



**HOWARD  
CENTER**  
Help is here.

# FY 2021 OUTCOMES REPORT



7/1/2020 - 6/30/2021



Community Outreach Team

# About Howard Center

## HOW WE HELP

Howard Center has a long and rich history as a trusted provider in our community. With a legacy spanning more than 150 years, Howard Center has been providing progressive, compassionate, high-quality care, support, and treatment for members of our community in need. Founded in 1865 as an agency serving destitute children, it now offers mental health, substance use, and developmental disability services across the lifespan.

Our staff of 1,600 provides help and support in over 60 locations throughout Vermont. More than 19,000\* clients and community members turn to us each year for help to lead healthier and more fulfilling lives.

**MISSION** We help people and communities thrive by providing supports and services to address mental health, substance use, and developmental needs.

**VISION** Howard Center is a national leader in the delivery of integrated and seamless community-based supports for individuals, families, and communities in need. [Help is here.](#)

**VALUES**

- Clients are at the heart of our decision making.
- We are committed to individual and collective well-being and success.
- We are responsible stewards of the resources entrusted to us.
- We are steadfast in our practice and pursuit of excellence.

## HOWARD CENTER OUTCOMES

Thank you for your interest in our work. In the following pages, you will find information based on the Results Based Accountability™ (RBA) model and the subsequent Vermont Bill S.293, “An act relating to reporting on population-level outcomes and indicators and on program level performance measures.” Using the RBA model, data for each program is organized to address the following questions:

### HOW MUCH DID WE DO?

Each program page provides information about how many clients and services were provided, types of services provided, and general program descriptions. Information in this category provides an overview of the individuals served and the services provided.

### HOW WELL DID WE DO IT?

Data that illustrates the quality of programs, such as individual perception of our quality, external ratings of program quality, staff information, and examples of evidenced-based models are available in each program report.

### ARE WE BETTER OFF?

We are often asked how effective our programs are at improving the lives of those we serve. This is a complex question because nearly all people we support are involved in a variety of services. We strive to make significant contributions to improving the circumstances that bring individuals to Howard Center. Given this, each program page includes information about individual perception of effectiveness and, when available, other ratings that point to the impact of our services.



*\*This number includes individuals classified as clients and an estimate of other community members supported.*



# Letter from the CEO



Dear Clients, Friends, Partners, and Supporters:

Although our community faced considerable challenges due to COVID-19 this past year, we remained steadfast in our commitment to help our Vermont friends and neighbors who faced heightened personal challenges related to mental health, substance use, and developmental needs.

I am honored to present our FY21 Annual Outcomes Report which highlights the many ways we continued to serve our community, despite the difficulties of the past year. With this report, we not only present an overview of activities and programs, but we also renew our deep commitment to serving our community and our hope for the future.

Regards,

Bob Bick, *Chief Executive Officer*



## 2021 Outcomes Evaluation Project

Matthew MacNeil, Ed.D., LCMHC,  
Director of Evaluation and Outcomes



*Spend time connecting with family and friends  
and learn about Howard Center.*

*Our annual report puzzle is available by request.  
Email [developmentteam@howardcenter.org](mailto:developmentteam@howardcenter.org).*

## BOARD OF TRUSTEES\*

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## EXECUTIVE LEADERSHIP TEAM

Bob Bick, MA, *Chief Executive Officer*  
Sandy McGuire, MBA, *Chief Financial and Operations Officer*  
Catherine Simonson, LICSW, *Chief Client Services Officer*  
Simha Ravven, MD, *Chief Medical Officer*

*\* This list represents our board for FY21.*

# Report Key

Below is our service category icon key which provides a consistent visual theme throughout the report. Some programs relate to a single service category and some span several service categories. The larger icon generally means this service is most relevant and the smaller icons represent secondary services.



## Community Support Services

Our community support and employment programs offer a variety of services that help children, youth, adults, and families participate more fully in their community. Through these programs, clients develop skills and confidence which allow them to pursue their interests for enjoyment and employment.



## Crisis Services

Our crisis programs provide timely crisis intervention and evaluation services 24/7/365 days a year to children, adolescents, and adults — and their support systems — who are experiencing a mental health or substance use crisis.



## Educational Services

Our educational programs are designed to prepare each student, regardless of age, to live independently. A common goal of all our educational programs is to help students develop their unique strengths and learn new skills that will help them achieve independence and lead fulfilling lives.



## Outpatient Services

Our outpatient programs provide therapeutic counseling and supportive case management for Chittenden County children, adolescents, adults, and families in individual and group settings for individuals with mental health and/or substance use issues.



## Residential Services

Our residential services support people in many different types of living situations to accommodate individual needs and preferences. We offer apartment, group home, therapeutic community residences, shared living options, and other innovative living models.



## Substance Use Services

Our substance use services vary in intensity from short-term detoxification programs to long-term recovery support programs. They include therapeutic counseling, harm reduction, recovery support, crisis, and medication-assisted treatment programs.



# Community Education FY21

FREE AND OPEN TO THE PUBLIC

## By the Numbers



### WHAT PEOPLE ARE SAYING:

**“Great speakers from different service areas, easy to understand concepts and helpful suggestions.”**

**“Timely. Necessary and relevant. Balanced.”**

**“Connected both personally and professionally!”**

**“The content was extremely relevant to what’s happening now.”**

### 2015-2021 STATS

**3,240**

total attendees

**114**

experts in the field presented

**96%**

reported they learned something from attending

**91%**

would recommend the presentations to others

**75**

average attendees per session

**43**

total sessions

In 2015, Howard Center began offering a free and open to the public, spring and fall community education series as part of our mission and service to the community. The sessions have included presentations, panel discussions, and film screenings followed by rich conversations. Subject matter experts, service providers, and community members with lived experience gave presentations on topics such as the opioid epidemic, trauma, suicide risk and prevention, autism, mental illness and recovery, peer support, and sleep.

Our community education series emphasizes our commitment to our community by helping to educate, inform, reduce stigma, and increase awareness about a variety of health-related topics. We recognize that through a more complete understanding of health challenges, we can help to shape a more compassionate and engaged community. Presentations are videotaped and available at [www.howardcenter.org](http://www.howardcenter.org).

Due to the COVID-19 pandemic, the spring sessions of the Community Education Series and our annual conference were offered via Zoom webinar.

## FY21 SERIES HIGHLIGHTS

**8**

sessions

**WMHD**

Our first World Mental Health Day (WMHD) event was in the Fall of 2020

**854**

attendees

**95%**

learned something

**2**


nationally-recognized speakers

**91%**

would recommend the presentation to others

# Annual Conference FY21

## PERSPECTIVES ON CONNECTION, COMPASSION, AND BELONGING

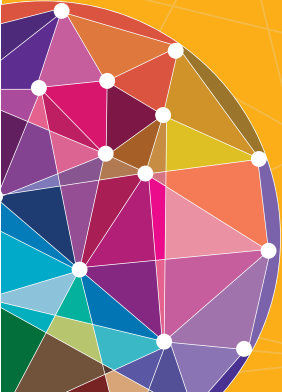


HOWARD CENTER  
PRESENTS

4TH ANNUAL CONFERENCE

### ***Perspectives on Connection, Compassion, and Belonging***

- Rev. angel Kyodo williams
- Dr. Laurie Santos
- V (formerly Eve Ensler)



**March 30, 2021**

**REGISTER TODAY**

*"The topics addressed were extremely timely and cutting edge. Fantastic!"*

*"It was very thought provoking and relevant not only to the work that I do, but to my personal life as well."*

*"I loved hearing from such a diverse group of presenters."*

*"This was one of the best conferences I have attended in several years."*


*"I was grateful to be able to be part of conversations and discussions that don't happen in my place of work."*

**356**  
virtual attendees

**96%**  
reported that they would attend another conference.

**97%**  
reported that they learned something relevant to their work.

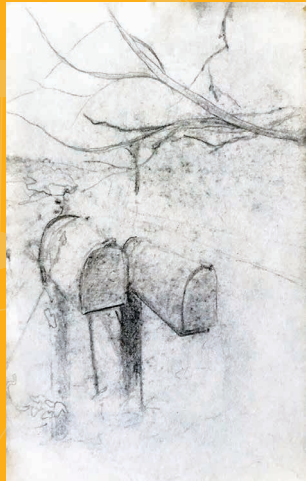
Average Recommendation Score of  
**9.46**,  
based on a scale of 1-10, 10 being the highest.



HOWARD CENTER  
PRESENTS


### ***Perspectives on Connection, Compassion, and Belonging***

**Art Break!**




ARTS COLLECTIVE FEATURED ARTIST • SARAH ROBINSON


SUPPORTED BY




New England  
ATTC




BlueCross BlueShield  
of Vermont



Fidelity  
INVESTMENTS



THE  
University of Vermont  
MEDICAL CENTER



United Way  
of Northern Vermont

# Howard Center Overview

11,121 CLIENTS SUPPORTED IN FY21



## PROGRAM DESCRIPTION

Our mission is to help people and communities thrive by providing supports and services to address mental health, substance use, and developmental needs.

## PERFORMANCE MEASURES

### HOW MUCH

- Over **7,000 additional non-client community members** were impacted by Howard Center staff in FY21.
- Howard Center operates **60+ locations** across the state.
- Howard Center provided **3,790,992 service hours** in FY21.

### HOW WELL

- **89%** of clients reported they **received the help they needed.**
- **88%** of clients reported that the **services they received were right for them.**
- **96%** of clients reported that **staff treated them with respect.**

### BETTER OFF

- **89%** of clients reported that Howard Center **services made a difference.**
- **83%** of clients reported that their **quality of life improved** because of the services they received.
- **97%** of clients are **currently housed.**
- **69%** of clients are **employed or in school.**

## DECLARATION OF RACISM AS A PUBLIC HEALTH EMERGENCY

In 2020, Howard Center joined the City of Burlington and over 30 community organizations to declare racism as a public health emergency.

**“We are committed to a world without racism. With roots in social justice, Howard Center staff work each day to serve our community and strengthen diversity, equity and inclusion in our organizational culture and system of care.”**

**— Catherine Simonson, LICSW, Chief Client Services Officer**

**PARTNERS:** First responders, institutions of higher education, law enforcement agencies, private and public funding agencies, United Way of Northwest Vermont, University of Vermont Medical Center, Vermont community-based non-profits, Vermont schools, Vermont State Agency of Human Services

## SERVICES PROVIDED

- 24 hour crisis response for mental health and substance use emergencies
- Child and adult outpatient services
- Substance use treatment
- Services for individuals with severe mental illness
- Services for individuals with developmental disabilities
- Residential homes for adults and children
- Therapeutic school services
- Employment services
- Case management services
- Medical care and consultation
- Consultation for community partners
- Community education



# Access and Intake

## SERVICE DESCRIPTION

Access and Intake is Howard Center's front door. It is designed to enhance and streamline care with one central phone number to access all Howard Center services. Access and Intake also provides same- or next-day assessments and interim or short-term supports.

## PERFORMANCE MEASURES

### HOW MUCH

- **11,713** calls made to the call center.
- **240 Assessments**, including 21 for Developmental Services.
- **451 unique clients** served.
- **2,245 services** were provided to clients related to mental health and substance use, **419 services** were provided to developmental services clients.

### HOW WELL

- **100%** of new clients were screened for depression, substance use, suicide, and trauma history using standardized tools.
- We have **4 intake navigators**, and the average caseload is 28 clients/families.
- **100%** of staff are trained in Counseling on Access to Lethal Means (CALM) and Columbia Suicide Severity Rating Scale.

### BETTER OFF

- “I definitely would not be in a better place if I had not reached out to Howard Center. As someone who lived a very sheltered life, was an on and off again shut in, with very bad social anxiety, I felt welcomed with everyone I talked with at Howard Center.

— A client

**“I definitely would not be in a better place if I had not reached out to Howard Center. As someone who lived a very sheltered life, was an on and off again shut in, with very bad social anxiety, I felt welcomed with everyone I talked with at Howard Center.**

— A client

**Clients are provided with the support of an intake navigator while waiting for services, or they are connected to other organizations that can help them access services, such as Medicaid, benefits, or housing applications.**

**PARTNERS:** Age Well; Association of Africans Living in Vermont; Champlain Valley Office for Economic Opportunity; Committee on Temporary Shelter; Community Health Center of Burlington; A New Place; Pathways VT; Refugee Integrated Services Provider Network of Vermont; Safe Harbor; Turning Point Center; University of Vermont Medical Center; Vermont Department of Disabilities, Aging & Independent Living; Vermont Department of Mental Health; Vermont Department for Children and Families; Vermont Department of Adult Protective Services; and other Howard Center programs.





## Community Support/Employment Services



Our community support and employment programs offer a variety of services that help children, youth, adults, and families participate more fully in their community. Through these programs, clients develop skills and confidence which allow them to pursue their interests for enjoyment and employment.

Howard Center's Zoe's Race supporters. Zoe's Race is an annual event designed to raise funds for local families who are in need of creating accessible homes for their children.



# ARCh (Accessing Resources for Children)



## PROGRAM DESCRIPTION

ARCh is a collaboration between our Developmental and Mental Health services to provide integrated support services to children 0-22 years of age. Clients have developmental disabilities, mental health diagnoses or a combination of both. Every child/family works with a care coordinator who helps with connection to resources, routines, support, school meetings, and transition to adult services.

## PERFORMANCE MEASURES

### HOW MUCH

- ARCh served **336 children** and their families.
- Care coordinators carry caseloads of **25-30 clients**.
- The program has not been fully staffed for over a year and at this time can only serve 30 clients.

### HOW WELL

- **94%** felt as if the services were right for me/my family.
- **100%** of consumers felt that staff treated them with respect.
- **89.4%** of consumers found services provided during COVID-19 helpful.

### BETTER OFF

- **95%** of consumers felt that the services they received made a difference in their life.
- **95%** felt that they received the help they needed.
- **91%** said their quality of life improved.
- **97%** would recommend ARCh to family and friends.

**“I am grateful for this program. Life skills, in particular, makes a crucial difference for both my daughter and for our family. There have been negative reactions and habits that have formed due to COVID-19, and the work done through Living Skills has helped alleviate some of these.”**

**— An ARCh client**



**PARTNERS:** Area physicians; Children with Special Health Needs; CHILL Foundation; Chittenden County schools and some alternative schools; Lake Champlain Community Sailing Center; University of Vermont Medical Center; Vermont Department of Disabilities, Aging & Independent Living; Vermont Department of Mental Health; and a Statewide Autism Workgroup

**ARCh continues to serve a high number of clients, and there is a one to two-year wait for services. ARCh currently has 95 clients on the wait list, due to staffing and funding needs. Previously, the wait list time was never less than one year.**

**The number of clients served has increased, as has client satisfaction. In all areas, consumer satisfaction increased in FY21.**

**Families who only need monthly contact still want to remain in ARCh due to the flexibility that we are able to offer and their connection to the program. Families continue to express a strong need for living skills support and often express frustration for the long wait time.**



# Community Outreach Program



## PROGRAM DESCRIPTION

The Community Outreach Program was created as a collaborative effort between Howard Center and local town and law enforcement stakeholders to assist individuals in the community with unmet social service needs, often as a result of mental illness or substance use. The team assists all ages, allowing first responders to respond to emergent needs and criminal behavior. Participating towns include Colchester, Essex, Hinesburg, Milton, Richmond, Shelburne, South Burlington, Williston, and Winooski.

## PERFORMANCE MEASURES

### HOW MUCH

- Community Outreach had **2,707 contacts** among 906 unique individuals.
- 1,110 face-to-face** contacts with 348 unique clients.
- 6,561 calls** with 350 unique clients.
- 45% of face-to-face** contacts occurred working alongside law enforcement as a co-response.

### HOW WELL

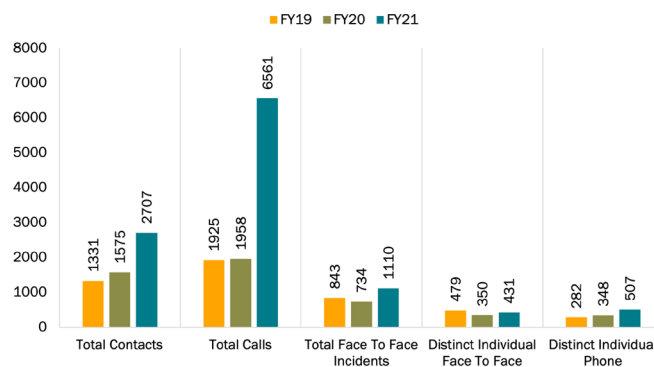
- 1,982 discrete referrals** made to link individuals to ongoing behavioral health, medical/dental, and social service resources in the community.
- 20% (211/1,044)** of the police-involved contacts were able to divert first responder/police involvement.
- 50% (558/1,100)** of face-to-face contacts were proactive, helping individuals before a crisis occurred.

### BETTER OFF

- Where individuals presented initially with distress, **65% showed immediate benefit** or improvement after outreach support.
- 95%** of stakeholders agreed that our community is better off because of the work of the Community Outreach team.

**“You have so generously, compassionately, and lovingly stood by me at the most difficult times, and walked me through the whole process of reestablishing my life in its complete sense.”**

— A client



**PARTNERS:** Champlain Valley Office of Economic Opportunity, Committee on Temporary Shelter, Department for Children and Families, Adult Protective Services, Economic Services Division, First Call for Chittenden County, local police departments and housing organizations, and the University of Vermont Medical Center/Emergency Department

**Community Outreach expanded the program this FY, with the addition of two new towns in January 2021. The team continues to proactively engage individuals in the community and diverts resources from unnecessary use of first responder resources. Fewer than 14% (153 out of 1,110) contacts resulted in an emergency room visit, with the majority for psychiatric crisis referrals and treatment.**

**COVID-19 safety measures impacted the ability to offer face-to-face contacts for a portion of the year, which decreased police diversion efforts. However, consistent measures to maintain phone contact occurred. A stakeholder notes, “Community Outreach bridges the gap between mental health services and law enforcement. Community Outreach’s access and ability to link people to the proper services or providers is paramount.”**

# Community Support Program (CSP)



## PROGRAM DESCRIPTION

The Community Support Program serves adults with significant mental health and co-occurring substance use challenges. We provide case management, psychiatry, employment, residential, and recovery support. Criteria for the program are set and mandated by the Vermont Department of Mental Health.

## PERFORMANCE MEASURES

### HOW MUCH

- **516 clients** received services in FY21.
- The CSP served as the representative payee for **175 clients**, enabling those who have had difficulty managing their disability income to maintain stable housing.
- CSP's employment program served **146 clients** (age 18-64).
- **65 clients**, age 65 or older, received services.

### HOW WELL

- **85%** of CSP clients reported that they received the help they needed.
- **94%** of CSP clients reported that staff treated them with respect.

### BETTER OFF

- **92%** of clients were seen by CSP staff for a clinically indicated service within seven days of discharge from a psychiatric hospitalization.
- **93%** of Career Connections clients said that services were right for them.
- **100%** of new clients were screened for depression, substance use, and trauma history.



**86% of clients who responded to this year's survey said that CSP services made a difference.**

## WHAT CLIENTS SAY

**"The Career Connections program helped me find a job I've had for 2 years."**

**"Howard Center staff have been and continue to be the foundation for my recovery and happiness."**

**"Westview Wellness House is irreplaceable."**

**PARTNERS:** Burlington Housing Authority, Cathedral Square/Support and Services at Home (SASH), Champlain Housing Trust, Committee on Temporary Shelter, Community Health Centers of Burlington, University of Vermont Medical Center

# Dialectical Behavior Therapy (DBT)



## SERVICE DESCRIPTION

Dialectical Behavior Therapy is a skills training program designed to help clients learn skills to regulate emotions, build personal awareness, resolve interpersonal conflicts and tolerate distressing situations.

## PERFORMANCE MEASURES

### HOW MUCH

- DBT offers **5 groups** serving **49 individuals** (32 clients, 12 support staff).
- The DBT program runs from September to May, providing **31 two-hour group sessions**.
- Of 32 client participants, **12 receive additional individual therapy** from Integrated Outpatient Services.



**94% of survey respondents agreed/strongly agreed that the services they received made a difference.**

### HOW WELL

- DBT has **continued to grow** from 12 client participants in 2011 to 32 in FY21.
- DBT is supported by 11 skills leaders with a combined **56 years of DBT experience**.
- DBT has added a **Teaching Assistant** who is present in each skills group.

### BETTER OFF

- **83%** of survey respondents agreed/strongly agreed that the services were right for them.
- **83%** of survey respondents agreed/strongly agreed that they received the services they needed.
- **72%** of survey respondents agreed/strongly found the services provided by Howard Center during the COVID-19 pandemic helpful.

### When asked what was most helpful about the group:

- “Having individuals to listen to me and support me.”
- “Having other people to talk to and trying to think of good things that have happened while in a bad mood.”
- “To know myself even more deeply than I know myself and making new friends.”
- “It helped me through some tough times this year.”

**This year, 100% of our groups were offered remotely using Zoom. For many clients, this was a challenge, and they expressed a strong desire to return to in-person sessions.**

**While the focus of DBT is learning skills, an important component is the peer-to-peer connection and interaction clients get from participating. Despite the transition to virtual programming, we still had full groups, and clients were engaged throughout the entire year.**

**Our leaders were able to find creative ways to teach and engage with their group members, as well as bring the larger DBT community together in virtual celebrations and gatherings.**

**PARTNERS:** Dialectical Behavior Therapy learning community supported by Vermont Cooperative for Practice Improvement and Innovation



# Dungeon & Dragons Classes



## SERVICE DESCRIPTION

Howard Center's Dungeons & Dragons (D&D) Group is a weekly offering for clients with developmental disabilities. Through role playing, clients have the opportunity to grow creatively while learning problem solving, team building, and communication skills.

## PERFORMANCE MEASURES

### HOW MUCH

- More than **50 clients** have participated since the group began in 2019.
- **Four to eight clients** participate in the weekly, year-round groups.
- Prior to the COVID-19 pandemic, the D&D group met in-person at the 102 South Winooski office in Burlington.



### HOW WELL

- Started at the request of clients, the D&D game is **client driven**.
- **100%** of clients report that they appreciated the Zoom sessions of D&D during the pandemic, because most other connections were not available during that time.

### BETTER OFF

- **100%** of clients say the group helps them feel connected and appreciated.
- **100%** of clients appreciated meeting on Zoom during the pandemic, because they felt safe and did not need to worry about transportation.
- **100%** of clients say they feel proud knowing that they started this group and that it continued to run throughout the COVID-19 pandemic.

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**100% of the individuals participating in this group reported feeling happy, self-confident, connected, and engaged in every session.**

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**A Howard Center staff person facilitates the group and is called the Dungeon Master. In this role, the staff serves as the game's referee and storyteller and makes the group fun and exciting, while presenting learning opportunities for all participants.**

**Typically, the class begins with making sure all technology is working, including iPads, computers, and Zoom. Once the game begins, each player creates their own character to play and then embarks upon imaginary adventures within a fantasy setting. Together, participants solve dilemmas, engage in battles, explore, gather treasures, and gain knowledge. The meetings also include a review of COVID-19 health and safety protocols, and help clients connect to others and make friends. Participation has been more consistent since using Zoom for meetings.**

**PARTNERS:** Howard Center programs

# Early Childhood and Family Mental Health Program (ECP)



## PROGRAM DESCRIPTION

We support the social and emotional growth of children, ages birth to six, in partnership with their caregivers, including parents, kin, foster families, and early education providers. Increasing the capacity of a child's caregiver to meet the child's needs will have lifelong positive impacts on that child's physical and emotional health.

## PERFORMANCE MEASURES

### HOW MUCH

- **300** children/families received ECP services, including **74 new referrals** to our program.
- **11,651 services** were provided, a 20% increase from the previous year.
- **965 telehealth services** (803 hours) were provided, enhancing access for 34 families.

### HOW WELL

- **92%** of children and families, new to the program, received screenings, assessments, and treatment plans within 45 days of their referral.
- **90%** of family respondents to our consumer satisfaction survey, indicated that they “received the help they needed.”
- **100%** of family respondents to our Consumer Satisfaction Survey, obtained at the completion of their treatment, indicated that they were “treated with respect.”

### BETTER OFF

- **85%** of family respondents to our consumer satisfaction survey indicated that “the quality of our life improved because of the services they received.”
- **95%** of family respondents to our consumer satisfaction survey indicated that ECP “services were right for them.”

**“I feel my clinician was extremely responsive and available. I think this was the most helpful, and she was a key support for myself as well as my foster son. I cannot say enough good things about her. She was a key member of my foster son's team and her insight was invaluable.”**

**— Parent of client**

**PARTNERS:** Building Bright Futures, Child Care Resource, Children's Integrated Services, community pediatricians and family physicians, Head Start, Lund, school districts and private early education providers, University of Vermont Medical Center, Vermont Department for Children and Families, Vermont Family Network

**The Early Childhood Program, with funding from the Vermont Department of Health and Department of Mental Health, initiated the Perinatal Support Service, providing consultation and counseling services to families impacted by perinatal mood and anxiety disorders (PMADS).**

**As many as one in five women in Vermont suffer from symptoms of depression and anxiety in the perinatal period.**

# Enhanced Family Treatment & Family and Community Based Services Living Skills Program



## PROGRAM DESCRIPTION

Living Skills Interventionists provide individualized community support to clients experiencing social, emotional, and behavioral difficulties in community and home settings. Interventionists work closely with clinicians and families to determine goals and objectives and to monitor progress. Interventionists plan and engage clients in age-appropriate activities that target identified treatment goals with the intent of improving functioning across settings.

## PERFORMANCE MEASURES

### HOW MUCH

- FCBS/EFT interventionists provided services to **28 clients**.
- FCBS/EFT interventionists provided **2,677 hours** of individual community supports.
- **14 groups** (including vacation camps) were offered to **81 participants**.
- Although group work was impacted greatly by COVID-19, **5 groups** (including vacation camps) were offered, and **16 individuals** participated.

### HOW WELL

- **100%** of Living Skills clients actively participated in services on a regular basis with the support of their interventionists.
- **16 out of 18** Living Skills clients were able to maintain community level of care at the time of discharge.
- Community-based skills building helped **half** of the Living Skills clients successfully apply developed skills in afterschool programing, vacation camps, and extracurricular activities.

### BETTER OFF

- **83%** of clients discharged from Living Skills made progress towards their treatment goals..
- Of the clients continuing with Living Skills at the start of FY22 more than half were receiving less skills support time due to **improved functioning and progress** towards goals.



**“Today was awesome, can I come every day?”**

**— A client who attended a vacation camp**

**PARTNERS:** BlueCross and BlueShield of Vermont, CHILL Foundation, local after-school programs, Sara Holbrook Community Center, and other Howard Center programs

**“Throughout FY21, there were consistently two or three open interventionists positions. These vacancies impacted the number of clients served and the overall services provided. Recruitment has been a significant challenge for this program and the agency as a whole.**

**The COVID-19 pandemic continued to impact programing throughout FY 2021. Scheduled services were often interrupted because of client and staff needs to quarantine, as well as cancellations related to illness or symptoms. Telehealth options were offered, but they were accepted to a much lesser degree this year.**

**“[My interventionist] helps me by helping me to resay what I am thinking to be nicer.”**

**— Living Skills client**



# Family and Community Based Services



## PROGRAM DESCRIPTION

The Family and Community Based Services program provides in-home family supports to children and their families who may be experiencing significant mental health challenges. Families are matched with a clinician and together they develop and work on treatment goals. The primary goal of the program is to provide family-focused, child-centered treatment and support. Living skills specialists provide individualized community support to clients experiencing emotional and/or behavioral disorders. Staff work closely with families to determine goals/objectives and monitor progress.

## PERFORMANCE MEASURES

### HOW MUCH

- **4,000 hours of service** were provided to children and their families through Family and Community Based Services.
- **139 clients and their families** were supported by seven Family and Community Based Services clinicians in FY21.
- **53 families** were discharged from the program in FY21.



### HOW WELL

- **100% of families** who completed the satisfaction survey said this was the right program for them.
- **88% of families** would recommend this program to a friend or relative.
- **89%** of discharged clients were able to receive less intensive supports.

### BETTER OFF

- **83% of families** reported that they did not have DCF involvement at the time of discharge.
- **88% of families** felt that their quality of life had improved as a result of their participation.

**“We can’t express enough how wonderful our experience was with FCBS. The program helped our family in many ways.”**

**PARTNERS:** First Call for Chittenden County, Home and Community programs at Howard Center, Howard Center Access and Intake, Howard Center and private outpatient therapists, primary care physicians, Sara Holbrook Community Center, schools and school-based clinicians, Vermont Department for Children and Families

**During FY21, there were three staff vacancies. These vacancies were filled within four weeks. Onboarding new staff during the pandemic presented challenges.**

**As the COVID-19 pandemic continued, staff met with families in person and virtually. The decision to meet in person or virtually was made primarily by the family related to their comfort levels, which varied throughout the year. In the warmer months, families met more consistently with staff as meetings could be held outside. As the weather became cooler, there was an increase in cancellations by families.**

**“We have really appreciated and benefited from being under such excellent care and have made great progress over our time together.”**

**— A client**

# Impaired Driver Rehabilitation Program



## PROGRAM DESCRIPTION

In Vermont, unless otherwise accommodated, anyone convicted of impaired driving must successfully complete the state's Impaired Driver Rehabilitation Program (IDRP) before driving privileges can be reinstated. The Impaired Driver Rehabilitation Program provides individuals the opportunity to openly examine facts about alcohol and/or other drug use and discuss the role these substances play in their life. In addition to the education component, additional treatment may be required for program completion.

## PERFORMANCE MEASURES

### HOW MUCH

- **277** individuals completed the program's education component.
- **283** new individuals were enrolled in FY21.
- **Seven** Impaired Driver Rehabilitation Program participants required interpretive services.

### HOW WELL

- Provides an **evidenced-based prevention and intervention curriculum** to educate participants about personal substance use patterns.
- Provides **support** to individuals through the process of driving privilege reinstatement.

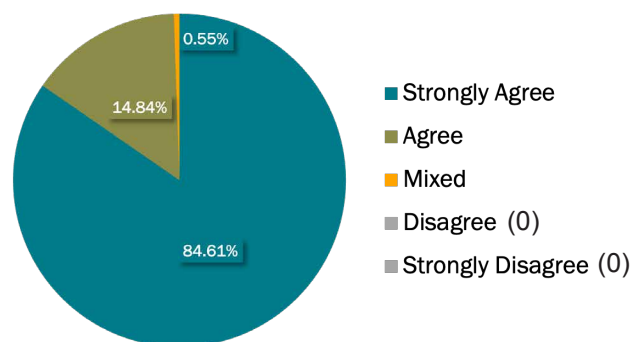
### BETTER OFF

- **Increased independence and engagement** in work, school, parenting, and other prosocial activities by increasing access to transportation.
- The Program **provides participants with tools, knowledge, and skills** to make low-risk choices around alcohol and substance use to protect the things they value.

**"This was perhaps the most important element of the program. I never once felt judged or criticized for the risky choices I made that brought me to the program. Instead, thanks to the class leader's compassionate perspective, I was able to examine those choices with a clear mind and conscience, and understand why I made the mistake that I did and to own it without being made to feel shamed."**

**— IDRP Client**

**The IDRP Staff Treated Me With Respect**



**PARTNERS:** U.S. Committee for Refugees and Immigrants, Vermont Department of Health Alcohol and Drug Abuse Programs

# Intensive Family Based Services (IFBS)



## PROGRAM DESCRIPTION

Intensive Family Based Services is funded through a contract with the Vermont Department for Children and Families (DCF). IFBS is an intensive, time-limited service to support families with reunification and placement prevention. Most referrals come through DCF and the goals are related to the risk and danger factors identified in the DCF case plan and assessment.

## PERFORMANCE MEASURES

### HOW MUCH

- IFBS provided **1,256 hours of service** to families.
- **69 clients** received services in FY21.
- **59 families** requested services to prevent out-of-home placement and 10 clients sought reunification supports.



**1,256**  
hours of service

### HOW WELL

- **89%** reported they would recommend IFBS to a friend or co-worker.
- **89%** reported that staff treated me with respect.
- IFBS clinicians were able to stay engaged with 100% of families during the pandemic, using Telehealth or face-to-face services.

### BETTER OFF

- Of families referred to IFBS for placement prevention supports, **96.6%** of children remained in their homes.
- For **100%** of the families who received reunification supports, the child returned home at the time of discharge.
- **89%** of the families who completed a satisfaction survey reported that IFBS made a difference for their families.

**“We were able to identify specific steps to take individually and together which will continue to help our family improve cooperation and organization, as well as increase independence. We all started to plan time together, and my daughters started to talk about their concerns and recognize how things can change.”**

**— A client**

**This year, IFBS used telehealth and a phased return to face-to-face services for clients and families, balancing the needs of the community and personal safety, while continuing to operate in a pandemic. Regardless of the format of service, IFBS continued to provide support to families and worked with them to help them reach their goals to prevent placement and to support successful, complete reunification.**

**PARTNERS:** Vermont Department for Children and Families, school districts, and other mental health providers

# Parent-Child Interaction Therapy



## PROGRAM DESCRIPTION

Parent-Child Interaction Therapy (PCIT) is an evidenced-based therapy for children ages 2 through 7 with behavioral challenges, and their caregivers. The therapist provides in-the-moment coaching, through a one-way mirror, to support the family's use of effective skills to manage the child's challenging behavior and to enhance positive parent-child interactions.

## PERFORMANCE MEASURES

### HOW MUCH

- **38 families** were served during the year, for a total of **658 services**.
- **25% of services (92 hours)** were provided through telehealth, allowing families greater access to and flexibility of treatment.

### HOW WELL

- **100%** of families who responded to our consumer satisfaction survey, at completion of their treatment, indicated that they “received the help we needed.”
- One clinician attended the **PCIT International Conference** in the Fall 2020 and received training related to PCIT groups and innovative approaches during the pandemic.

### BETTER OFF

- **100%** of families who responded to our consumer satisfaction survey indicated that as a result of their involvement in PCIT, their **quality of life improved**, the services they received **made a positive difference** in their family, and that they would **highly recommend** PCIT to a friend.

**“The PCIT program and our clinician were a great fit for our family. Our clinician worked with us to adjust to all of the COVID-19 struggles.”**

**—PCIT Participant**

**PARTNERS:** Building Bright Futures, Child Care Resource, Children's Integrated Services, community pediatricians and Family Physicians, Family Services, Head Start, Lund, school districts and private early education providers, University of Vermont Medical Center, Vermont Department for Children and Families, Vermont Family Network

**The PCIT Program continually seeks to provide exceptional services to the families it serves. As a result, several new initiatives were undertaken this year. Clinicians are in the process of being trained in the PCIT-Toddler Program, an adaptation of PCIT that supports children ages 12 to 30 months and their caregivers.**

**The CALM Program, a PCIT adaptation for anxiety disorders in early childhood, was initiated this year. Goals identified by each family/child were achieved within an average of eight sessions.**

**In addition, staff participate in weekly group supervision sessions and meet quarterly with PCIT providers from other designated mental health programs in the state, to strengthen and support the Vermont PCIT community. Providers from Maine have reached out to partner with the Vermont group as Maine initiates a similar model.**



# Project Hire



## PROGRAM DESCRIPTION

Project Hire assists individuals with an intellectual disability or autism find and keep meaningful and competitively paid work. Individuals with these diagnoses have been historically underemployed and reliant on public benefits. Securing employment is key to overall satisfaction, emotional well-being, social connection, and increased financial stability.

## PERFORMANCE MEASURES

### HOW MUCH

- Project Hire **served 244 people** in FY21, an increase of 4.3% from the prior year.
- The **employment rate** of people served in the program **increased** from a low of 33% to 64%.
- **64 individuals** were placed in new jobs.

### HOW WELL

- The program maintained **strong partnerships** with area businesses and served as a resource for referring job seekers for essential positions.
- Clients returning to or starting new jobs were **trained** in the use of Personal Protective Equipment and business safety guidelines during the pandemic.

### BETTER OFF

- Average rate of **pay increased by 7% to \$13.10 per hour.**
- Estimated total earnings for all people served in FY21 was **\$1,205,001.**
- Quarterly earnings of participants **increased by 9%** from the prior fiscal year and were **22% higher** than the FY20 statewide average earnings.



**During the pandemic, 18% of Project Hire clients continued in their employment as essential workers. The year began with 72 people working and ended with 148, over twice as many in jobs.**

**PARTNERS:** Vermont Department of Vocational Rehabilitation, Chittenden County schools, local employers

- **Program began at Howard Center in 1982.**
- **Provides services that have a positive impact in the community.**
- **Supports ongoing skill development.**
- **Supports clients to find competitively-paid employment.**

# Project SEARCH



## PROGRAM DESCRIPTION

Project SEARCH is a business-led collaboration that enables young adults with disabilities to gain and maintain employment through training and career exploration. Interns gain employability skills through a combination of classroom instruction and participation in three internships within a business for a full academic year.

## PERFORMANCE MEASURES

### HOW MUCH

- Project SEARCH served **six new interns** in FY21.
- During the first quarter of employment, **80% of interns worked greater than 16 hours/week.**
- **67%** of interns were enrolled in their final year of high school and funded by their school.

**“Project SEARCH really paved the way to more meaningful employment for my son.”**

**— A parent**

### HOW WELL

- **83%** of interns were employed three months after leaving the program.
- **Interns were able to remain onsite** at the University of Vermont Medical Center to perform their internships in-person.

### BETTER OFF

- **Interns worked an average of 18 hours per week** in the first quarter of employment.



**100% of interns accepted into the program have completed the program since Project SEARCH's inception six years ago.**

**PARTNERS:** South Burlington school district, University of Vermont Medical Center, Vermont Department for Children and Families, Vocational Rehabilitation

# RPC+ (Resource Parenting Curriculum plus Trauma Informed Parenting Skills)



## SERVICE DESCRIPTION

Vermont RPC+ is a trauma-intensive workshop that educates caregivers (adoptive, foster, kin, and guardianship) about the impact of trauma on the development, attachment, emotions, and behaviors of the children in their care. RPC+ guides caregivers to improve their relationships with their children and their ability to manage challenging emotions and behaviors.

## PERFORMANCE MEASURES

### HOW MUCH

- **21 participants** registered for the class and 17 completed the class.
- **10-week-long virtual classes** were offered in Fall 2020 and Spring 2021.

### HOW WELL

- **100%** of participants indicated that they would recommend this training to other foster/kin/adoptive parents.
- **66%** of participants reported feeling satisfied with what the class had to offer, but more than half the class reported that they would have preferred taking the class in person.

### BETTER OFF

- **100%** of participants who completed the survey reported that they felt more confident in their skills to parent their foster/adoptive child(ren).
- **67%** of participants reported that they would be less likely to request a change in placement for a child in their care.
- **100%** of participants reported that since taking this class, they were more likely to use a “Trauma Lens” when their child is acting out or struggling.



**“The teachers were wonderful.”**

**— A parent**

**“I really dislike Zoom meetings, but it was so worth the time I invested in this for myself and the loved ones I deal with regularly.”**

**— A participant**

**“I will use a trauma lens to better parent through tough situations.”**

**— A parent**

**PARTNERS:** Lund Post Adoption Services; other Howard Center programs, University of Vermont Child Welfare Partnership, Vermont Department for Children and Families/Family Services

# Safety Connection



## PROGRAM DESCRIPTION

Safety Connection provides overnight support to people who live independently and experience disability-related challenges. Predictability, consistency, and trusted support by clinically trained support staff gives participants peace of mind during the night and the promise that help is just a moment away.

## PERFORMANCE MEASURES

### HOW MUCH

- Safety Connection supported **101 participants** in 11 Vermont cities and towns.
- The program conducted **18,634 nightly check ins** with participants.
- **The average age of participants is 37 years.**
- **11 participants** completed a section 8 housing voucher.

### HOW WELL

- **90%** of participants surveyed reported that “Safety Connection meets my needs when they change.”
- **92%** of participants surveyed reported that they “can always get help at night when [they] need it.”
- **84%** of participants surveyed reported that they “feel safe at home during the night.”

### BETTER OFF

- During FY21, program participants requested a total of **1,426 short-term interventions**, in addition to regular participant check-ins.
- **11%** of Safety Connection participants are 60 years or older and are able to age in place because of Safety Connection.
- **100%** of Safety Connection participants retained or improved their housing during FY21.



**“Safety Connection is good for me because I find there is someone I can talk to at night if I need them. They are always ready to help me.”**

**— Safety Connection participant**

**Safety Connection’s supports change with the needs and preferences of the participant over time.**

**The program’s individualized approach connects each participant to the community of care in a way that works for them, with the goal of promoting independence, self-determination, opportunities for growth, all while combating loneliness and social isolation.**

**PARTNERS:** Burlington Housing Authority; Vermont Department of Disabilities, Aging, and Independent Living Choices for Care/Home Health and Hospice; Vermont Designated Agencies; Vermont Specialized Agencies



# Street Outreach



## PROGRAM DESCRIPTION

Street Outreach works collaboratively with merchants, community members, first responders, and health and behavioral health providers to link individuals to supports and services to reduce the burden on emergency services. Many contacts involve components of mental health or substance use struggles. Many calls are related to housing, economic services, medical supports, legal aid, or other social service needs.

## PERFORMANCE MEASURES

### HOW MUCH

- Street Outreach had **4,553 contacts** with 738 unique individuals.
- **67%** of these contacts were for community members not enrolled in Howard Center services.
- The primary concerns for clients include mental health (**4,990**) homelessness (**1,642**), and substance use (**692**).

### HOW WELL

- **86%** of contacts are initiated by our consumers.
- Only 45/4,552 contacts resulted in an Emergency Department visit (.1%).
- **207 contacts** involved co-responses with police, and 84 diverted police resources entirely.

### BETTER OFF

- Among those clients experiencing distress, **98%** maintained or improved the management of their distress.
- The team referred **607** individuals to community-based services for mental health, housing, substance use, medical, and social services.
- **84%** of consumers surveyed reported that they received the help they needed.

**The Street Outreach team is excellent at engaging with clients in the community through meaningful and supportive conversation and providing them with connection to additional resources. Street Outreach clinicians are able to support clients where they are at, advocate for them, and provide their treatment team with important updates.**

**— from an anonymous provider**

**PARTNERS:** Age Well, Burlington Police Department, Champlain Valley Office of Economic Opportunity, Church Street Marketplace, Chocolate Thunder, Committee on Temporary Shelter, Community Health Center/Safe Harbor Clinic, Howard Center/First Call for Chittenden County, State of Vermont Economic Services Division, University of Vermont Medical Center Emergency Department

**Consumers not already engaged in services have fewer options in terms of housing, health care, substance use treatment, or mental health. The COVID-19 pandemic, the political climate, and lack of social services have challenged already over-stretched systems of care. As a result, the community is seeing an increase in both acuity and demand for services which is exceeding capacity.**

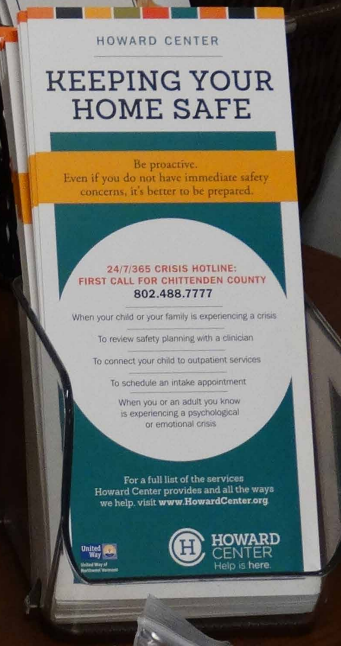
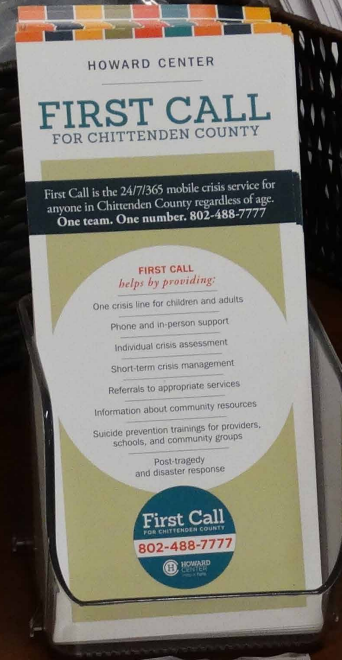
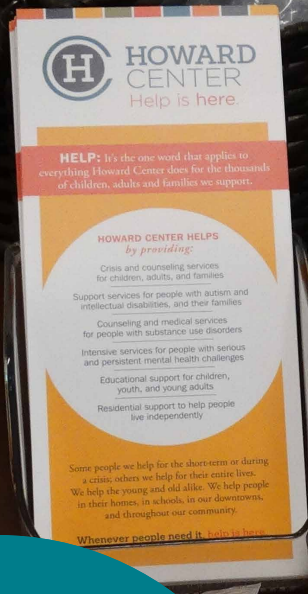
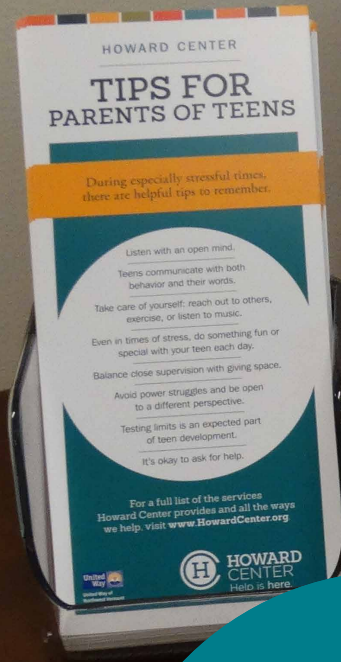
**Workforce challenges have also impacted the program. Open positions have been difficult to fill.**

**For several years, the team has operated with four staff, one of whom is a Team Lead. However, the program recently received a SAMHSA COVID-19 grant to add two more team members. It is hoped that continued funding opportunities will support this expansion beyond FY22.**

**Many stakeholders have expressed interest in increasing and expanding coverage, as they recognize the need for more community support.**



# Crisis Services



**First Call**  
FOR CHITTENDEN COUNTY  
**802-488-7777**

 **HOWARD CENTER**  
Help is here.

Our Crisis Services provide crisis intervention and evaluation services 24/7/365 days a year to children, adolescents, and adults – and their support systems – who are experiencing a mental health or substance use crisis.





## PROGRAM DESCRIPTION

The ASSIST program is a six-bed crisis stabilization and hospital diversion program for adults who are experiencing a mental health crisis. The program is staffed 24-hours a day, with part-time nursing support and Advanced Practice Registered Nurse (APRN) support and oversight. We support the philosophy of providing services within the least restrictive environment.

## PERFORMANCE MEASURES

### HOW MUCH

- ASSIST had **253 admissions** serving 229 unique individuals.
- ASSIST filled **76%** of its bed day capacity for the year, up from 68.5% prior fiscal year.

**“Staff treated me with respect, heard me out before giving me feedback, gave me immediate support when I needed it. Also gave me the tools to help me find my way back to life. Thank you and god bless you all!”**

— **A client**

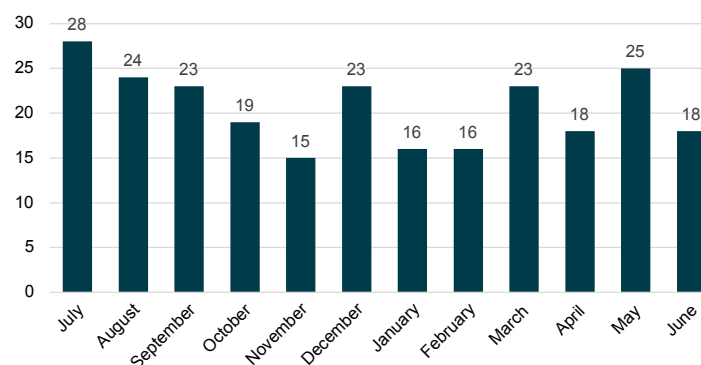
### HOW WELL

- **87% of satisfaction survey responses** stated the program gave them the help they needed.
- **96%** of clients were discharged to the community; the remaining were referred to a higher level care.
- ASSIST served **more unique clients** in the community (229 in FY21 vs 216 in FY20).

### BETTER OFF

- **90% of clients** reported that they met their goals while at ASSIST.
- Only **6%** of clients served were re-admitted to the program within 30 days.

ASSIST Admissions



**PARTNERS:** ANEW Place, Community Health Centers of Burlington, Crossroads, Serenity House, Spectrum Youth and Family Services, University of Vermont Medical Center: Inpatient Psychiatry, Emergency Department, Seneca Program, Valley Vista, Vermont Department for Children and Families/Economic Services Division, Vermont Department of Mental Health

**Referrals to the program have not yet returned to pre-COVID-19 levels. However, it is possible that the referral process is more refined as bed capacity use increased from 69% to 76%. This is impressive given the increase in acuity seen in clients' presentation.**

**The average length of stay increased in FY21, but it was still within the expected average length of stay of 5-7 days overall.**

**Consistent with increasing acuity trends across all levels of care, there was an increase in requests for evaluation or placement from ASSIST to inpatient level care.**

# First Call for Chittenden County



## PROGRAM DESCRIPTION

First Call for Chittenden County (FCCC) is Howard Center's 24/7/365 crisis hotline and mobile response for people in crisis, regardless of age or diagnosis, with the philosophy that "the caller defines the crisis." Calls may result in phone support, care coordination, referral, face-to-face intervention, and/or assessment. There is no waiting list for services; calls are triaged based on clinical acuity and available resources.

## PERFORMANCE MEASURES

### HOW MUCH

- First Call for Chittenden County provided **4,524 face-to-face assessments for 3,469 unique individuals.**

**"Without organizations like yours, I'm not quite sure how people suffering from mental health—especially during this time—will survive. I know as living proof you SAVED my life. Thank you for all that you folks do!"**

**— A client**

### HOW WELL

Face-to-Face:

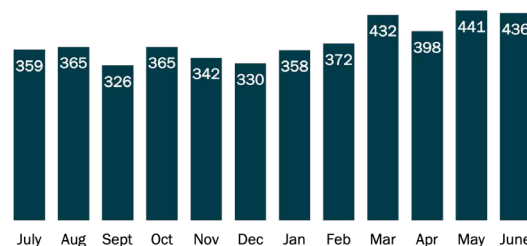
- 49% responses were within one hour.**
- 60% of calls are picked up immediately with no delay.**
- 633 face-to-face services** included welfare checks, police co-responds, and referrals from police.

By Phone:

### BETTER OFF

- FCCC staff made **2,058 follow-up phone checks** to individuals following a crisis assessment.
- 531 assessments** were for individuals who reported no insurance coverage.
- For **1,473 individuals**, their assessment with FCCC was their first face-to-face service recorded, seeming to indicate that FCCC was the bridge to needed care.

**FY21 FCCC Assessment Volume**



**PARTNERS:** Area schools, Burlington Street Outreach Team, Chittenden Regional Correctional Facility, Community Outreach Team, courts, emergency services directors, KidsNet, law enforcement, local colleges, outpatient clinics, Pathways Vermont, primary care providers, Second Spring, University of Vermont Medical Center, Vermont Adult Protective Services, Vermont Care Partners, Vermont Department for Children and Families, Vermont Department of Mental Health, Veterans Administration

**The acuity of clients' needs and presentations increased this past year, and the number of suicide deaths in Chittenden County reflects concerning trends. Many of these deaths were individuals not connected to Howard Center or FCCC, suggesting there is continued need for community outreach and suicide prevention work.**

**Staff vacancies continue to effect program operations. This impacts staff training costs and requires leadership to absorb direct service and administrative work.**

**FCCC services continue to hover around 75% adults and 25% children. Overall assessment and call volume continue to increase, with cases involving greater acuity and risk, a situation that is compounded by a decrease in mental health inpatient bed availability and reduced law enforcement response to mental health calls in some communities.**





# Educational Services



Our educational programs are designed to prepare each student, regardless of age, to live independently. A common goal of all our educational programs is to help students develop their unique strengths and learn new skills that will help them achieve independence and lead fulfilling lives.

Administrative staff at the Baird School dress up for Halloween.

# American Sign Language Classes



## SERVICE DESCRIPTION

Howard Center's American Sign Language (ASL) classes are available to clients with developmental disabilities and who are deaf or hard of hearing, as well as clients with family or friends who use ASL. Classes are divided into beginner, intermediate, and advanced sections, and they meet two times a week for two hours. In FY21, classes were held via Zoom to follow COVID-19 guidelines.

## PERFORMANCE MEASURES

HOW MUCH	HOW WELL	BETTER OFF
<ul style="list-style-type: none"> <li>• <b>125 certificates of completion</b> have been awarded since the program began in FY15.</li> <li>• Since March 2020, <b>15 clients</b> have received an iPad to participate via Zoom in the ASL classes.</li> <li>• Howard Center has offered American Sign Language classes for <b>eight years</b>.</li> </ul>	<ul style="list-style-type: none"> <li>• Students connected to numerous <b>on-line</b> ASL communities and deaf activities of their choosing.</li> <li>• <b>100%</b> of clients reported that they felt connected, educated, and safe during the pandemic because of their Zoom ASL classes.</li> <li>• Howard Center increased the ASL school year from 9 to 11 months to help students <b>maintain the connections</b> that they had established throughout the year.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>100%</b> of those students who are parents have improved their parenting skills.</li> <li>• Prior to the COVID-19 pandemic, <b>35 family members</b>, representing 100% of the students, attended an ASL certification celebration.</li> </ul>

**PARTNERS:** Association of Africans Living in Vermont, Deaf Vermonters Advocacy Services, Pine Island Community Garden, Stephanie Cramer- Cooking Instructor, University of Vermont Medical Center, University of Vermont Connecting Cultures, Vermont Refugee Resettlement Program

When surveyed, 100% of the individuals enrolled in the ASL class reported that they felt happy and more self-confident, while learning every day. The students are finding their "voice" and gaining independence, and respect.

75% of the students' families are pleased with their family members' growth and new skills. However, 25% of the families encounter challenges related to their family member or student learning ASL. This is often because the deaf family member is now expressing their opinions, desires and perspectives, which can be in conflict with their family.

Howard Center staff, the ASL instructor, and community partners provide support to clients and their families during this exciting, yet sometimes uncomfortable time.

The ASL classes promote opportunities that lead to self-advocacy, including learning ASL, staying safe during the pandemic, general health and safety concerns, and building community connections and friendships.



# Autism Spectrum Program (ASP)



## PROGRAM DESCRIPTION

The Autism Spectrum Program (ASP) provides year-round intensive, specialized instructional and behavioral treatment and support to individuals ages 2-22 with an autism spectrum disorder (ASD). To help children learn and grow to their fullest potential, services are provided in school and community settings and target the teaching and shaping of essential social communication, adaptive behavior, and daily living skills. The ASP also provides consultation and training services regarding autism and interventions to families, school teams, and community members.

## PERFORMANCE MEASURES

### HOW MUCH

- ASP provided intensive Applied Behavior Analysis (ABA) 1:1 behavioral treatment services to **24 children** and youth, ages 3 to 16 years, and center-based services to eight clients, ages 2 to 5 years old.
- ASP provided treatment to children with ASD in **17** Chittenden County Schools.

### HOW WELL

- A team of **ten licensed Board Certified Behavior Analysts** (BCBA) lead the program and oversee the individualized treatment interventions of each client.
- **100%** of consumers agreed or strongly agreed that ASP provided services that made a difference in the lives of their children and families.

### BETTER OFF

- **75%** of ASP children/youth exhibited a decrease in their overall level of clinical need or maintained a stable level of need.
- **86%** of school/related service survey respondents agreed or strongly agreed that their students are better able to access their education because of the ASP services.
- **87%** of school/related service respondents agreed that ASP provided services not otherwise available through school resources.



**100% of family survey respondents agreed or strongly agreed that the ASP helped improve their quality of life.**

**PARTNERS:** ARCh; Children's Specialty Center; Chittenden County School Districts: Burlington School District, Champlain Valley School District, Colchester School District, Essex Westford School District, Milton School District, Mount Mansfield Unified Union District, South Burlington School District, Winooski School District; Children's Specialty Center; Statewide Designated Agencies leaders of Behavior Intervention (BI) programs; University of Vermont Medical Center Developmental Pediatrics; Vermont Department of Health Children with Special Health Needs

The Autism Spectrum Program is committed to staying up-to-date with evidence based interventions to support children with autism. ASP's Board Certified Behavior Analysts provide autism interventionists with supervision and training in the principles of Applied Behavior Analysis (ABA) and autism.

ABA provides the basis for treatment and has been proven to be successful with children with autism. ABA programs are individualized and focus on skill acquisition and behavior modification. Clients receive comprehensive, family-centered services that are outcomes focused, and the effectiveness of services is constantly evaluated.

The Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP) is an assessment tool, curriculum guide, and skill-tracking system, designed for children with autism, and others who demonstrate language delays. In the 2020-2021 school year, 18 youth in the ASP completed the assessment at least once. Their scores increased significantly, indicating sizeable gains related to language and the development of early learning skills.

# Baird School



## PROGRAM DESCRIPTION

The Baird School provides multifaceted academic, social, emotional, and behavioral programming for students who experience significant challenges in these areas, equipping them with skills and strategies that will help them succeed in the least restrictive educational environment available to them. Baird School is a licensed independent special education school serving students from kindergarten through eighth grade. The school has the capacity to serve 52 students; nine of these students receive intensive supports.

## PERFORMANCE MEASURES

### HOW MUCH

- Baird School served a total of **54 students** and their families.
- Baird School served **students from five Vermont counties** representing 14 different school districts.

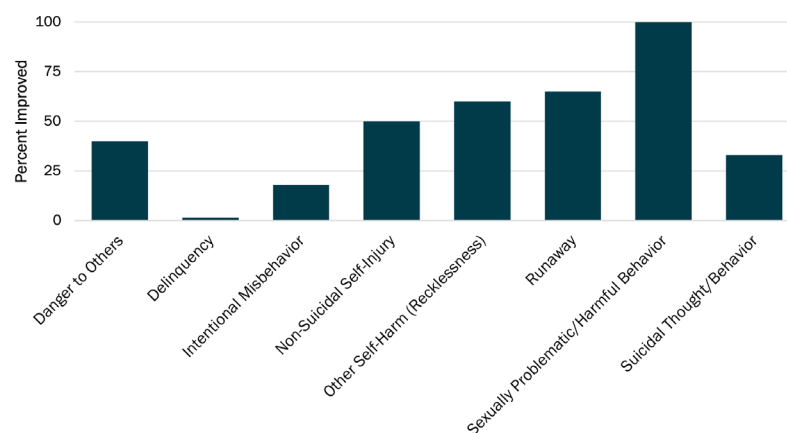
### HOW WELL

- 97%** of families agree or strongly agree they received the help they needed from Baird School.
- 78%** of families agree that the services provided by Howard Center during the COVID-19 pandemic were helpful.

### BETTER OFF

- On average, Baird School students attained at least a **one-year's growth** in reading and mathematics.
- 17 students were discharged** from Baird School in 2020-2021, and 41% returned to a regular classroom with fewer supports.

Child and Adolescent Needs and Strengths (CANS) Child Risk Behaviors: Percentage of Improvement



**PARTNERS:** Council for Independent Schools, Vermont Agency of Education, Vermont Council of Special Education Administrators, Vermont Department of Mental Health, and other Howard Center programs

**“The team that has been working with our family has been amazing, and the impact that has had for our son is awesome. Thank you so much.”**

—A parent

**“My son absolutely loves school there, and I’m so thankful for that. I see growth in his mental health and self-regulation, and I know it’s largely due to the work he does at school.”**

– A parent

**“Thank you all at Howard. You are helping our future generation and changing lives, all while helping the children get the best education regardless of their traits.”**

– A parent



# Jean Garvin School



## PROGRAM DESCRIPTION

The Jean Garvin School is a licensed and approved independent school for students in grades 7-12. Highly qualified, licensed teaching staff provide a supported and multi-faceted approach to academics and treatment that encourages students to reach their full potential.

## PERFORMANCE MEASURES

### HOW MUCH

- **33 students** were served by the Jean Garvin School during FY21.
- A quarter of the students **split their day** between Jean Garvin and their public high school.
- Staff, students, and families worked together to create a **Garvin Community Food Pantry**.

### HOW WELL

- In confidential surveys, **90%** of students and their families indicated that the services they received were right for them.
- **81%** of students and their families reported that their quality of life improved as a result of the services they received.
- **85%** of students and their families reported that the services they received made a positive difference in their lives.

### BETTER OFF

- Pre- and post-assessments indicate that students at the Jean Garvin School **decreased their level of problematic (behavioral and emotional) functioning** over the course of the school year.
- For students who were identified as having clinical needs related to anger control on their initial assessment, **67%** reduced their level of need in this area.

**“Everybody is very supportive, the teachers care about each individual, and they want you to learn and also at the same time to have fun.”**

**— A student**



**“The staff did a great job protecting students from COVID-19. The staff also maximized learning time, which was appreciated by our family.”**

**— A parent**

**During this unprecedented pandemic school year, staff and students at the Jean Garvin School remained COVID-19 free. Students adapted to the necessary changes in structure and schedules to practice COVID-19 safety, and they were able to attend school in person for the entire year.**

**The school has the capacity to provide services for 27 students, and staff encourage students to experience success through independence, mastery, belonging, and generosity. Using a relational model that infuses both non-violent communication and a restorative approach, the school creates a trauma-transforming environment.**

**PARTNERS:** Chittenden County Consortium, Chittenden County public schools, Williston Central School lunch program

# INCLUSION



## PROGRAM DESCRIPTION

The purpose of the INCLUSION program is to provide school and home-based supports and services to clients with emotional disabilities, in order to help them find success in public school. The INCLUSION program is highly responsive to the needs of school districts, beginning services to students within four weeks of referral acceptance.

## PERFORMANCE MEASURES

### HOW MUCH

- INCLUSION served **46 students** and their families.
- INCLUSION provided services in **seven** Chittenden County School Districts.
- Served **21 students** in the Positive Behavior Intervention and Supports (PBIS) consultant model.

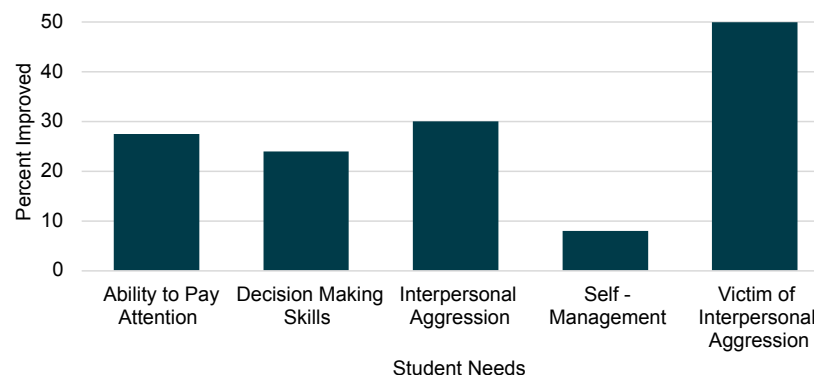
### HOW WELL

- **94%** of families agree or strongly agree they received the help they needed.
- **83%** of families found the services provided by Howard Center during the COVID-19 pandemic helpful.

### BETTER OFF

- **10 students** discharged to in-school regular classrooms with less support (18%).
- **36 students** remained in services (64%).

**Child and Adolescent Needs and Strengths (CANS) Student Need:  
Percentage of Improvement at post measurement**



**PARTNERS:** Chittenden County School Districts, Vermont Department of Mental Health, Vermont State Behavior Interventionists Directors Committee, Vermont Council of Special Education Administrators

**“Thank you to every one of you for all your help and support with J. You guys rock!!!”**

**— A parent**

**“It is an amazing program. It is very important in our community to have options like this for students who do not succeed in public schools. The interventionists were amazing.”**

**— A school partner**

**“The inclusion program covers all aspects of life that will effect a student’s behavior/well-being. I think that the team worked well together.”**

**— A school partner**

# School Services



## PROGRAM DESCRIPTION

School Services collaborates with public school staff teams and families to address the challenges that prevent youth from experiencing healthy development and school success. School Services Clinicians (SSC) provide intensive youth and family-focused mental health, case management and problem-solving support. They act as the link between home, school, and community. Additionally, they integrate into the school team and offer school-wide mental health prevention, intervention, and crisis consultation.

## PERFORMANCE MEASURES

### HOW MUCH

- School Services has **62 masters level clinicians** and three interns working in 47 schools and/or alternative programs across eight districts.
- School Services served **784 formal clients** and 1,055 informal clients.
- School Services made **1,314 Howard Center referrals** or community connections.

### HOW WELL

- **91% of students agree** that they received the help they needed from the School Services clinician.
- **97% of caregivers agree** that “my student and I received the help we needed from the School Services clinician.”
- **97% of school partners** agree that the services had a positive influence on the school’s relationship with the families.

### BETTER OFF

- **86% of clients** improved or sustained academic growth.
- **87% of clients** showed improved or sustained behavioral growth in school.
- **76% of clients** improved attendance or did not have attendance struggles.
- **92%** of caregivers reported their student’s and/or their quality of life improved because of services they received.



**“The School Services Clinician really went above and beyond to make sure we had all information about getting help with food, class schedules, bus schedules and anything else I have needed help with. She always checked in with both my son and I to make sure we were all set with everything. She has honestly been my lifeline for information. I don’t know what I would have done without her. I loved that she also made time to come meet with us face to face while we could not meet at the school.”**

**— A parent**

**PARTNERS:** Chittenden County community service providers, eight local school districts, University of Vermont Medical Center, Vermont Department for Children and Families, and numerous organizations and municipal entities

School Services serves each school’s most at-risk students (as identified by the school team). Most clients experience multiple, significant personal, family and community stressors. School Services clients have an average of 3.5 Adverse Childhood Experiences, as defined by the CDC-Kaiser ACE study. (A score of 3 is considered high and may indicate chronic physical, emotional, and mental health issues in later life.)

# SUCCEED



## PROGRAM DESCRIPTION

SUCCEED is a post-secondary education program for students with intellectual disabilities, provided in collaboration with area colleges. Students participate in four program areas: Student Housing, Education, Campus Life, and Career Development. Students graduate with the ability to live independently, develop and maintain friendships, obtain employment, and establish social connections within their community.

## PERFORMANCE MEASURES

### HOW MUCH

- **12 clients** served in 2021.
- **9 of 12 employed (75%).**
- Celebrated our 11th annual graduation ceremony in July 2021 (**53 grads since 2011**).

### HOW WELL

- **84 clients** served since 2008.
- **16 UVM undergrad Social Work students** have completed their senior year internships with SUCCEED.
- **Two residential sites.**

### BETTER OFF

- **4 of 5 (80%)** of our 2021 grads have transitioned to independent living with Burlington Housing Authority vouchers.
- **89%** of our grads since 2011 have transitioned to independent living.
- **66%** student employment rate since 2016.

**“... monumental leaps in the development of both his confidence and his independence- moving to a new community but also learning how to cook beyond his typical morning egg sandwich.”**

**— A SUCCEED parent speaking about their son’s experience**

**Due to COVID-19, program staff have supported all students with navigating virtual meeting platforms, such as Zoom and Google Meet. This has given students a safe way to continue participating in their college courses and maintain relationships.**

**PARTNERS:** Burlington Housing Authority, Community College of Vermont, local businesses, local employers, and the University of Vermont





## Residential Services

We partnered with first-year medical students from the University of Vermont Larner College of Medicine on a landscaping project at one of our programs.

Our residential services support people in many different types of living situations to accommodate individual support needs and preferences including apartments, group homes, therapeutic community residences, and shared living and other innovative living models.





# Family Supportive Housing



## PROGRAM DESCRIPTION

The Family Supportive Housing (FSH) program is a collaboration between the State of Vermont, the Committee on Temporary Shelter (COTS), and Howard Center, with the goal to move families more rapidly from shelter and from state-funded motel stays into housing. Working in their homes with a Howard Center licensed clinician, families work on goals to maintain housing. The FSH clinician offers clinical and life skills assistance to each household, including therapeutic individualized counseling, support to improve family functioning, parenting education, and life skills. The clinician addresses barriers and helps families make life-long sustained changes to prevent the cycle of homelessness from reoccurring.

## PERFORMANCE MEASURES

### HOW MUCH

- **33 families** received services, a 64% increase from the previous year.
- **Nine** families completed and were discharged from Family Supportive Housing. This means that those families discharged from the program were stably housed and able to maintain their residence.

### HOW WELL

- **100%** of families discharged from the Family Supportive Housing program were stably housed, compared to 58% statewide.
- **100%** of the families that completed the satisfaction survey indicated that they would recommend this program to others.

### BETTER OFF

- **96%** of families were actively engaged with service providers, compared to 93% statewide.
- **100%** of families completing the survey felt confident in accomplishing things on their own.
- **100%** of families that completed the survey indicated that they know how and where to access supports if needed.



**When a single dad raising two school-aged daughters started the program, he was struggling to maintain housing due to frequent conflicts with his neighbors. He began meeting weekly with his FSH clinician, participated in weekly therapy, and found therapists for his daughters. He also moved to a new apartment where he has a positive relationship with a supportive building manager.**

**PARTNERS:** Burlington Housing Authority, Champlain Housing Trust, Champlain Valley Office of Economic Opportunity, Chittenden County schools, Committee on Temporary Shelter, Lund, Trinity Children's Center, Vermont Department for Children and Families Economic Services and Family Services Divisions

**This year, the program expanded to include a case manager, hired by COTS. This doubled the number of families that could be served in the Family Supportive Housing program.**

**Throughout FY21, the housing market in Chittenden County, and throughout the state, has been challenging. Finding affordable housing is a struggle for many families in the FSH program, and families have been open to working with clinicians to find and maintain housing.**

# Park Street Program & Fay Honey Knopp School



## PROGRAM DESCRIPTION

The Park Street Program is the state's only community-based residential treatment program serving adolescent males ages 12-17 with sexually problematic behavior. Fay Honey Knopp educates students in grades 7-12 who reside at the Park Street Program. The goal is to provide each youth with the skills necessary to safely reintegrate back into their communities.

## PERFORMANCE MEASURES

### HOW MUCH

- Of the 14 youth receiving services, **12 were in DCF custody.**
- The average length of stay was **18 months.**
- **100%** of the youth referred for services were admitted from six different school districts.

### HOW WELL

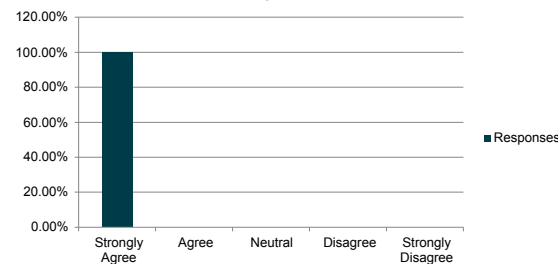
- **100%** of youth discharged and their families report they would recommend Park Street.
- **94%** of youth and their families report that staff worked effectively with them to utilize their strengths and interests.
- **100%** of referring agencies report Park Street is effective at preparing youth for successful community reintegration.

### BETTER OFF

- **0% recidivism** for sexual abuse across five years post discharge for clients over the age of 18 who were successfully discharged.
- **100%** of clients who were discharged to a less restrictive setting maintained the gains made over six months.
- **95%** of clients and families report that their quality of life improved.

**"I believe our son has developed a new level of self-awareness, an understanding of right and wrong, and a greater awareness of caring for others."**  
— A parent

The treatment team understood our family's needs



**PARTNERS:** Agency of Education, Adoption Agencies, foster parents, local colleges, local designated agencies, local school districts, network of providers that work with youth with sexually problematic behaviors, Rutland community, Vermont Coalition of Residential Providers, Vermont Department for Children and Families, Vermont Department of Labor, Vermont Department of Mental Health, Youth Development Programs

Park Street typically serves youth who are in the custody of the Department for Children and Families. However, there is a slight shift in youth being referred for an assessment in the Rutland community to assist the community teams with evaluating the need for treatment.

Park Street maintains its solid reputation, and youth and families value the quality of programming offered. This is indicated in the satisfaction ratings, the benefits gained from treatment, and quality of life improvements.



# Substance Use Services

The Howard Center Arts Collective works collaboratively to ensure that there are opportunities for artists who have lived experiences with mental health challenges or substance use disorders to connect, create, and exhibit work.

Our substance use services vary in intensity from short-term detoxification programs to long-term recovery support. They include therapeutic counseling, recovery support, and medication-assisted treatment programs.



# ACT 1 Substance Use Crisis Program



## PROGRAM DESCRIPTION

The ACT 1 program provides a safe environment where individuals who are incapacitated due to alcohol or other drugs are offered shelter until they regain sobriety. Individuals assessed to be incapacitated are sheltered in the ACT 1 program or due to safety considerations or client refusal, may be referred to the correctional center in police protective custody, or directed to the hospital for medical attention.

## PERFORMANCE MEASURES

### HOW MUCH

- ACT 1 completed at least **606 screenings**.
- ACT 1 had a total of **304 admissions**, representing a 50% admission rate.
- **89%** of admissions were Chittenden County residents, followed by Franklin (2%) and Lamoille (.9%).
- Only **14%** of 606 screenings were sent to the UVM Medical Center Emergency Department.

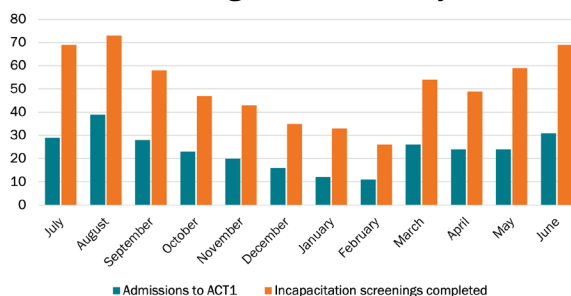
### HOW WELL

- **93%** reported they received the help they needed.
- **100%** reported the staff treated them with respect.
- **86%** strongly agreed or agreed that they received services that were right for them.

### BETTER OFF

- **85%** reported that they felt more stable at discharge than when they arrived.
- **86%** reported that their quality of life improved because of the services they received.
- **93%** agreed that the services they received were helpful during the COVID-19 pandemic.

ACT1 Screenings and Admission by Month



**“All staff here were very kind and caring. I always felt I could approach anyone with a question or concern. If I was having a bad day after I left here, I could always call anyone here to talk. My decision to come here was definitely a great one.” — A client**

**“Thank you to all of the staff for making the facility seem like a home rather than a cell. Hopefully, I’ll never have to come back, but I would gladly if needed to.” — A client**

**PARTNERS:** Local police departments, Turning Point, United Way, University of Vermont, University of Vermont Medical Center, Vermont Department of Corrections, Vermont Department of Health Division of Alcohol & Drug Abuse, Vermont State Police

**There have been significant changes to the program as a result of the COVID-19 pandemic. The overall bed capacity has been reduced, as clients are no longer able to share bedrooms in order to maintain social distancing.**

**The program has continued to only accept ACT 1 clients who are in protective police custody. Despite these changes, the program continues to provide respectful support to ACT 1 clients as they become sober and return to the community.**

**Admission numbers have remained lower than pre-pandemic, which may be due to individuals experiencing homelessness being housed in hotels as part of a state Economic Services voucher program.**

# Bridge



## PROGRAM DESCRIPTION

The Bridge program is a six-bed crisis residential non-medical alcohol and drug detox program, and the only 24/7 detox program in Vermont. The social detox model emphasizes providing peer and social support while the individual is detoxing. Accepting individuals from throughout the state, the program offers 24-hour support, withdrawal management, and referrals to aftercare supports for community members ready to break the cycle of substance use over a five-day period. Throughout the COVID-19 pandemic, we were no longer able to treat individuals in shared rooms which has decreased overall capacity.

## PERFORMANCE MEASURES

### HOW MUCH

- **372 admissions** among 278 individuals. 75% of individuals were admitted just one time.
- **91%** of admissions were for alcohol detox, remaining admissions for withdrawal management from opiates and stimulants.
- **Opiate withdrawal admissions increased** from 23 in 2020 to 38 in 2021.

**“Out of 10 stars, I give Howard Center Bridge detox 11 stars!”**

**— A resident**

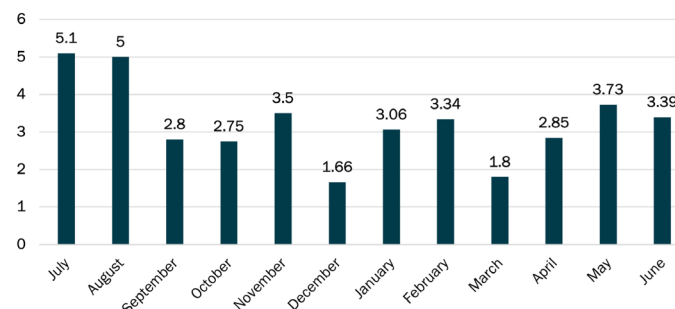
### HOW WELL

- **98%** reported that they received the help they needed.
- **99%** reported that they would rate the quality of services received to be “excellent” or “good.”

### BETTER OFF

- **96%** reported that they felt more stable at discharge than when they arrived.
- **97%** reported that their quality of life improved as a result of the services they received.
- **96%** reported that the services they received made a difference.

**Average Number of Days Between Initial Screening and Admission to Bridge Program**



**PARTNERS:** Burlington 12-Step community, Champlain Inn, Champlain Office of Economic Opportunity, Community Health Center/Safe Harbor, Pine Street Counseling and Day One Intensive Outpatient program, Serenity House, Turning Point Centers, University of Vermont Medical Center Emergency Department, and Valley Vista

Bridge staff meet the individual where they are at and provide options to break the cycle of substance use. They assess and identify areas of concern using a whole-person approach to care, and facilitate referrals to behavioral health, housing, or other social service needs, in addition to substance-specific treatment follow-up.

Ongoing COVID-19 safety protocols have continued to impact the daily flow of the program, such that the program no longer hosts substance use recovery groups in the Bridge building. Instead, individuals are linked to online recovery meetings and in-house community support groups. The program continues to use remote telehealth medical screenings in collaboration with UVM Medical Center Emergency Department (ED) physicians. It has worked well to admit clients to the program without additional ED visits.

Due to workforce staffing issues throughout the state of Vermont, it has been more difficult for a Bridge client to transition directly from Bridge to a residential program, as wait times have increased.

# Chittenden Clinic



## PROGRAM DESCRIPTION

The Chittenden Clinic, the model for Vermont's Hub and Spoke treatment system, provides medication-assisted treatment to people with opioid use disorder and other co-occurring mental health, medical, and social challenges.

## PERFORMANCE MEASURES

### HOW MUCH

- **1,246 clients** were served at the Chittenden Clinic in FY21.
- **1,007 clients** was the average monthly census at the Chittenden Clinic in FY21.
- **75%** of clients have a mental health diagnosis in addition to opioid dependence.

### HOW WELL

- **76%** of clients were retained 90 days or more.
- **90% agreed** or strongly agreed that they were receiving services that were right for them.
- The **time** between first service at the Chittenden Clinic and first dose of medication averaged **less than one day** in FY21.

### BETTER OFF

- **75%** of clients tested negative for opioids after 90 days of treatment in FY21.
- **65 clients** were discharged to spokes in FY21 (a lower level of care).
- **50%** of clients were able to utilize take home medication in FY21 (a proxy for stability in treatment).



**89% of clients agreed or strongly agreed that Chittenden Clinic's services helped improve their quality of life.**



**The Chittenden Clinic is the first opioid treatment provider in the country to receive a certification from the National Committee of Quality Assurance and is accredited by the Commission on Accreditation of Rehabilitation Facilities.**

**During COVID-19, the clinic devised a way to dispense medication to patients who were either exposed to or tested positive for COVID-19. Curbside dosing, as we refer to it, is a way for patients or their proxy to continue to receive their medication. From a public health perspective, it prevents exposure and spread of COVID-19.**

**We have established a satellite area at the clinic where nurses dispense medication to patients who wait in their cars and then approach a "window" for medication.**

**PARTNERS:** Community Health Centers of Burlington, Chittenden County Opioid Alliance, Human Trafficking Task Force, Lund, Special Services Transportation and other Medicaid transportation, Turning Point Center of Chittenden County, University of Vermont Medical Center, Vermont Department of Children and Families/Family Services, Vermont Department of Corrections

# Rocking Horse Circle of Support



## SERVICE DESCRIPTION

The Rocking Horse Circle of Support provides substance use prevention and early intervention support to women who are pregnant and/or parenting and who have also been affected by substance use. The program provides participants with knowledge and skills, and offers a safe and caring interpersonal climate to discuss needs, problems, and issues. It is designed to serve populations in a rural setting who might be isolated and lack access to a variety of resources.

## PERFORMANCE MEASURES

### HOW MUCH

- In FY21, **two sessions** of Rocking Horse (Fall and Spring) were offered to participants virtually.
- A total of **14 women** participated in and completed the fall and spring sessions.
- Groups were offered virtually for **10 weeks**.

### HOW WELL

- **100%** of participants reported that they agreed or strongly agreed with the statement that they felt more hopeful about their future.
- **100%** of participants reported that they received the help they needed.
- **100%** of participants reported that they would recommend Rocking Horse to a friend.

### BETTER OFF

- **100%** of participants who responded to the survey indicated that they learned better ways to manage their stress.
- Participants reported that they are **feeling better about themselves** since participating in the group.
- Participants reported that since participating in the group, they feel **less lonely, sad or worried**.
- Participants reported **increased skills to cope with stress**.



**“I think everything was great and nothing should change other than maybe meeting in person.”**

**— A participant**

**PARTNERS:** Committee on Temporary Shelter; Community Health Center Burlington; Howard Center Chittenden Clinic; other Howard Center Programs; University of Vermont Medical Center; Vermont Department of Health, Division of Alcohol and Drug Abuse Programs

**In FY21, both sessions of Rocking Horse were held virtually. This is not ideal given that part of the group’s purpose is to have face-to-face connection to decrease isolation. Feedback consistently indicated that the virtual platform was less than favorable.**

**We have had several participants return to the group. New group members will be contacted when face-to-face groups return in the future.**

**“It was a great group that helped make COVID-19 times a bit better.”**

**— A participant**

**“Connecting with other mothers was by far most helpful.”**

**— A participant**



# Treatment Courts



## PROGRAM DESCRIPTION

The Treatment Courts are part of a national effort that recognizes that criminal behavior is often the result of a mental health or substance use issue. The courts provide treatment, avoid incarceration, and help individuals develop a healthy lifestyle.

## PERFORMANCE MEASURES

### HOW MUCH

- **47 clients** participated in treatment courts in FY21.
- **772 clinical services** were provided to clients.
- **75%** of Treatment Court clients have a co-occurring disorder.

### HOW WELL

- **100%** of Treatment Court clients reported that staff treated them with respect.
- Treatment Court staff provided over **388 hours** of telehealth services in FY21 to maintain COVID-19 safety requirements.
- **86%** of clients reported that they received the help they needed.

### BETTER OFF

- **22 clients** graduated from the Treatment Courts in FY21.
- **86%** of Treatment Court clients reported that the services they received made a difference.
- **100%** of clients are offered ongoing support to help them connect to resources to address employment, disability determination, housing, food, transportation, and counseling needs.

**PARTNERS:** Attorneys, City of Burlington Police Department, federal and state judges, Mercy Connections, Steps to End Domestic Violence, Turning Point Center, United States Probation Office/District of Vermont, Vermont Department for Children and Families, Vermont Department of Corrections/Burlington Probation and Parole

Howard Center offers **distinct treatment courts for re-entry, drug, co-occurring disorders, mental health, and family issues.** Clients are offered support services, based on individual need, including intensive outpatient therapy, counseling, and case management services.

**100% of Treatment Court staff are trained in Moral Reconation Therapy, a cognitive-behavioral therapy for substance use disorder and offender populations, which has been proven to reduce recidivism rates.**

**To graduate from the program, individuals need to be:**

- **100% free from all non-prescribed substances and/or enrolled in a Medication-Assisted Treatment Program (MAT)**
- **Have stable housing**
- **Employed, in school, or receiving SSI/DI**
- **Have a primary care physician**
- **Connected to sober community supports**
- **Engaged in counseling**
- **Free of all criminal charges**



## Outpatient Services



Our outpatient programs provide therapeutic counseling for mental health and/or substance use issues for Chittenden County children, adolescents, adults, and families in individual and group settings.

# Adult Outpatient Services

(Reach Up, Treatment Courts, Eldercare, Mental Health and Substance Use Disorder Services, and SPOKE services)



## PROGRAM DESCRIPTION

Howard Center's Outpatient Services offers treatment and support to individuals and families struggling with mental health, substance use, and/or intellectual disabilities. Our goal is to ensure immediate access to mental health treatment and to help our clients by providing a wide range of co-occurring and family-oriented treatment options.

## PERFORMANCE MEASURES

### HOW MUCH

- **1,443 clients** were served by Adult Outpatient Programs at Howard Center in FY21.
- **15,731 separate clinical services** were provided by Adult Outpatient Services.
- **850 clients** received medication assisted treatment in an outpatient setting through the Howard Center Spoke Program.
- **252 clients** received intensive outpatient services. (168 received intensive outpatient therapy, 84 participated in the STEPPS program).

### HOW WELL

- **85%** of Adult Outpatient clients reported that they received the help they needed.
- **58%** of new Adult Outpatient clients are offered a face-to-face appointment within five days of their first request to Howard Center.
- Adult Outpatient Programs offer **integrated care** with Primary Care, Reach Up, SASH, Eldercare, VT Lottery and the USPO.
- **93%** of Adult Outpatient Clients reported that staff treated them with respect.

### BETTER OFF

- **61%** of clients who participated in Feedback Informed Treatment reached the optimal target for therapeutic benefit from services.
- **86%** of clients who responded to this year's survey said that Adult Outpatient services made a difference.
- **65%** of clients discharged from adult outpatient programs were rated as improved at the time of discharge.

"[Our Outpatient Clinician] is truly an example of integrity, compassion, and kindness."

— A client



**100%**

**of new Adult Outpatient clients were screened for depression, substance use, and trauma history, using standardized tools.**

**PARTNERS:** Age Well, Blue Cross/Blue Shield of Vermont, Brattleboro Retreat, Community Health Improvement, Milton Family Community Center, Milton Family Practice, One Care, Reach Up, Richford PC, Support and Services at Home (SASH), United States Probation Office, University of Vermont Medical Center, Vermont Department for Children and Families, Vermont Department of Corrections Probation and Parole, Vermont Department of Mental Health



# Youth Outpatient Services



## PROGRAM DESCRIPTION

The Outpatient Program provides professional, confidential and goal-directed counseling, psychotherapy, groups and clinical consultation to children and families experiencing emotional or behavioral difficulties. Consultation services are also provided.

## PERFORMANCE MEASURES

### HOW MUCH

- **8,366 separate clinical services** were provided in FY21.
- **597** clients were served by the Outpatient Program at 1138 Pine Street.
- The Outpatient Program **serves 20 Chittenden County schools**, with at least one clinician providing therapy services.

### HOW WELL

- **100%** of staff are fully trained in Trauma Informed Care.
- **86%** of youth served by the Outpatient Program had a Child and Adolescent Needs and Strengths (CANS) assessment completed in the last six months of services.
- **100%** of clients agreed or strongly agreed that services were right for them.

### BETTER OFF

- **97%** of children/youth receiving services exhibited a decrease in or stabilization of need, as reflected on their CANS assessment.
- **92%** of clients agreed or strongly agreed that the services they received made a difference.



**100%**  
of Outpatient Services clients at  
1138 Pine Street agreed that their  
quality of life improved as a result  
of the services they received.

**PARTNERS:** Chittenden County Schools, United States Probation Office, Reach Up, Support and Services at Home (SASH), Age Well, Milton Family Practice, Richford PC, Vermont Department of Children and Families, CommonSpirit Health Insurance/Blueprint, University of Vermont Medical Center, Milton Family Community Center, Vermont Department of Mental Health, OneCare, State Probation and Parole, Brattleboro Retreat

**“Our Howard Center support is crucial to our success as a family and in how we support our son.”**

— A parent

**“No matter what the conversation is or where my mental health is, [our clinician] is always supportive, willing to help advocate with/for me, and treats me with the dignity and respect I have earned for all the hard work on my PTSD and mental health struggles. I appreciate it and unfortunately it doesn't happen often.”**

— A parent



## Notes

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