouse
 Petra Cliffs Climbing Center
 Pizzeria Verita
 Planet Fitness
 Price Chopper/Golub
 Corporation
 Queen City Printers
 Ceili Quigley
 Alison Redlich
 Rhino Foods
 RL Photo
 Rocky Ridge Golf Club
 Gail Rosenberg & Tom O'Connor
 Tiffany Rubin
 Rutland Rocks Curling Club
 Georgette Safford
 Queen City Printers
 Salaam
 Select Design
 Shelburne Museum
 Shelburne Supermarket
 Skirack
 Sleep Number Store
 Smuggler's Notch Resort
 Sodexo
 Sopher Investment
 Management
 Spare Time Lanes
 David Stamatis
 Stowe Mountain Resort
 Stoweflake Mountain
 Resort & Spa
 St. John Vianney Church
 Sugarsnap
 Sun Ray Fire & Security
 Sweet Clover Market
 SymQuest Group Inc.
 Pat Thornton
 Tiny Thai
 Toscano Cafe
 Tradewinds Imports
 Trapp Family Lodge
 TruexCullins Architects
 University Mall
 Vermont Children's Hospital
 Vermont Community Access
 Media (VCAM)
 Vermont Gift Baskets
 Vermont Symphony Orchestra
 Vermont Tent
 Vermont Transco
 Villanti & Sons Printers
 W. B. Mason
 Erik Wells
 Windjammer
 Wood Form & Design
 Ann Yandow

2013 Annual Report Volunteer List

Big Night

Jessie Bradley
 Sima Breiterman
 Cathie Buscaglia
 Buffy Cafilisch
 Kathy Coates
 Nancy Cohen
 Cheryl Couture
 Karen Hussey
 Brenda Johnston
 Maureen Joyce
 Kailey Lebel
 Dana Liu
 Tonya Mason
 Nadia Mitchell
 Delaina Norton
 Linnea Oosterman
 Jenny Peterson
 Linda Ricci
 Hilary Scharf
 Tracy Schneider
 Mark Schroeter
 Heather Thibault
 Jackie Thurnauer
 Pamela VanDeWeert
 Angie Waldhauser
 Bob Wolford

Community Friends Mentoring

Melissa Audette
 Cael Barkman
 Judy Bergeron
 Rachel Berube
 Julie Bier
 Ken Brown
 Victoria Brown
 Melody Buschner
 Nicole Carpenter
 Cindy Chittenden
 Rebecca Cisar
 Allison Cleary
 Gail Clook
 Nancy Colbourn
 Brian Cuseo
 Bethany Dandrow
 Tom Dockery
 Michael Dowling
 David Ellenbogen
 Sheila Fazackerly
 John Gallagher
 Anthony Giroux
 Dennis Grage
 Kelli Guider
 Emily Harwood
 Jean Haverstick
 Kristen Hayden-West
 Rachel (Gillie) Hopkins
 Sarah Jaques
 Sarah Jennings
 Meghan Karrigan
 Brianna Kern
 Amanda Kolifrath
 Max Krauss
 Ann Laramee
 Debbie LaRosa
 Zoe Leas

Whitney Leighton
 Michael Leugers
 Nicole Maille
 Jaclyn Marcotte
 Terry Materson
 Kelly McClintock
 Cathy Michals
 Dale Morway
 Joanne & Howard
 Muehleberger
 Danielle O'Brien
 Nadine Paffett-Lugassy
 Will Patten
 Jenny Peterson
 Gordon Raymond
 Adam Repash
 Laurie Roberge
 Kara Robinson
 Julie Robinson
 Gail Rosenberg
 Susan Rosle
 Neal Sand
 Bethany Scott
 Jennifer Shatagin
 Ken Signorello
 Amy Spector
 Matt Stern
 Jason Storer
 Jenny Sullivan
 Olivia Tenan
 Christine Toomey
 Pam Van DeWeert
 Dana Visser
 Emily Walden
 Mary Ann Wolf

Comprehensive Care Program

Ben & Jerry's Global Marketing
 volunteers
 Nicole Adach
 Melissa Morrison
 Jeffrey Rubin

Curling Challenge

Butch Alexander
 Liz Alton
 Bruce Amsden
 Alex Bailey
 Mark Baglini
 David Baslock
 Elizabeth Bassett
 Clifton Beach
 Jim Beebe-Woodard
 Bob Bick
 Julie Bier
 Rick Blount
 Brian Brgant
 Rich Carpenter
 Ben Cohen
 David Crounse
 Chris & James Crucitti
 Mitch DeHond
 Evan Dike
 Louis Dineen
 Connie Dollinger
 Tracy Fisher
 Meghan Fitzpatrick
 Russell Frank
 Matt Frazee

Bill Germer
 Noah Gibbs
 Chris Gillespi
 Aaron Gratton
 Meghan Guerra
 Geri Guillory
 Jim Hessler
 Hayley Hirt
 Karen Hussey
 Barry Ibey
 Nick Ingersol
 Jon Isaacson
 Jeanne Keller
 Rolf Kielman
 Wendy Krygier
 Paul Landerl
 Derrick Lawrence
 Richard LeCompte
 Bruce Lee
 Blythe Leonard
 Brandi Littlefield
 Brian Littlefield
 Chris Luczynski
 Bob & Mary McKearin
 Marni McKitrick
 Jaclyn Marcotte
 Lisa Martiny
 Tonya Mason
 Char Mehrtens
 Cara Melbourne
 Stacey Miller
 Ross Montgomery
 Steve Nedde
 Lois & Ward Nial
 Jen Nolin
 Tish Orr
 Kerry Oster
 Amy Patrick
 Chris Pepin
 Duane Peterson
 Jenny Peterson
 Emily Phelps
 Marianne Philips
 Dana Poverman
 Tyler Pratt
 Mark Prior
 David Ramsden
 Kathi Richardson
 Scott Rose
 Luke Sapienza
 Lynn & Mike Sayyeau
 Mark Schroeter
 John Servin
 Catherine Shahan
 Mike Simoneau
 Catherine Simonson
 Mike Sitko
 Dwight Stauffer
 Debra Stenner
 Pat Thornton
 Anne Vernon
 Angie Waldhauser
 Sarah Watson
 Jackie White
 Bob Wolford
 Marie Zura

Holiday Gift Wrap

Sarah Bartlett & Family
 Jim & Travis Beebe-Woodard

Hilary Bickford
 Sue Carter
 Cindy Chittenden
 Dave DiEls
 Emma & Kelli Guider
 Kristen Hayden-West
 Caitlyn Hester
 Faith Hester
 Jim Hester
 Josh Hester
 Meghan Kerrigan
 Kathy Larkin
 Martie Majoros
 Marilyn Meier
 Louise O'Brien
 Bonnie & Mike Paquette
 Jenny Peterson
 Kara Robinson
 Kyla Sener
 Catherine Shahan

Resource Center

Adam Billings
 Marj Burns
 Carol Valos

SUCCEED

Jason Katz

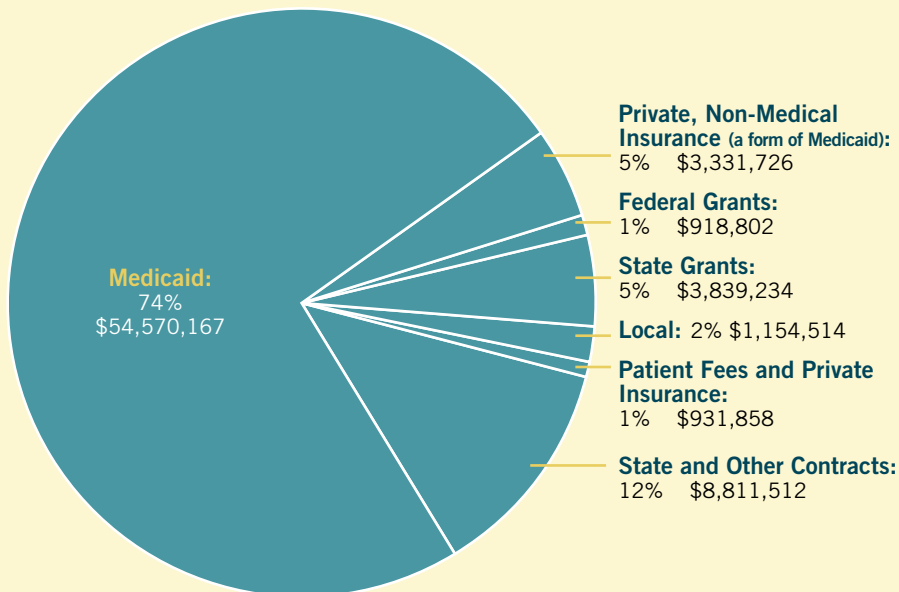
Zoe's Race Volunteers

Amy Briody
 Rebecca Bruno
 Cathie Buscaglia
 Alysia Chapman
 Mindy Clawson
 Justin Clough
 Leslie Crawford
 Jody Davis
 Andrew DeHond
 Kathleen Donohue
 Colleen Fiske
 Heidi Fryzell
 Mackenzie Geary
 Chris Gillespie
 Amanda Godette
 Jen Green
 Jameson Halnon
 Sara Hanlon
 Mary Kehoe
 Julia Kimball
 Kim & Jason Laroche
 Kaylan Livsey
 Rebecca Longe
 Tonya Mason
 Flossie Miller
 Meredith Mooney
 James Moore
 Erika Nestor
 Chuck Norton
 Delaina Norton
 Mark Prior
 Bob Radler
 Travis St. Peter
 Anne Vernon
 Olivia Zeltner
 Marie Zura

FY13 Operating Budget Financial Summary

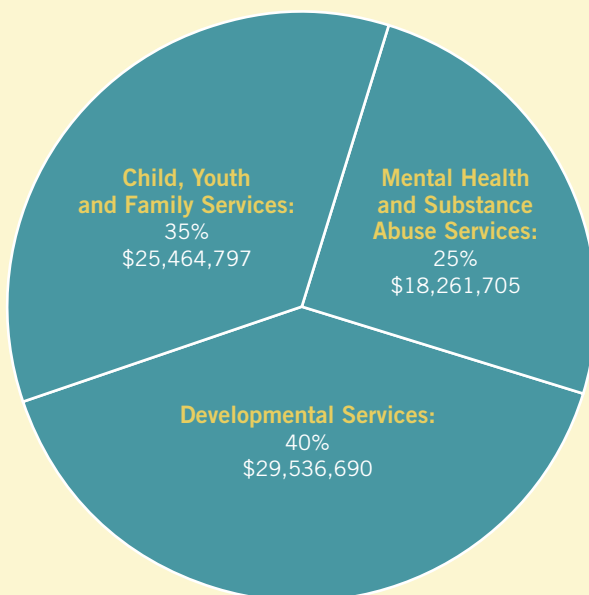
Operating Revenues by Source

Total FY13 operating revenues: \$73,557,813



Operating Expenses by Service Area

Total FY13 operating expenses: \$73,263,192



As of June 30, 2013
 Assets: \$26,411,794
 Liabilities: \$12,260,290
 Equities: \$14,151,504

This financial summary is unaudited. HowardCenter's complete audited FY13 financial statement is available on request.

Child, Youth and Family Services

Catherine Simonson, Director

Programs: Child, Youth and Family Services (CYFS) provides prevention, assessment, treatment and educational services to children, youth and their families. Programming includes 24/7 services such as our children's crisis team (First Call) as well as crisis stabilization beds and therapeutic foster care. CYFS has a long history of providing state-wide residential treatment services in Burlington and Rutland. Community-based options include in-home family-based services, community skills support, respite, mentoring and early childhood services. Comprehensive School Services is an array of services with supports in public schools as well as four independent schools for children kindergarten through age 22. Clinic-based treatment can be found in our children's outpatient department and Centerpoint's Substance Abuse and Mental Health clinic.

Individuals Served

Intensive Family-Based Services	122
Early Childhood	189
Out-of-Home Care	130
Autism Spectrum Program	30
Respite	22
Outpatient Services	804
Community Friends	80
Case Management	215
Centerpoint	701
JOBS	100
First Call for Children and Families	1,838
School Services	916
Winooski Family Center	320
INCLUSION	85
Alternative Schools	159

TOTAL **5,689**

Highlights

■ The Baird School and Jean Garvin School staff participated in an intensive professional development plan

to increase the use of iPads in the curriculum to engage students and individualize instruction.

■ The Park Street Program and the Comprehensive Care Transition House were chosen to pilot the Community-Based Standards program (CBS). The program provides agencies, providers, and residential programs with national standards to measure and monitor the quality of life and services delivered to youths.

■ The Jarrett House Crisis Stabilization Program expanded to serve up to six children at a time and increased staffing and clinical resources. This is a regional resource for children needing crisis stabilization, with the goal of reducing unnecessary psychiatric hospitalizations.

■ The Park Street Program in Rutland celebrated 20 years as a residential program providing intensive treatment for youth with sexual problem behavior.

■ HowardCenter was chosen to participate in one of three state pilot projects to help homeless families. The project, a partnership with the Champlain Housing Trust, COTS, and the Howard Center, leverages the expertise and resources of each organization to create a bridge to permanent housing.

■ Centerpoint Adolescent Treatment Services introduced a model of “immediate access” for their Substance Abuse and Mental Health services, resulting in a dramatic increase in requests for services for adolescents and their families.

■ Comprehensive Care and Family Community Programs participated in a research project with Masha Ivanova, Ph.D. from The University of Vermont to implement a family assessment protocol.

■ Students FIRST collaborated with HowardCenter to produce “A Window

into HowardCenter,” a film that highlights HowardCenter services for children, youth, and families. The film was translated into Arabic, Nepali, Somali, and Swahili. More than 500 copies will be distributed to area organizations.

Developmental Services

Marie Zura, Director

Programs: Developmental Services offers quality human services and supports for individuals with intellectual disabilities, promoting individual growth and expression and enabling clients to live as active and valued members of their communities. Services are tailored to meet individual and family needs and can be a vital support system throughout a person's life. The Bridge and Flexible Family Funding Programs provide supports to families, and Targeted Case Management is available to support adults to live independently. Our Developmental Services Waiver Program assists individuals and families by providing tailored services bringing together supports that meet each person's unique needs. Waiver supports can include, residential services, family supports, vocational services, community inclusion supports, post-secondary educational support services, transition, clinical and crisis services.

Bridge Program: 56
Flexible Family Funding: 284
Targeted Case Management: 11
Developmental Services Waiver: 560

- Shared Living Program: 219
- Supported Independent Living: 140
- Group Homes: 18
- Succeed Residential 9
- Shared Parenting: 1
- Safety Connections: 46
- In-home family supports: 127

Total: 911

Highlights

■ Developmental Services, together

with HowardCenter's Child, Youth and Family Services, developed ARCh (Accessing Resources for Children). The initiative provides care coordination, family work, living skills support, autism consultation, and family-managed respite to children and families in Chittenden County. The program served 120 children and adolescents with developmental and/or emotional and behavioral needs.

■ Developmental Services continues to use the Dialectical Behavior Therapy (DBT) curriculum to help clients manage emotions and behaviors that can be barriers to independence. This year, two DBT therapists offered a “graduates group” for individuals who need additional practice incorporating newly acquired skills into their lives. We also added a DBT group for clients at our therapeutic residential programs. A total of 27 clients are enrolled in the DBT program.

■ Developmental Services added four Certified Therapeutic Options™ instructors. Therapeutic Options™ is a behavioral support and crisis intervention curriculum that relies on evidenced-based, person-centered, and prevention-focused approaches to support individuals with challenging behaviors. With the expanded capacity, DS is able to offer more frequent trainings and provide increased access to staff with expertise in behavioral interventions.

■ Safety Connection, an innovative residential program coupling technology with professional staff, supported 46 clients living in their own apartments, including 15 new clients this year.

■ Project Hire exceeded its employment placement target established with Vocational Rehabilitation by more than 40%.

■ Three former refugees from Bhutan were hired as Program Managers to support the unique and culturally

diverse needs of the increasing number of refugees from Bhutan who have intellectual disabilities.

■ Developmental Services experienced unprecedented growth this year as 71 new clients were approved for services this year. The increase is due to unanticipated demand for services from the refugee community, youths becoming eligible as adults, and those requesting support as family caregivers age.

Mental Health and Substance Abuse Services

Bob Bick, Director

Mental Health and Substance Abuse Services provides quality services to members of the community who are experiencing the effects of acute or severe emotional distress, including mental illness, and to individuals who are experiencing the negative effects of the abuse of alcohol or other drugs. Services include intensive community supports so that individuals with mental illness can live successfully in the community; medication assisted treatment for opioid addiction; outpatient mental health and substance abuse counseling; therapy and community education and prevention services; the ACT I/Bridge and CRASH programs; and Crisis Services of Chittenden County.

Individuals Served

Adult Mental Health and Substance

Abuse Counseling Services	1,724
Twin Oaks Counseling	195
Bridge	311
Community Support Programs	776
CRASH Program	840
Crisis Services	1,130
Chittenden Clinic	606
ASSIST	268
Franklin/Grand Isle Substance Abuse	795
ACT 1	1,912

TOTAL 8,557

Highlights

■ Pine Street Counseling Services increased staffing and expanded its drop-in clinic to provide access to outpatient services five days a week.

■ The Chittenden Clinic integrated Twin Oaks Counseling Services and became the first operational Hub in the new statewide system for treatment for opiate addiction. The medical clinic expertise was expanded to support community physicians and is operated in collaboration with Fletcher Allen Health Care.

■ Through additional funding from the State of Vermont, the Street Outreach Program expanded to five staff members, operating 8 a.m. – 11 p.m. every day. In FY13, 725 individuals were served, an increase from 433 in the previous year.

■ Community Support Programs (CSP) hired additional case managers, which reduced individual caseloads from 35 to 30.

■ Career Connections, the MHSAS vocational program, exceeded its annual program goals with over 27 new job placements. The program increased its use of technology to support clients in work settings, initiated a staff recognition event, and created a monetary incentive program for clients.

■ MyPad, an innovative new intensive, supported apartment program, moved to its permanent location in Essex Junction. The program's innovative model supports clients in the community who have spent significant time in the hospital.

■ Therapeutic Care programs and our Bridge program, a short-term stabilization program for clients experiencing withdrawal related to substance abuse and/or dependence, now have nurses on staff who oversee medications.

■ Three staff members completed year one of training in dialogic practice. We have begun to integrate the Open Dialogue method, which reduces the use of medications and has a lower hospitalization rate, into our work with START and Community Support Program clients and families.

■ While continuing a robust re-entry program at our Northern Lights Transition House for Women, we initiated a monthly training program for criminal justice professionals, doubled the capacity of participants in our treatment courts to more than 70, and expanded group support offerings for clients involved with criminal justice programs.

■ Safe Recovery staff provided key testimony in support of new drug overdose prevention legislation providing community-based naloxone access and immunity for people who call 911 for help in the event of a drug overdose. Staff also successfully advocated for a legislatively-mandated study committee to address medication-assisted treatment in corrections settings.

■ We obtained full-time office space at the Northwest Regional Correctional Facility in Swanton, enhancing our ability to serve those who are incarcerated and living with opioid dependence

■ The peer-run Westview House Program continued to support the communal and social needs of individuals with mental health challenges with daily support, an annual camping trip, enhanced peer training and employment, and holiday gatherings.

HowardCenter

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Visit us at www.howardcenter.org



HowardCenter Curling Challenge

save the date:

Saturday, March 15, 2014

Cairns Arena, South Burlington