



**HOWARD
CENTER**
Help is here.

FY22 OUTCOMES REPORT



7/1/2021 - 6/30/2022



Access and Intake Team with Cultural Liaisons

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 enrolled as clients and an estimate of other community members supported.*

Letter from the CEO

Dear Clients, Friends, Partners, and Supporters:

For more than 150 years, Howard Center has responded to the changing needs of our community. Recently, those needs have been accentuated by the challenges presented by COVID-19. We have seen more people struggling with mental health and opioid use because of isolation and lack of connection. Our staff have continued to address those challenges with compassionate, client-focused care.



As the pandemic highlighted some of the difficulties faced by our clients, we modified our services or introduced efforts to meet those challenges including telehealth services, communication supports, and enhanced diversity and inclusion initiatives to ensure that everyone has access to the help they need.

The pandemic now seems to be transitioning to an endemic, and some of the stress our clients have felt has subsided but it was a traumatic time for everyone and the effects will be with us for some time to come. This period in time has only underscored our commitment to continue to serve our community as we have for the past 150 years.

This report is a testimony to our staff whose commitment to support the most vulnerable members of the community remains steadfast. I am grateful for their efforts. I think you will be, too.

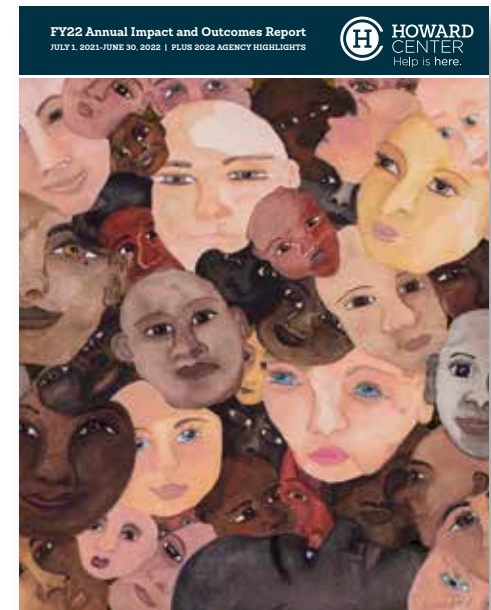
Regards,

Bob Bick, *Chief Executive Officer*



FY22 Outcomes Evaluation Project

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



*Our annual report is available by request.
Email developmentteam@howardcenter.org.*

Leadership, Board of Trustees, and Honorary Council



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* This list represents our board for FY22.

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Matt MacNeil, Ed.D, LCMHC, *Director of Evaluation and Outcomes*
Sandy McGuire, MBA, *Chief Financial and Operations Officer*
Simha Ravven, MD, *Chief Medical Officer*

Understanding This Report

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. Icons can be found in the upper right-hand corner of each page.



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 the skills and confidence 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 apartments, group homes, therapeutic community residences, shared living options, and other innovative living models.



Substance Use Services

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

OTHER NOTES:

Community Partners: We list community partners throughout this publication, defined for this purpose as community service providers, municipalities, State administration departments, law enforcement agencies, legislators, non-profit organizations, colleges and universities, private and public funding agencies, businesses, and others.

Quotes: The quotes in this report rarely include identifying information because maintaining client confidentiality and privacy is at the heart of everything we do.

Overview highlights and notables: The right-hand sidebar includes a variety of additional information selected by each program to provide the reader with relevant information and demonstrate impact.

Community Education FY22

FREE AND OPEN TO THE PUBLIC

By the Numbers



WHAT PEOPLE ARE SAYING:

"The film was moving and informative. Even hopeful. The panelists really added from their professional and personal experiences."

"Tackled a difficult topic."

"The speaker was very personable with great insight to the impact of childhood trauma on mental health."

"Presenter shared specific behaviors to help reduce stress and compassion fatigue."

2015-2022 STATS

3,790

total attendees

130

experts in the field presented

92%

reported they learned something from attending

90%

would recommend the presentations to others

76

average attendees per session

50

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 shape a more compassionate and engaged community. Presentations are videotaped and available at www.howardcenter.org.

Due to the COVID-19 pandemic, the spring sessions of the Community Education Series (CES), our World Mental Health Day (WMHD) event, and our annual conference were offered via Zoom webinar.

FY22 SERIES HIGHLIGHTS (CES AND WMHD COMBINED)

8

sessions

WMHD

Our second World Mental Health Day (WMHD) event was in the Fall of 2021

550

attendees

86%

of participants responding to survey learned something

1

nationally-recognized speaker

81%

of participants responding to survey would recommend the presentation to others

Annual Conference FY22

VISION, VISIONARIES AND VOICES


5TH ANNUAL CONFERENCE

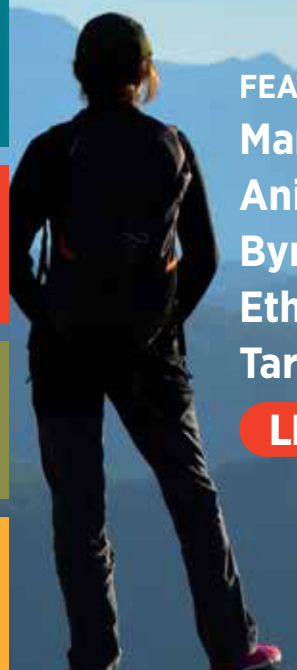
Vision, Visionaries and Voices

FEATURING
Mary Bassett
Anita Hill
Byron Katie
Ethan Nadelmann
Tara Westover

LEARN MORE

4.7.22

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*"Outstanding moderating/
interviewing by Jude Smith
Rachele. Great line-up
of guests. Wonderfully
informative videos
throughout the day."*

*"I liked the wide variety
of high quality nationally
renowned speakers."*

*"The organization was
seamless for virtual, very
impressed. I loved hearing
about Tara Westover's story
and resilience. Dr. Rachele's
facilitation added so much
depth to each presenter."*

*"Diversity of presenters with
different life experiences and
perspectives, both personal
and professional. Topics
were very relevant for our
work in the agency today."*

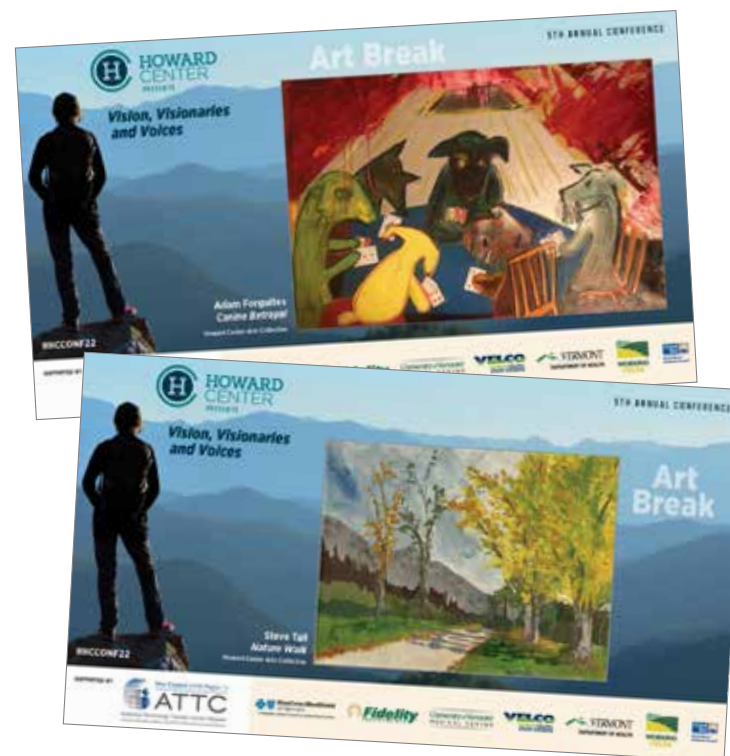
*"The content was relevant,
interesting, inspiring, and
it was real, thoughtful,
and from the heart."*

513
virtual
attendees

99%
reported that they would
attend another conference.

95%
reported that they
learned something
relevant to their work.

Average Recommendation
Score of
9.01,
based on a scale of 1-10,
10 being the highest.



Howard Center Overview

19,513 INDIVIDUALS SUPPORTED IN FY22



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

- **11,513 individuals** are enrolled as clients and an estimated **8,000** additional community members were supported.
- **3024** new clients.
- Howard Center operates **60+ locations** across the state.
- Howard Center provided **12,080,310 service hours**.

HOW WELL

- **90%** of clients reported they **received the help they needed**.
- **90%** of clients reported that the **services they received were right for them**.
- **97%** of clients reported that **staff treated them with respect**.

BETTER OFF

- **91%** of clients reported that Howard Center **services made a difference**.
- **87%** of clients reported that their **quality of life improved** because of the services they received.
- **96%** of clients are **currently housed**.

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, municipalities of Chittenden County cities and towns

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

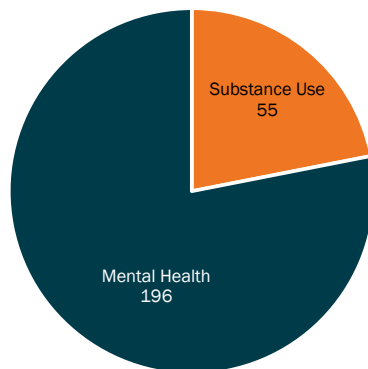
SERVICE DESCRIPTION

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

- **14,689** calls made to the call center, a 25% increase from last year.
- The recently hired urgent care case manager has served more than **18 clients**.
- **251 assessments**.



HOW WELL

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

BETTER OFF

- Clients received support from an Intake Navigator while waiting for services, or they were connected to appropriate services.
- **261 new clients**—adults and children—received services for mental health and/or substance use.
- **7,541 services** were provided to mental health clients, 5,296 more than last year, and **733 services** were provided to clients with substance use disorder.

OVERVIEW HIGHLIGHTS AND NOTABLES:

This past year, Access and Intake added three new positions for the Cultural Liaison Program and an urgent care case manager. The three cultural liaisons have served over 26 clients in five months and provided 278 services to clients.

"Honestly amazing people. Beyond helpful and there when you need them. They were able to relieve a lot of stress and help get thing in place for my daughter."

—A parent

PARTNERS: A New Place; Age Well; Association of Africans Living in Vermont; Brattleboro Retreat; Burlington Police Community Liaisons; Champlain Valley Office of Economic Opportunity; Committee on Temporary Shelter; Community Health Centers of Burlington; The Family Room; Pathways Vermont; Refugee and Immigrant Service Provider Network; Safe Harbor; Turning Point Center; U.S. Committee for Refugees and Immigrants Vermont; University of Vermont Medical Center; Vermont Department for Children and Families/Economic Services Division; Vermont Department of Disabilities, Aging, and Independent Living/Adult Protective Services; Vermont Department of Mental Health; Vermont Department of Health/Children with Special Health Needs



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.

Zoe's Race is an annual event designed to raise funds for local families who are in need of support to make their homes accessible.



ARCh (Accessing Resources for Children)



PROGRAM DESCRIPTION

ARCh is a collaboration between Developmental Services and Mental Health Services to provide integrated support services to children and youth 0-22 years of age. Clients have a developmental disability, mental health diagnosis, or a combination of both. Every child/family works with a care coordinator who helps to connect them to resources, routines, support, school meetings and transitions to adult services.

PERFORMANCE MEASURES

HOW MUCH

- ARCh served **300 children** and their families.
- Care coordinators carry caseloads of **25-30 clients**.
- The living skills program has not been fully staffed for over a year and at this time can only serve 30 clients.

HOW WELL

- **79 families** completed satisfaction surveys.
- **92%** claimed the services were right for them and their family.
- **99%** of clients said that staff treated them with respect.

BETTER OFF

- **94%** of those surveyed said they received the help that they needed.
- **90%** indicated that the services they received made a difference in their life.
- **94%** would recommend ARCh to family and friends.

“I wish Howard Center would get more funding from the state so that services can be even more accessible to families and not have to deal with long waitlists or lack of supports in the community. Other than that, ARCh has been very helpful to figure out ways to meet my sons needs.”

—A parent



PARTNERS: Children with Special Health Needs; CHILL Foundation; Chittenden County Schools and some alternative schools out of county; Lake Champlain Community Sailing Center; Physicians' offices; Statewide Autism Workgroup; University of Vermont Medical Center; Vermont Department of Disabilities, Aging, and Independent Living; Vermont Department of Mental Health

OVERVIEW HIGHLIGHTS AND NOTABLES:

ARCh continues to serve a high number of clients, with 112 on the waitlist, which represents a two-year wait. The long waitlist is due to a funding cap, the number of families/clients that need help, and the increased number of children diagnosed with autism.

There has been an increase in the number of young children—sometimes as young as two months old—being referred to ARCh because physicians and providers are suggesting families get on the waitlist even while their children are infants so that service can begin around age two.

Even as the number of clients has increased, the percentage of families who are satisfied with services has remained high. Families who only need monthly contact want to remain in ARCh due to the flexibility the program offers. However, there has been a significant increase in the level of need, including an increase in crisis needs. Families continue to express a strong desire for living skills and often express frustration for the long wait for services.

Community Outreach Program



PROGRAM DESCRIPTION

With the support and encouragement of town managers and police chiefs, the Community Outreach Program was created 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 **2,326 contacts** among 898 unique individuals.
- 1,161 face-to-face** contacts with 348 unique clients.
- 6,944 calls** and 155 youth contacts.
- 76%** of face-to-face contacts were co-responses with law enforcement. **58%** of these responses were able to safely divert police presence, saving law enforcement 514 hours to meet other emergent or criminal needs.

“Community Outreach bridges the gap between mental health services and law enforcement. . . . access and ability to link people to the proper services or providers is paramount.”

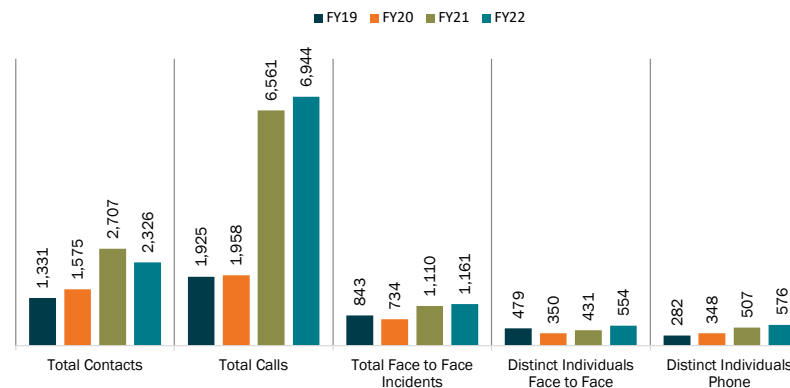
—A stakeholder

HOW WELL

- 1,240 discrete referrals** made to ongoing behavioral health, medical/dental, and social service resources in the community.
- 56% (516/927)** of police-involved contacts were able to divert first responder/police involvement.
- 38% (883/2,326)** of face-to-face contacts were proactive, helping individuals before a crisis occurred.

BETTER OFF

- 92%** of individuals showed immediate improvement after outreach support.
- 91%** of stakeholders claimed the community is better off because of the Community Outreach team.
- 329 referrals** were made to First Call for Chittenden County when immediate care, a higher level of care, or police involvement was needed.



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

OVERVIEW HIGHLIGHTS AND NOTABLES:

The team continues to proactively engage individuals in the community, while diverting the unnecessary use of first responder resources. Of note, there was a 29% increase in youth contacts this fiscal year.

Unique client count shows a slight decrease compared to last year, suggesting that the team continues to see known individuals at an increased rate, with 58% of the contacts having Designated Agency services. Only 7% of all contacts resulted in an emergency room visit, indicating fewer individuals seek out the emergency department for non-emergent needs.

Of significant importance is the decrease of police-involved contacts, despite the number of overall increased contacts. This suggests that community members are using the appropriate service to meet their needs. Additionally, the hours that were saved by law enforcement being able to leave a safe scene while the specialist remained with the individual increased by 38%.

Community Support Program (CSP)



PROGRAM DESCRIPTION

The Community Support Program (CSP) serves adults with significant mental health issues, many with co-occurring substance use challenges. CSP provides case management, psychiatry, employment, residential, and recovery supports. Criteria for the program are set by the Department of Mental Health, and CSP also serves a court-mandated population.

PERFORMANCE MEASURES

HOW MUCH

- **512 clients** received services.
- The CSP served as the representative payee for **162 clients**, facilitating the transfer of federal financial assistance to clients in a timely manner.
- **27** is the **average caseload** for case managers, an increase of one from the previous year.
- CSP's Career Connections employment program served **108 clients** (ages 18-64).

HOW WELL

- **88%** of CSP clients reported that they received the help they needed.
- **88%** of CSP clients reported that staff treated them with respect
- **90%** of Career Connections clients said that the services were right for them.
- **75%** of clients reported that their quality of life improved.

BETTER OFF

- **75%** of clients who responded to this year's survey said that CSP services made a difference.
- **95%** of CSP hospitalized clients received clinical services within seven days of discharge.
- **100%** of new clients were screened for depression, substance use, and trauma history.



"Thanks for the help!"
—A client

OVERVIEW HIGHLIGHTS AND NOTABLES:

Here's what our clients are saying:

"Howard Center has changed over the years, but I always get the services I need."

"I am getting help with school and finding things to learn about."

PARTNERS: Burlington Housing Authority, Cathedral Square, 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 **five groups** with **39 participants** (32 clients, seven support staff).
- The DBT program runs from September to May, providing **31 two-hour group sessions**.
- Of 32 client participants, **10 receive additional individual therapy** from Integrated Outpatient Services.

When asked what was most helpful about the group:

- “I learned to communicate better.”
- “Tools to help with radical acceptance”

HOW WELL

- The DBT program is supported by 12 skills leaders with a combined **68 years of DBT experience**.
- The DBT program **expanded** to include clients from Community Support Programs.
- **100%** of survey respondents agreed/strongly agreed that their skills leader treated them with respect.
- **88%** of survey respondents agreed/strongly agreed that the program was right for them.



100% of survey respondents agreed/strongly agreed that the program made a difference for them.

BETTER OFF

- **88%** of survey respondents agreed/strongly agreed that they received the help they needed.
- **88%** of survey respondents agreed/strongly agreed that their quality of life improved because of the services they received.

OVERVIEW HIGHLIGHTS AND NOTABLES:

This year, groups were offered in-person; however, the program shifted to Zoom for a portion of the year when there was an increase in COVID-19 cases during the winter months. For many clients, this was a challenge, and they reported that in-person was the preferred format.

The addition of clients from the Community Support Program was an exciting change to our program that elicited new perspectives and increased the diversity within the program. The effectiveness of the program and adaptability of the material is evident, as collaboration with other programs within Howard Center, including school services, has increased.

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

Early Childhood and Family Mental Health Program (ECP)



PROGRAM DESCRIPTION

The Early Childhood and Family Mental Health Program (ECP) supports the social and emotional growth of children, from birth to age 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

- **158** children received ECP services, including **87 new referrals**.
- **8,234 services** were provided; each family received at least one service per week.
- **23 clients** received on-going counseling with clinicians in the Perinatal Support Services program.
- Clinicians provided **115 hours** of consultation services, including child-specific support and in-service trainings.

HOW WELL

- **91%** of families surveyed indicated that they received the help they needed and that the services were right for them.
- **77%** of new client inquiries were contacted by telephone within five days and offered an intake and assessment appointment.

BETTER OFF

- **91%** of families surveyed indicated that their quality of their life improved because of the services they received and that they made a positive difference for their family. This is a 6% increase from the previous year.
- **94%** of clients/families participating in treatment plan reviews indicated that they achieved at least one of their identified goals.

"Our clinician was such a blessing to our family. My daughter and I felt comfortable and safe speaking with her about our issues, and she helped us to navigate through situations and explained her thinking in a way that was easy to understand, intelligent, warm, and natural."

—A parent

PARTNERS: Area early education programs/providers, Building Bright Futures, Children's Integrated Services, Chittenden County School Districts, University of Vermont Medical Center Pediatric and Family Practices, Head Start, Vermont Department for Children and Families

OVERVIEW HIGHLIGHTS AND NOTABLES:

With the support of federal and state partners, ECP received training and began to provide perinatal mental health services. At present, at least 1 in 5 women suffer from depression and/or anxiety during the perinatal period.

ECP facilitated a free, full-day training, "When Survivors Give Birth," to 369 providers in Vermont—and the country—to support the best treatment for individuals experiencing Perinatal or Postpartum Mood and Anxiety Disorders.

Here's what our attendees are saying:

"A huge thank you to Howard Center for hosting this learning opportunity. I will apply this information to my direct service practice."

"I have a greater understanding when working with pregnant/postpartum parents with young children who are working to stop cycles of generational trauma."

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



PROGRAM DESCRIPTION

Living Skills Interventionists in the Enhanced Family Treatment (EFT) and Family and Community Based Services (FCBS) programs 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 **29 clients**.
- FCBS/EFT interventionists provided **2,495 hours** of individual community supports.
- Interventionists offered **14 weeks** of group, vacation, and summer programming. Three Interventionists and three youth participated in Burton's CHILL program over the course of six weeks.

HOW WELL

- **81%** of Living Skills clients were able to maintain community level of care at the time of discharge.
- **89%** of the care givers who completed the consumer satisfaction survey reported that Living Skills services were the right service for their child.
- **100%** of the caregivers who completed the consumer satisfaction survey reported that Living Skills services made a difference for their child.
- **100%** of caregivers reported that staff treated them with respect.

BETTER OFF

- **All clients** who stepped down to EFT from a higher level of care were discharged after the completion of services to a lower level of care.
- Nearly **80%** of the caregiver's who completed the consumer satisfaction survey felt the Living Skills service improved the quality of their child's life.
- **100%** of Living Skills clients were able to access and successfully participate in activities within their communities with the support of their Interventionists..



"People are there for you. Adults here are helping kids solve problems."

—A client

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

OVERVIEW HIGHLIGHTS AND NOTABLES:

The lingering effects of the COVID-19 pandemic continued to have an ongoing impact. Throughout the year, there were consistently two or three open interventionists positions. These vacancies impacted the number of clients served, the structured skills groups offered, and the overall services provided. Recruitment remained a significant challenge for this program and the agency as a whole.

Scheduled services were missed due to the need for clients and staff to quarantine or cancel activities or appointments because of illness/symptoms. Telehealth was offered in some circumstances; however, it was accepted to a much lesser degree.

This year saw an increase over last year in the number of clients who needed a higher level of care at discharge. This seems to be in line with the increase in needs and acuity within the current system of care.

Family and Community Based Services



PROGRAM DESCRIPTION

The Family and Community Based Services program provides in-home family support 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. Clinicians work closely with families to determine goals and objectives and monitor progress.

PERFORMANCE MEASURES

HOW MUCH

- **3,732 hours of service** were provided to children and their families through Family and Community Based Services.
- **149 clients and their families** were supported by seven Family and Community Based Services clinicians.
- **47 families** were discharged from the program.

HOW WELL

- **83% of families** who completed the satisfaction survey said this was the right program for them.
- **100% of families** would recommend this program to a friend or relative.
- **100%** of the families who completed the satisfaction survey agreed that the services provided were helpful to the family and/or the client.

BETTER OFF

- **99% of families** reported that they did not have DCF involvement at the time of discharge.
- **100% of families** felt that their quality of life had improved as a result of their participation.
- **98%** of families discharged from the program stepped down to less intensive services, including outpatient counseling and school services, or they were no longer in need of additional services.



“My clinician was amazing. She went above and beyond with her service and availability, always made great suggestions, and provided information about services that we had no idea about.” —A client

PARTNERS: Child Care Resource and Referral; Howard Center programs, including Access and Intake, Crisis Stabilization Program, Early Childhood Program, First Call for Chittenden County, Howard Center outpatient therapists, school-based clinicians, and Jarrett House; King Street Childcare program; primary care physicians; private outpatient therapists; schools; Vermont Department for Children and Families; and Vermont Family Networks

OVERVIEW HIGHLIGHTS AND NOTABLES:

During the year, there were two staff vacancies. One position was filled within a month. The second remained vacant for over five months.

At the end of the second year of the COVID-19 pandemic, staff continued to meet with families in their home and/or the community, unless families requested to have their meeting virtually.

“Thank you so much for your services. You really saved my life.”

—A client

Impaired Driver Rehabilitation Program



PROGRAM DESCRIPTION

In Vermont, most individuals convicted of an impaired driving offense must successfully complete the state's Impaired Driver Rehabilitation Program (IDRP) before driving privileges can be reinstated. The IDRP uses an evidence-based educational curriculum to provide 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

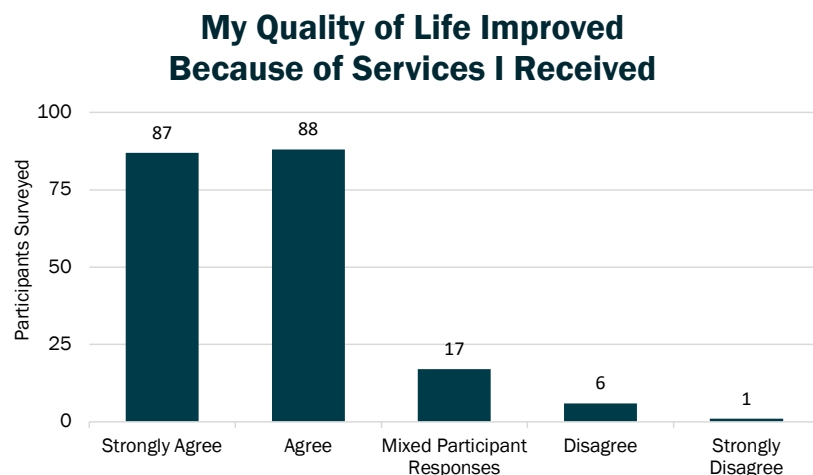
- **214** individuals completed the program's education component.
- **278** new individuals were enrolled.
- **Four** Impaired Driver Rehabilitation Program participants required interpretive services.

HOW WELL

- **97%** of 199 participants surveyed agreed or strongly agreed that they received the help they needed.
- IDRP 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.
- **88% of 199 participants** surveyed agreed or strongly agreed that their quality of life improved because of the services they received.



OVERVIEW HIGHLIGHTS AND NOTABLES:

To ensure success, IDRP provides additional support, including interpretive services and customized curriculum to individuals when clinically indicated, such as English as a second language, reading supports, etc.

Here's what our clients are saying:

"This class will help me moving forward to make a happy and healthy life that revolve around healthy and safe choices."

—A client

"I've already begun to incorporate what I've learned into my habits related to drinking, and even educated my friends about what I learned."

—A client

PARTNERS: Association of Africans Living in Vermont, Vermont Department of Health Division of Substance Use 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 **1,233 hours of service** to families.
- **65 clients** received services.
- **47 families** requested services to prevent out-of-home placement and 18 clients sought reunification supports.



1,233
hours of service

HOW WELL

- **100%** of survey respondents reported that their family will have a positive future after receiving services.
- Consumer satisfaction survey respondents reported learning more about healthier techniques to communicate effectively with their children, resulting in **less conflict**.
- IFBS clinicians were able to **stay engaged** with all families during the pandemic via Telehealth or at outdoor sites in the community, if families were not comfortable inside homes or offices.

BETTER OFF

- **100%** of families who completed the satisfaction survey said that they are likely to look for outside help when dealing with future problems, instead of trying themselves without support.
- **100%** of families who completed the satisfaction survey said that the services made a difference in their life.
- **100%** of families who completed the satisfaction survey said that their quality of life improved.

“So many things were helpful to us—in-person meetings, meetings at household in place of an office setting. Creating “visual aids” to refer to in stressful situations, consequently reducing the likelihood of a conflict. The staff was phenomenal! They LISTENED and didn’t just “read from script.” I can not say enough about the knowledge and professionalism both provided!”

—A parent

OVERVIEW HIGHLIGHTS AND NOTABLES:

This year, IFBS served the community with a full staff, which allows the program to fulfill its contract.

The program primarily served families in their home and used telehealth when a family or clinician could not attend in-person meetings.

The program continues to serve the entire family to ensure that all members are supported and able to meet goals and, if needed, connect to services.

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

Jump On Board for Success (JOBS)/ Youth in Transition (YIT)



PROGRAM DESCRIPTION

The Chittenden County Jump on Board for Success and Youth in Transition Programs serve youth, ages 16-22, who have been identified as having an emotional/behavioral disability and are in need of intensive case management services and support to attain and maintain a job.

PERFORMANCE MEASURES

HOW MUCH

- JOBS and YIT served **79 clients**, 65 of whom became employed; 82% of clients were employed during some point in the fiscal year.
- **All youth** developed personal treatment goals and received mental health assessments.
- **83%** of youth maintained Medicaid or another health insurance and were able to access a primary care physician or establish a medical home.
- **63%** of youth made progress on their academic goals and completed high school or attended college classes.

"Thanks for all you do. M's confidence has grown so much over the last couple of years since you started working with him."

—A parent

HOW WELL

- **82%** of youth engaged in services and built therapeutic relationships with their clinicians to continue services.
- Services and contacts, which included in-person and remote options increased **15%**.
- **JOBS Program clinicians** are licensed, master's level, or working towards their master's degree and have been trained in trauma informed care, as well as the Transition to Independence Model (TIP) which helps young adults with mental health challenges gain independence.
- **100%** of youth surveyed reported that staff treated them with respect.

"I probably wouldn't be enrolled in CCV or doing so well if it weren't for you."

—A client

BETTER OFF

- **93%** of youth served made progress towards personal and treatment goals, such as increased living skills, stable housing, mental health/substance use treatment, positive social supports, and getting a driver's license.
- **83%** of youth were better able to manage their finances, **56%** maintained or secured safe housing, and **90%** were housed independently or with family/friends at discharge.
- **72%** of youth reported that they were able to tend to their mental health needs and improved their mental health.
- **40%** were able to advance their educational status at discharge.

"Thank you for your faith in me."

—A client

OVERVIEW HIGHLIGHTS AND NOTABLES:

The JOBS program is a collaboration with Spectrum Youth and Family Services and HireAbility VT. Clinicians in the program build trusting relationships with youth and support them to gain stable, competitive employment. The program uses a holistic, positive youth-development approach.

Clinicians work with clients to establish treatment goals and find ways to overcome barriers that prevent youth from living successfully in the community. Clinicians meet with clients on-site and in the community.

This year, there was an increase in the acuity of mental health challenges that clients experienced. This was due in part to an overall increase in anxiety and the isolation many have experienced due to the pandemic. Much of the work with clients has been focused on decreasing anxiety and building tolerance and the motivation to be out in the world again. The loss of social opportunities since COVID-19 seems to have taken a toll on mental health in ways we still don't fully understand and continue to experience.

PARTNERS: Creative Workforce Partners, HireAbility VT, Northeastern Family Institute, Spectrum Youth and Family Services, Vermont Adult Learning, Vermont Department for Children and Families, Vermont Family Network, ReSource

Parent-Child Interaction Therapy



PROGRAM DESCRIPTION

Parent-Child Interaction Therapy (PCIT) is an evidenced-based therapy for children ages 2½ through 6 with behavioral challenges, and their caregivers. The certified 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

- **27 families** received PCIT services, including **35 new referrals**.
- The supervisor position was expanded to full-time and two part-time positions were added to support the **continued demand for services**.
- **One clinician was certified as a PCIT-toddler therapist**, enabling the program to serve children ages 12 to 24 months.

HOW WELL

- **100%** of families, at completion of their treatment, indicated that they received the help they needed and that the services were right for them.
- Based on the Eyberg Child Behavior Inventory (ECBI) scores at pre- and post-PCIT treatment, the intensity of stress/challenges decreased by an average of 41.5 points, a **30% reduction** related to the impact of challenging behaviors within the family.
- One clinician attended the **PCIT International Conference** 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.

"I trusted my clinician completely, and she and the therapy process has given me much more hope as a parent."

—A participant

OVERVIEW HIGHLIGHTS AND NOTABLES:

PCIT has continued to be a sought-after therapy program, with increasing annual referrals.

The process to become a certified PCIT therapist is demanding and requires six to nine months of training with a certified PCIT trainer, successful completion of three PCIT cases, and a written exam. The process requires a significant commitment of time and resources and as a result, staff turnover can impact client capacity.

There is no magic formula, but Howard Center has continued to work to sustain and grow this evidenced-based service.

PARTNERS: Area pediatric and family medical providers, Chittenden County School Districts, Head Start, Lund Family Center, University of Vermont Medical Center, Vermont Department of Mental Health

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 challenges 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**, consistent with the number served the prior year.
- The **employment rate** of people served in the program **increased to 80% from 64%**.
- **85 individuals** secured new jobs, compared to 64 last year.

HOW WELL

- Job seekers reentered the workforce, engaging in **productive and meaningful activities**.
- Individuals' **incomes increased**, decreasing reliance on public benefits.
- **11 students** graduated from high school and received support to transition into adult services, while maintaining employment.

BETTER OFF

- Average rate of **pay increased by 10.6% to \$14.49 per hour**.
- Estimated total earnings for all people served was **\$1,525,369**, an increase of **27%**.
- Potential **savings in Social Security benefits** of \$673,266, up from \$449,788.



My young adult son works part-time, three days a week. His favorite days of the week are those when he works. When I asked him recently what he likes most about work, he said, “community, friends.”

—A parent

OVERVIEW HIGHLIGHTS AND NOTABLES:

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.

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

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 **five new interns**, one less than last year.
- Each participant completed **three different internships**, lasting 10-12 weeks each.
- **60%** of interns were enrolled in their final year of high school and funded by their school.

HOW WELL

- The program maintained successful community partnerships.
- Interns received regular feedback from department managers and peers about areas where they did well, in addition to areas of growth.
- Interns transitioned into the adult employment program for ongoing support to maintain employment.

BETTER OFF

- Following completion of the program, **100%** of interns were employed within five months.
- **51 individuals** have completed the program since the program's inception seven years ago.
- **84%** of individuals receiving services continue to be employed.



“My son had an incredible experience. This has been the best program I have seen him be involved with his entire life, teaching the soft skills that he needs.”

—A parent

PARTNERS: HireAbility VT, Howard Center, South Burlington High School, University of Vermont Medical Center (host business), Vermont Department of Aging and Independent Living

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

- **22 participants** registered for the class and **18 completed** the class.
- **Virtual classes** were offered for 10-week sessions, and each class was one hour and 45 minutes. Participants received weekly assignments to prepare for each class.
- **Two sessions of classes were held virtually** this past fall and spring.

HOW WELL

- **100%** of participants indicated that they would recommend this training to other foster/kin/adoptive parents.
- **100%** of participants felt that the presenters were well organized, clear, and engaging.
- **100%** of participants reported that they could better meet the needs of their foster/adoptive/kin child's needs as a result of this class.

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).
- **87%** 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.



"Hearing from parents/caregivers of kids with trauma, getting their perspectives, and hearing their experiences was helpful."

—A parent

OVERVIEW HIGHLIGHTS AND NOTABLES:

Two class sessions were offered virtually, due to a rise in COVID-19 case numbers, which impacted the program's ability to offer in-person classes.

Typically, childcare is offered to families; however, this was not necessary since the classes were offered virtually.

PARTNERS: Howard Center programs, Lund post-adoption services, University of Vermont Child Welfare Partnership, Vermont Department for Children and Families/Family Services

Safety Connection



PROGRAM DESCRIPTION

Safety Connection is an overnight independent living support service for individuals with disabilities and mental health challenges. The program operates year-round from 8:00 p.m. to 7:00 a.m. and provides an individualized, check-in service for participants, in addition to short-term, over-the-air, and in-person outreach/interventions.

PERFORMANCE MEASURES

HOW MUCH

- Safety Connection supported **104 participants** in 12 Vermont cities and towns.
- The program conducted **18,634 nightly check ins** with participants.
- **The average age of participants is 37 years.**
- **8 participants** were granted a Section 8 housing voucher.

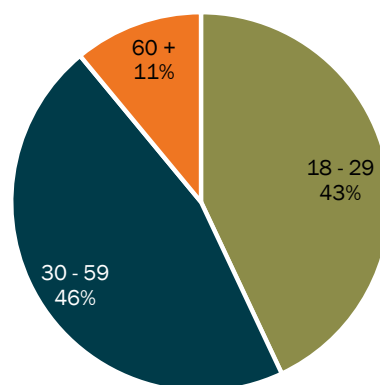
HOW WELL

- **94%** of participants surveyed reported that “Safety Connection meets my needs when they change.”
- **94%** of participants surveyed reported that they “can always get help at night when [they] need it.”
- **98%** of participants surveyed reported that they “feel safe at home during the night.”

BETTER OFF

- Program participants benefited from a total of **1,116 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.
- **99%** of Safety Connection participants retained or improved their housing.

Participant Age Distribution



“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.”

—A participant

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

OVERVIEW HIGHLIGHTS AND NOTABLES:

During the pandemic, Safety Connection continued to provide overnight support as the wants and needs of participants shifted, due to COVID-19 guidance and restrictions.

Safety Connection adapted to the challenges and limitations caused by the pandemic, and the program’s remote support model demonstrated exceptional resilience and flexibility.

Safety Connection onboarded new participants and extended supports, as needed, to participants struggling with loneliness, isolation, and anxiety.

Stabilization, Treatment and Recovery Team (START)



PROGRAM DESCRIPTION

START provides community-based peer support. Through outreach, engagement, and connection, START peer-community recovery specialists provide mental health recovery support that is strengths-based and hope driven. Peer support reduces social isolation and increases a sense of community and belonging.

PERFORMANCE MEASURES

HOW MUCH

- The START team saw an average growth from 230 outreaches a month to an average of **280**.
- START Team engaged **89 new clients**.
- START averaged **four days** from initial contact to scheduled outreaches, including holidays and weekends.
- Out of **160 referrals**, four clients declined services.

HOW WELL

- **61%** of clients surveyed strongly agreed that their quality of life improved.
- **68%** of clients surveyed strongly agreed that the peer support services they received made a difference.
- **80%** of clients surveyed strongly agreed that the peer support staff treated them with respect.
- **62%** of clients surveyed strongly agreed that the peer support services provided during the pandemic were helpful.

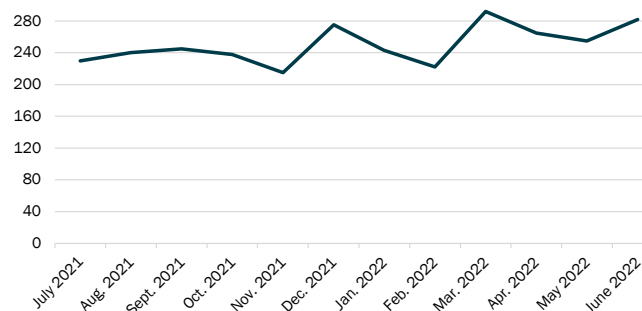
BETTER OFF

- **73%** of clients surveyed stated they were extremely likely to recommend START services to a friend or neighbor.

“Of all services I’ve received through Howard and elsewhere, the START program was one of the most significant and productive parts of my healing journey.”

—A client

Total Services



PARTNERS: Copeland Center, Intentional Peer Support, Mad Freedom, National Association of Peer Supporters, Pathways, Vermont Department of Mental Health: Peer Workforce Development Initiative, Vermont Psychiatric Survivors, Westview

OVERVIEW HIGHLIGHTS AND NOTABLES:

START staff spent dedicated time with clients at the ASSIST program, and plans are in place to continue to integrate services into other Howard Center crisis programs.

Two staff completed training in Vermont's Collaborative Network Approach, enhancing Howard Center's ability to use peer-support staff to co-facilitate social network meetings.

Here's what clients are saying about START:

“I am starting an amazing new job tomorrow working with kids with autism in an elementary school. I worked all summer as a waitress and saved my money so I went on a vacation of a lifetime in Hawaii for myself. I have been feeling the best I ever have, and yesterday I was 11 months clean from self-harm.”

“The Howard Center has been there for me at the most difficult period of my life. I so appreciate the services and the people at the Howard Center and the START program. I feel the services provided to me could very well have saved if not my life, for sure, my ability to get through these past months.”

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 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

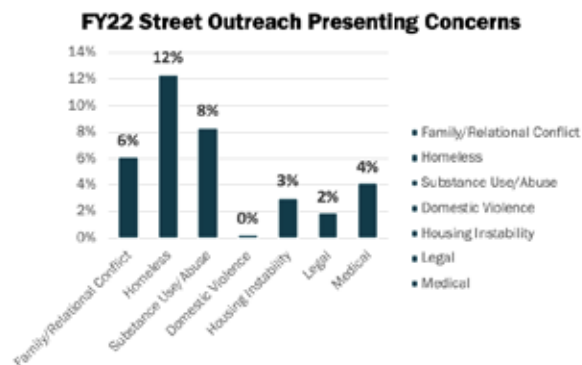
- **4,111** contacts with **645 unique individuals**; 63% of services were provided face-to-face.
- **46% of contacts** (1,902/4,111) were among individuals **not enrolled** in Howard Center services, tapping into unknown/unserved members of the community.
- The primary concerns for clients include mental health (**2,585**) homelessness (**508**), and substance use (**343**).

They've always done the best they can to help me be safe and secure.

—A client

HOW WELL

- **68%** of contacts are initiated by the individual themselves or a community member.
- **128/4,111 contacts** resulted in an **Emergency Department visit**
- **689** of Street Outreach contacts included police involvement in the initiation of Street Outreach services.



BETTER OFF

- Among those clients experiencing distress, **98%** maintained or improved the management of their distress.
- Street Outreach provided **578 referrals** to community-based services for mental health, housing, substance use, medical, and social services.
- Since October 2021, Street Outreach has been tracking individuals they know who have been sent to the emergency room and discharged to ensure contact is made with their care team or Street Outreach within seven days.

OVERVIEW HIGHLIGHTS AND NOTABLES:

This year showed a marked acuity in the mental health or substance use community and in the kinds of situations responded to by Street Outreach. In part, this explains the decrease in contacts, despite the increase in staff, as more acute cases are more time intensive. Examples include a number of safety concerns, gunfire incidents or stabbings, open drug trading downtown, or threats of violence.

This has impacted staff safety. The team now more regularly responds in pairs and has requested—and has been provided with—slash-proof vests. Staff have also responded to overdose situations, using Narcan to revive individuals and save lives.

For several years, the team has operated with four staff. Recently, the program received a SAMHSA COVID-19 grant to add two more members and hired one this past year. As the funding was temporary and recruitment was difficult, the team lost funding for the second unfilled position.

We hope to pursue additional funding opportunities in the future.

PARTNERS: Age Well, ANEW Place, Burlington Business Association, Burlington Housing Authority, Burlington Police Department, Champlain Housing Authority, Champlain Valley Office of Economic Opportunity, Chocolate Thunder, Church Street Marketplace, Committee on Temporary Shelter, Community Health Center/Safe Harbor Clinic, Howard Center First Call for Chittenden County, University of Vermont Medical Center ED Social Work, Vermont State Economic Services Division



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 a combination of rotating direct acute residential staff, a program manager, team lead, and nursing support, as well as part-time psychiatry management and oversight. We support the philosophy of providing services within the least restrictive environment.

PERFORMANCE MEASURES

HOW MUCH

- ASSIST had **243 admissions** serving 186 unique individuals.
- ASSIST filled **77%** of its bed day capacity for the year, similar to last year.
- Of the **477 referrals** to ASSIST, 52% were from First Call for Chittenden County, 30% from CRT Case Managers, 16% from step-down from a psychiatric inpatient stay, and 3% were out-of-county referrals.

“The support and community feel is beautiful. Everyone genuinely listens and cares. I felt welcome and the safest I’ve felt in a long time. Everyone is super encouraging and there to help. It’s easy to ask for help here, I’ve never really had the ability to ask for it. Thanks.”

—A client

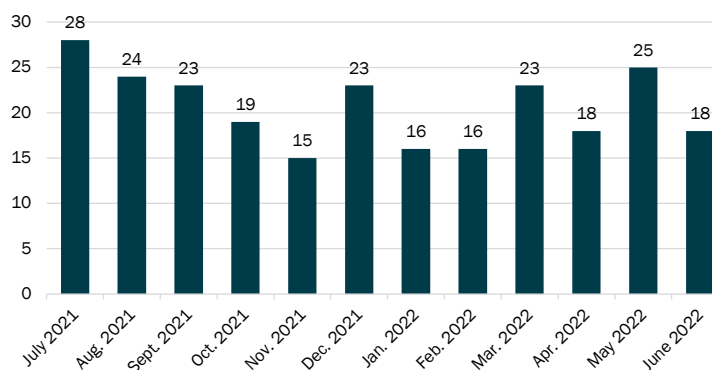
HOW WELL

- **29%** of individuals were readmitted in the fiscal year (18% in FY21).
- **88%** of clients stated the program gave them the help they needed.
- **91%** of clients stated that the services they received made a difference.
- **96%** of clients stated that they were treated with respect.

BETTER OFF

- **90% of clients** reported that they met their goals while at ASSIST.
- Only **5%** of clients served were re-admitted to the program within 30 days.
- Over **90%** of clients were able to return to the community at discharge, as opposed to needing a higher level of care.

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

OVERVIEW HIGHLIGHTS AND NOTABLES:

ASSIST had an occupancy rate between 70% and 80% for most of the year. The program prioritizes high-acuity hospital diversion and referrals from the emergency department. The average length of stay was within the expected average of 5-7 days.

The referral withdrawal rate remains at almost 50%. It is unclear why so many referrals are withdrawn. Staff time and resources for individuals who may not be placed at ASSIST must still be available, however, and this impacts the overall number of people able to be admitted.

Insufficient housing resources and outpatient services in the community contributed to a more complex, less stable client population. Thus, the re-admission rate for clients rose from 18% to 29% and an increase from 36 to 51 admissions who required greater than 10 days to stabilize. These clients were not able to be discharged safely with an adequate aftercare plan to meet their needs. As a result, ASSIST was not able to help as many people and saw 43 fewer unique individuals than in the year prior.

This year, the START (Peer Support Services) team was integrated into ASSIST. START staff were very responsive and were able to offer clients appointments within one week after being discharged.

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 **5,355 face-to-face assessments** and served more than **3,687 unique individuals**.
- Staff managed **31,286 calls**

"The team was very fast at seeing my daughter for an assessment, which was very helpful. All of the assistance with calling (hospital diversion referral) and the persistence of following-up with them and checking in with us was very helpful and very appreciated... I can't remember our clinician's name, but they were awesome!"

—A family member

HOW WELL

Face-to-Face:

- 37% responses were within one hour.**

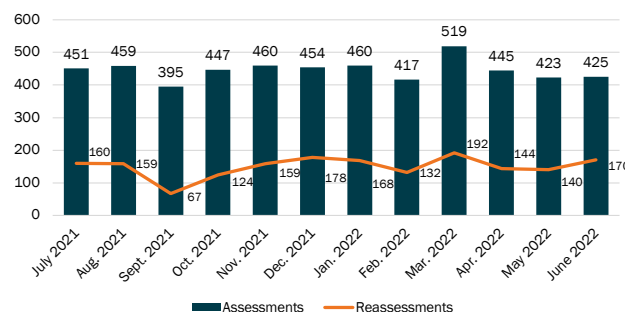
By Phone:

- 93% of incoming calls are picked up within 0-5 minutes.**
- 930** face-to-face or phone services involved police and included welfare checks, co-responses, and police bringing client to be seen for crisis.

BETTER OFF

- 554 clients** referred to ongoing outpatient mental health care and **125** to primary care providers.
- 615 assessments** were for individuals who reported no insurance coverage.
- 148+ services** included safety plans to lock up firearms and **464+** services included safety plans to lock up medications.
- 944 provider follow-ups** after assessment.

FY22 FCCC Assessment Volume



PARTNERS: Burlington Street Outreach Team, Chittenden Regional Correctional Facility, Community Outreach Team, courts, emergency services directors, KidsNet, law enforcement, local colleges, local outpatient clinics, Pathways Vermont, primary care providers, schools, 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

OVERVIEW HIGHLIGHTS AND NOTABLES:

Staff vacancies impact program operations and response times, and staff turnovers affect training costs and require leadership to absorb direct service, additional supervisory tasks, and administrative work.

Of those served, about 75% are adults; 25% children. Call volume increased about 3% from the previous year. Assessment volume continues to increase, and cases involve greater acuity, risk, and the escalation of substance use, a situation that is compounded by the limited mental health inpatient bed availability, long outpatient waitlists, suicide rates, and reduced law enforcement response to mental health calls, due to the Use of Force practices and their own staffing vacancies.

The team uses Telehealth, when appropriate, due to COVID, safety, or client choice. Most assessments take place face-to-face, but Telehealth makes it possible to serve those who are uncomfortable meeting in person.

Jarrett House



PROGRAM DESCRIPTION

The Jarrett House is a six-bed crisis residential program for children ages 5-13 experiencing an acute mental health crisis. The average length of stay is 7-10 days. The goal of the Jarrett House is to stabilize children in crisis and to coordinate a safe transition back to their communities.

PERFORMANCE MEASURES

HOW MUCH

- **138 admissions** among 118 unique clients.
- Average length of stay was **6.5 days** with a range of 0-36 days.
- The program served clients from **13 counties** throughout Vermont.

Staff were very responsive, extremely helpful, and the collaboration with the agency was very smooth. I very much appreciate Jarrett House staff for going above and beyond for the child I work with!"

—A community partner

HOW WELL

- **100%** of caregivers reported that they were treated with respect when receiving services.
- **94%** of caregivers would recommend Jarrett House to a family member or friend.
- **88%** of caregivers found telehealth options as effective as meeting in person when coordinating the care of their child at Jarrett House.

"Thanks so much to the staff, they are amazing!"

—A client's caregiver

BETTER OFF

- **93%** of overall admissions discharged to a lower level of care.
- Caregivers reported that the referrals and collaboration that Jarrett House provided made it **easier to find services** and access them for their child.
- Caregivers reported that they wish they had been referred to Jarrett House sooner, because **the support they received significantly helped.**
- **65%** of caregivers reported that the services at Jarrett House made a difference for their families.

OVERVIEW HIGHLIGHTS AND NOTABLES:

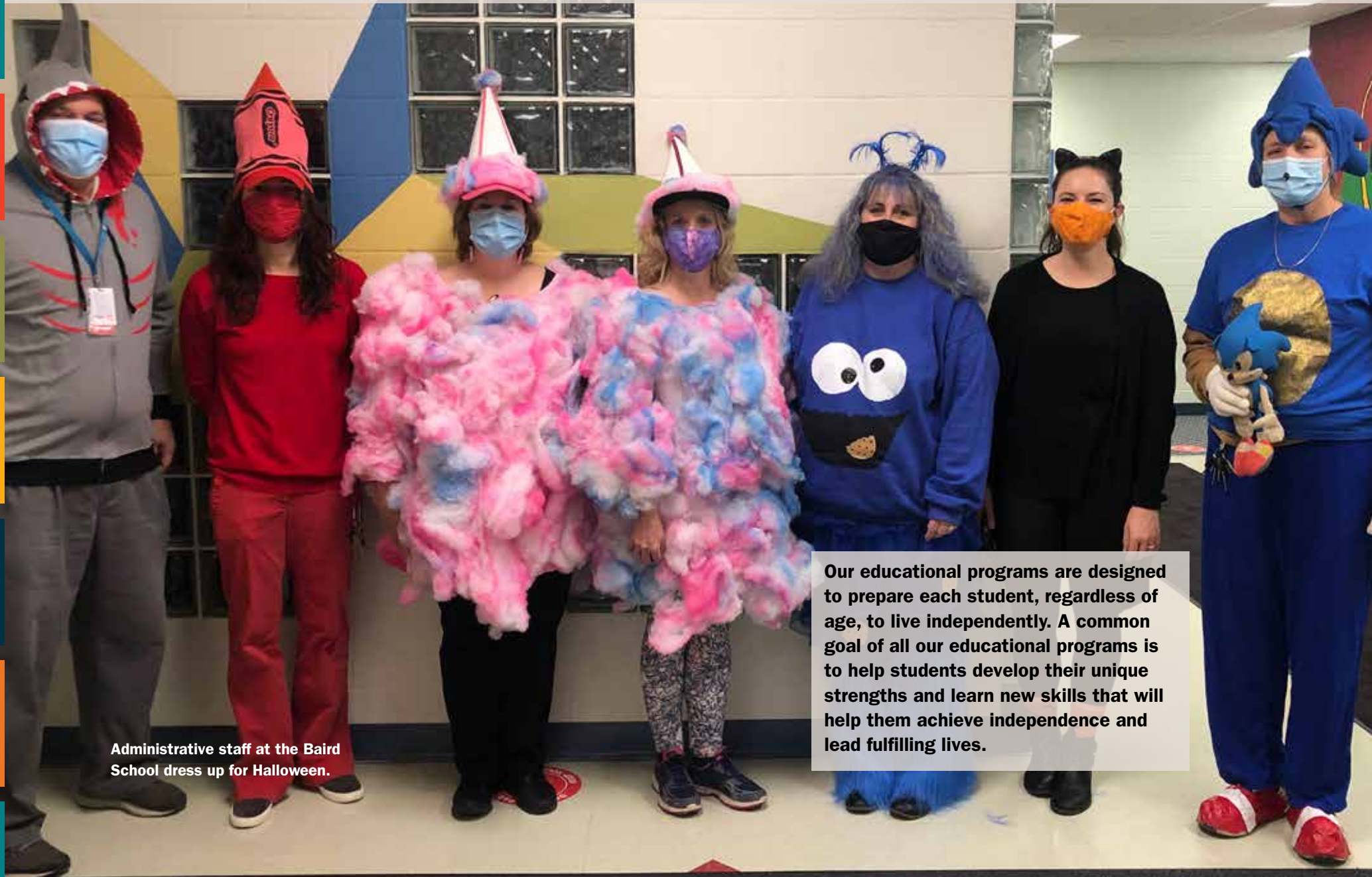
Due to significant staffing challenges for more than half of the year, Jarrett House was unable to remain open 24/7, and, instead, the program served clients for five or six days per week. Census was reduced due to staffing concerns, as well.

Data regarding the number of admission and length of stay is reflective of these constraints.

PARTNERS: Brattleboro Retreat, community mental health providers, schools, University of Vermont Medical Center, Vermont Department for Children and Families, Vermont Department of Mental Health, Vermont Designated Agencies (especially crisis teams)



Educational Services



Administrative staff at the Baird School dress up for Halloween.

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.

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). Services are provided in school, community, and center-based settings and target the teaching and shaping of essential social communication and adaptive behavior and daily living and functional learning skills, using principles of Applied Behavior Analysis (ABA).

PERFORMANCE MEASURES

HOW MUCH

- ASP provided intensive Applied Behavior Analysis (ABA) 1:1 behavioral treatment services to **24 children** and youth, ages 5 to 17 years, and center-based services to nine clients, ages 2 to 5 years old.
- ASP provided consultation services to **16** additional children and youth in seven 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.
- **90%** of school/related-service survey respondents agreed or strongly agreed that students with autism were better able to access their education because of the services provided by ASP.

BETTER OFF

- **77%** of ASP children/youth exhibited a decrease in their overall level of clinical need or maintained a stable level of need.
- **90%** of school/related-service survey respondents agreed or strongly agreed that the services provided had a positive influence on the school's relationship with the families.
- **88%** of family survey respondents agreed or strongly agreed that the services helped to improve their quality of life.



"I've had a really good experience with all Howard Center staff, and my son has made huge progress while being in this program."
—A parent

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

OVERVIEW HIGHLIGHTS AND NOTABLES:

The Autism Spectrum Program is dedicated to staying current by using evidence-based interventions to support children with autism. The program's Board Certified Behavior Analysts provide each autism interventionist (direct care provider) with a high level of supervision and training in the principles of Applied Behavior Analysis and autism.

Clients enrolled in the program will continue to experience services that are:

- Outcome-focused and based on analyzing data in real time to assure ABA treatment is effective
- Comprehensive and integrate ABA treatment across settings and individuals
- Family-centered and engage families in programming and empowering them to be the most important teacher in their child's life

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 allow them to function successfully 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 **53 students** and their families.
- Baird School served **students from five Vermont counties** representing 14 different school districts.
- Baird School served **18 students** in the Intensive Services model.

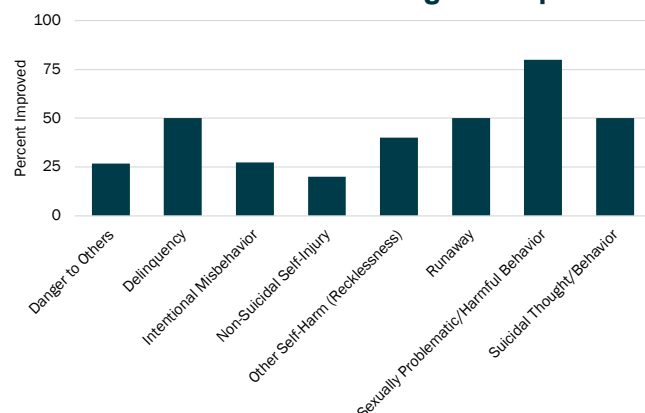
HOW WELL

- 85%** of families agree or strongly agree they received the help they needed from Baird School.
- 85%** of families agree or strongly agree that the services received made a difference.
- 95%** of families indicated that staff treated them with respect.

BETTER OFF

- On average, Baird School students **made a year's growth** in reading.
- 100%** of school partners reported that their school is better off as a result of its relationship with the Baird School.
- Students maintained an average attendance rate of **82%** despite continued pandemic conditions.

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



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

OVERVIEW HIGHLIGHTS AND NOTABLES:

“Thank you all for all your hard work! We’re seeing a difference in our child. We visited during the talent show, and we were very impressed how you guys worked so hard to not only treat every student with respect, considering they can have learning or behavior issues. It was so clear that your goal was to get every child involved so no one would go away feeling left out! That really impressed us! Thank you again for your hard work!”

—A parent

“Baird School has been a literal life saver for my child and our family. I don’t know what we would have done without them! Thank you so so much! We will miss all the staff!”

—A parent

“The Baird school changed my son’s perspective on school. He was traumatized by public school. Now he loves school and his Baird Family!!!”

—A parent

Communication Services



PROGRAM DESCRIPTION

Howard Center Developmental Services supports children and adults with diverse communication needs and challenges. This includes assistance with augmentative communication (AAC) for people with limited speaking abilities, American Sign Language (ASL), English language instruction for New Americans, and literacy to help people develop their reading and writing skills for communication.

PERFORMANCE MEASURES

HOW MUCH

- **30 people** who are non-speaking or have limited speech received augmentative/alternative communication services.
- **20 people** who use American Sign Language (ASL) attended ASL classes during this past year.
- Approximately **600 people** whose first language is not English used the Language Line online translation service for meetings, doctor's appointments, etc.

"Really like to have real conversations with people and they can see that I have intelligent thoughts in my head that are like other peoples."

—Young adult who has limited speech and types to communicate

HOW WELL

- **77%** of clients who have significant communication needs have technology. The majority have iPads with a communication application. Consumers frequently request technology for communication.
- **69%** of clients who received regular communication services had at least one member of their team who was trained by the communication specialist.
- **Nine one-hour-long communication trainings** (How to write communication goals and plans) were provided to Howard Center program managers.

BETTER OFF

- **Seven clients** participated in two different social/communication groups and had the opportunity to learn how to have conversation with others.
- Using communication supports, **four clients** were able to participate in counseling sessions with therapists and developed working, interactive relationships with their therapist.
- With communication supports, **four clients** participated in the job exploration and application process and were able to communicate their job preferences.
- With communication supports, **one client** who received a statewide arts award was able to do an interview for a short film that was made about his artwork.

OVERVIEW HIGHLIGHTS AND NOTABLES:

Howard Center Communications Services is strongly committed to using technologies that will help people use their preferred method of communication. This commitment is evident in their partnerships with numerous organizations.

The Vermont Assistive Technology Program staff provide information on assistive technology equipment to Howard Center consumers and members of their team.

Howard Center Staff are members of the Vermont Communication Task Force and have collaborated with other members of the group to develop trainings and guidelines to improve communication practices throughout the state.

In addition, Howard Center staff work collaboratively with the University of Vermont Medical Center speech and language therapists to develop and implement communication skills plans for Howard Center clients.

PARTNERS: University of Vermont Medical Center Speech and Language Clinic, Vermont Assistive Technology, Vermont Communication Task Force

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**, ages 4-14, and their families.
- INCLUSION provided services in **seven** Chittenden County School Districts.
- Served **22 students** in the Positive Behavior Intervention and Supports (PBIS) consultant model.

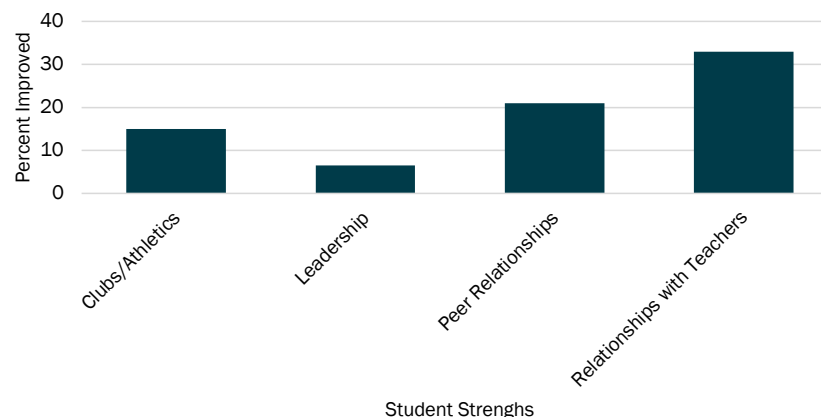
HOW WELL

- **90%** of families agree or strongly agree they received the help they needed.
- **90%** of families agree or strongly agree that the services received made a difference.
- **95%** of families indicated that staff treated them with respect.

BETTER OFF

- **10 students** discharged to in-school regular classrooms with less support (16%).
- **36 students** remained in services (56%).
- **40%** of students reduced their school avoidance behaviors.

CANS Student Strengths: Percentage of Increase at post measurement



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

“These programs have been essential to my family’s wellbeing. We are incredibly grateful.”

— Parent

“I feel like you guys have been right on top of things. I have always felt like a priority. You guys have been great about communicating and working with me. It is a great program.”

— Parent

“Everyone was amazing and extremely helpful with our child and family. Thank you guys!”

— Parent

Jean Garvin School



PROGRAM DESCRIPTION

Jean Garvin is a licensed and approved independent school for students in grades 7-12. Staff use a relational approach to therapy and restorative practices to provide therapeutic and academic supports to Chittenden County students.

PERFORMANCE MEASURES

HOW MUCH

- **44 students** were served by the Jean Garvin School.
- Jean Garvin School served students from **seven** Chittenden County school districts.

“What I like best and was most helpful about working with Jean Garvin School was the relationship my son was able to establish, not only with peers but also with staff. As a parent, I was able to form outstanding relationships with staff, and I know I can contact them whenever is necessary to communicate.”

—A guardian

HOW WELL

- **100%** of Garvin School students reported that staff treated them with respect.
- Jean Garvin School built and is operating a **Community Pantry** for students, families, staff and our neighboring community.
- The Odyssey Program continues to offer a small group, therapeutically supported middle and high school program where **students gain skills and confidence** to transition into less restrictive educational settings.
- **100%** of Garvin staff are receiving training in crisis prevention and therapeutic interventions and practice non-violent and collaborative communication.

BETTER OFF

- **Six students** transitioned back into public school at the end of the school year.
- **One student** became the first in his family to graduate from high school.
- **100%** of students exhibited decreased or stabilized needs related to adjustment to trauma, as reflected on pre- and post-assessments.
- **100%** of guardians reported that the school provided a service that is not otherwise available through school resources.



OVERVIEW HIGHLIGHTS AND NOTABLES:

When public school educators are asked why they refer students to the Garvin School, they often say that it is because students are encouraged to reach their potential, they often transition into less restrictive educational settings, and they gain the academic and emotional skills to succeed in life.

Looking ahead, services will be expanding with the addition of the Delta Program at Garvin. The program offers a blend of classroom and experiential learning opportunities within the school and in the community.

PARTNERS: Chittenden County Consortium, Chittenden County public schools, Williston Central School lunch program, Vermont Agency of Education

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 50 schools and/or alternative programs across eight districts.
- School Services served **886 formal clients** and **1,504 informal clients**.
- School Services made **557 Howard Center referrals** or community connections.

HOW WELL

- **94% of students agree** that they received the help they needed from the School Services clinician.
- **95% of caregivers agreed** or strongly agreed that the School Services clinician and School Services had a positive impact on their relationship with the school.
- **98% of school partners agreed** or strongly agreed that their school is better off because of their relationship with Howard Center School Services.

BETTER OFF

- **81% of clients** improved or sustained academic growth.
- **79% of clients** showed improved or sustained behavioral growth in school.
- **81% of clients** improved attendance or did not have attendance struggles.
- **90% of caregivers** reported their student's and/or their quality of life improved because of services they received.



Our School Services clinician is magical at connecting with families, getting into homes and meeting the needs of the whole family.

—A school partner

OVERVIEW HIGHLIGHTS AND NOTABLES:

School Services serves each school's most at-risk students (as identified by the school team). Most clients experience multiple and 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 three is considered high and may indicate chronic physical, emotional, and mental health issues in later life.)

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



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 program (FSH) is a collaboration between the State of Vermont, the Committee on Temporary Shelter (COTS) and Howard Center (HC), with the goal to move families more rapidly from shelter and from state-funded motel stays into housing.

PERFORMANCE MEASURES

HOW MUCH

- **39 families** received services.
- Howard Center clinicians provided clinical services to **23 families**.
- **45 children** under the age of six were enrolled in FSH, a 58% increase from the previous year. 68 children were under the age of 18.
- The FSH clinician has consistently maintained a **caseload of 12-15 families**.

HOW WELL

- **69%** of families enrolled in the program received benefits from the Reach Up program.
- **100%** of families reported they received the help they needed.
- **100%** of families who responded to surveys reported that they would recommend this program to others.
- This past year, the FSH program was recognized at the Kidsafe Annual Awards ceremony and was awarded the **Outstanding Collaboration Award** (COTS and HC).

BETTER OFF

- **12 families** graduated from Family Supportive Housing.
- **100%** of families reported their quality of life had improved because of the services they received.
- **100%** of families said the services provided by Family Supportive Housing were helpful to them.



[Our clinician] was so amazing. She didn't judge me in any way. She listened and helped. It's hard for me to actually feel ok around a stranger, but she became a great friend (family). She will never be forgotten. She was so patient with us and just let me be me and helped me when I feared things, and she was always there when I needed her. Thank you."

—A client

PARTNERS: Burlington Housing Authority; Champlain Housing Trust; Champlain Valley Office of Economic Opportunity; Chittenden County schools; Committee on Temporary Shelter; Lund Child Care; Trinity Child Care; Vermont Department for Children and Families, Family Services and Economic Services

OVERVIEW HIGHLIGHTS AND NOTABLES:

Families work on goals to maintain housing in collaboration with a Howard Center licensed clinician in their home.

The clinician offers clinical and life skills assistance and parenting education to each household, including therapeutic individualized counseling to improve family functioning and life skills.

The clinician addresses barriers and works toward making lifelong sustained changes to prevent the cycle of homelessness from happening again.

Meetings are conducted primarily in the home. Some families may request meeting with the FSH clinician virtually.

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

- **13 youth** received services.
- **7 youth** referred for assessment and **6** referred for long-term treatment.
- **7 referrals**: three accepted for admission; two placed on waitlists due to workforce shortage and two placed out of state.
- **19 months** average length of stay.

The staff is very skilled in building rapport with youth and able to separate behavior from the person and welcome the person while being honest and holding the youth responsible for their own growth."

—A community partner

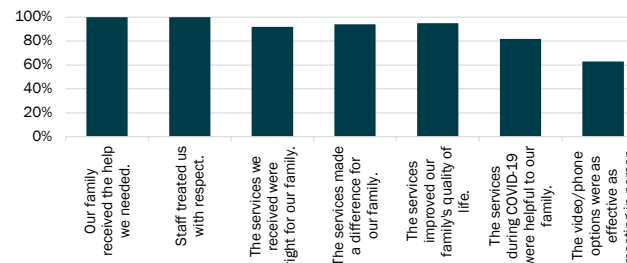
HOW WELL

- **100%** of referring agencies report staff are skilled at developing positive relationships with youth.
- **100%** of referring agencies and school districts claim the comprehensive educational program addresses each student's individual needs.
- **100%** of clients discharged report they would recommend Park Street to others.

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.
- **100%** of clients report their quality of life improved because of the services they received.

**Consumer Satisfaction Results:
Percentage of Respondents who
Agree/Strongly Agree**



PARTNERS: Adoption agencies, foster parents, HireAbility Vermont, local colleges, local school districts, network of providers that work with youth who have sexually problematic behaviors, Rutland Community, Vermont Agency of Education, Vermont Coalition of Residential Providers, Vermont Department for Children and Families, Vermont Department of Mental Health, Vermont Designated Agencies, Vermont Department of Labor, Vermont Youth Development Program

OVERVIEW HIGHLIGHTS AND NOTABLES:

The Park Street Program and Fay Honey Knopp School continue to provide exemplary services, based on client satisfaction and the skills acquired to reduce the incidents of sexual abuse.

Park Street had been operating at full capacity with a steady referral flow that resulted in waitlists for services.

The impact of being at full capacity and not having adequate staffing resulted in youth not being able to access services at the time of need. An attempt to offer services on an outpatient basis while youth awaited placement was not permitted due to funding regulations.



Substance Use Services

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.

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.

ACT1 Substance Use Crisis Program



PROGRAM DESCRIPTION

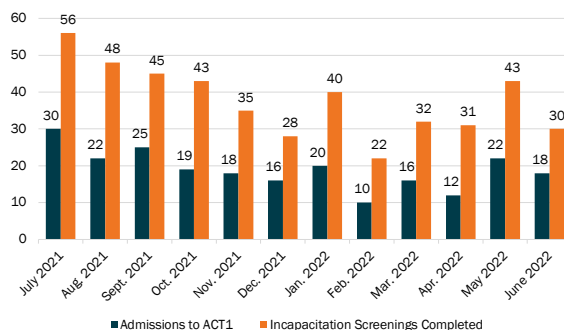
The ACT1 program was implemented under the Alcohol Service Act of 1978 to decriminalize public intoxication. The program provides a safe, supervised environment for individuals deemed to be incapacitated due to alcohol. Individuals assessed to be incapacitated are sheltered in the ACT1 program until they regain sobriety, are sent to the correctional center in police protective custody, or are directed to the hospital for medical attention.

PERFORMANCE MEASURES

HOW MUCH

- ACT1 completed **453+ screenings**.
- ACT1 had a total of **228 admissions**, representing a 50% admission rate.
- **66%** of admissions were Chittenden County residents, followed by Franklin (6%) and Washington (2%).
- Of total admissions, **71% were male**, which is consistent with prior years.

ACT1 Screenings and Admissions By Month



HOW WELL

- Through effective screening, very few clients (**3%** of admissions) need to be removed from the program by police.
- As a voluntary program, but one where someone is brought in by police, **only 18% of clients decided to leave** against program advice before meeting discharge criteria.

BETTER OFF

- ACT1 functions as an alternative support to individuals going to jail and continues to be successful in this regard. Only **18%** of all people screened were jailed compared to 36% last year.
- **10%** of screenings were sent to the emergency department, less than last year.
- **97%** of clients admitted to ACT1 do not require a higher level care at the emergency department.

“ACT1 is a resource. When a resource is taken away, our resources get depleted as well.

— Lieutenant, Burlington Police Department

PARTNERS: Champlain Inn, Champlain Valley Office of Economic Opportunity, local police departments, Serenity House, Turning Point, University of Vermont Medical Center, United Way, University of Vermont, Valley Vista, Vermont Department of Corrections, Vermont Division of Substance Use Programs, Vermont State Police

OVERVIEW HIGHLIGHTS AND NOTABLES:

Since COVID, ACT1 stopped accepting walk-up or self-referred individuals. Bed capacity has been reduced from 5 to 1-2 beds and continues to accept only clients who are in protective police custody or who are brought to the program by community outreach specialists. Community partners bring individuals to the program for screening; however, most individuals are admitted through direct police referral.

ACT1 rarely declines a referral. While the admission rate is the same as last year, the overall number of screenings has steadily declined, consistent with trends reported by other public inebriate programs in Vermont because of the limited number of police officers able to transport individuals to ACT1. The Chittenden County men's jail was relocated to Swanton at the beginning of the pandemic, requiring police to drive further if ACT1 is unable to admit someone who has been screened.

Staffing and workforce challenges remain significant and forced the program to move to a contingency schedule during the year.

Bridge



PROGRAM DESCRIPTION

The Bridge program is a six-bed, residential crisis alcohol/drug non-medical detox program—the only such detox program in Vermont. The physical location and staffing is shared with the ACT1 Public Inebriate Program. Bridge offers 24-hour support, withdrawal management, and referrals to aftercare supports over a five-day admission period. The non-medical detox model provides peer and social support while the individual is detoxing.

PERFORMANCE MEASURES

HOW MUCH

- **408 admissions** among **300 individuals**. **74%** of individuals were admitted just one time.
- **68%** of admissions were for individuals seeking alcohol detox, **24%** for opiate detox, and **6%** for amphetamine detox.
- **61%** of admissions were from Chittenden County, **11%** from Franklin County, and **5%** from Addison County.

“I am very pleased with the program. The staff is very easy to talk to. Makes it very easy to share and explore difficult feelings, cravings, and emotions. I wish, and strongly feel, that the state would benefit from more programs like this, especially spread out to more areas of the state”

—A resident

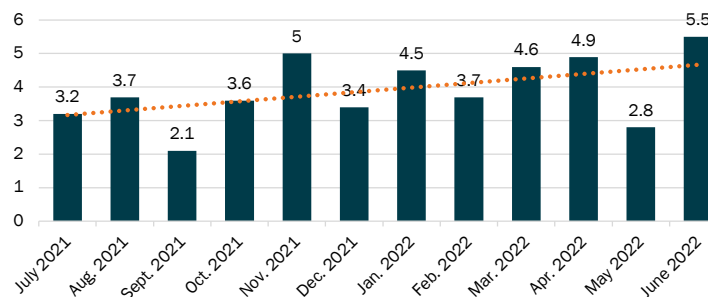
HOW WELL

- **97%** reported that they received the help they needed.
- **100%** 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.
- **93%** reported that their quality of life improved as a result of the services they received.
- **99%** reported that they felt adequately supported in developing an aftercare plan.

**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

OVERVIEW HIGHLIGHTS AND NOTABLES:

This year, Bridge returned to its pre-COVID-19 capacity by having clients share rooms, depending on COVID-19 vaccination status and test results. Because ACT1 use decreased, one ACT1 bed was used for Bridge clients, expanding capacity to seven beds.

The program continued to be impacted by COVID-19 safety protocols, but there was an emphasis to return to normalcy, including hosting community partners to provide enhanced programming. Once a week, a Turning Point staff member facilitated a recovery support group and introduced clients to online recovery meetings.

The program continues to use telehealth medical screenings in collaboration with UVMHC Emergency Department physicians, allowing clients to be admitted to the program without additional ED visits or use. Direct admissions can also occur from Northwest Medical Center emergency department.

Staffing and workforce challenges remain significant and forced the program to move into contingency programming at the end of the year. The Bridge program is now only operational Monday through Friday, with 24-hour care in that timeframe.

Chittenden Clinic



PROGRAM DESCRIPTION

The Chittenden Clinic provides medication for opioid use disorder, as well as other co-occurring mental health, medical, and social support services. The clinic offers on-site medical services, urine collection, individual and group counseling, psychiatric services, case management, and coordination with other medical and therapeutic providers.

PERFORMANCE MEASURES

HOW MUCH

- **1,268 clients** were served at the Chittenden Clinic in FY22.
- On average, the Clinic served **971 clients monthly**.
- **95%** of clients served by the clinic had or were able to obtain health insurance.
- **81%** of clients had a mental health diagnosis in addition to opioid dependence.



"If it was not for the Chittenden Clinic I don't know where I would be."

—A client

"I thank God every day for this place."

—A client

HOW WELL

- **72%** of clients were retained 90 days or more.
- **88% 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

- **70%** of clients tested negative for opioids after 90 days of treatment.
- **36 clients** were discharged to spokes services (a lower level of care).
- **67%** of clients were able to use take home medication (a proxy for stability in treatment).



The Chittenden Clinic was the first opioid treatment provider in the country to receive certification from the National Committee of Quality Assurance and is nationally accredited by CARF.

OVERVIEW HIGHLIGHTS AND NOTABLES:

The Chittenden Clinic anticipates serving a higher number of uninsured clients in the coming years, once COVID-19 related accommodations to Medicaid eligibility regulations are lifted.

To improve client and staff health and safety, the Clinic initiated curbside dosing to dispense medication to those patients who were either exposed to or tested positive for COVID-19. This enabled patients to continue to receive their medication and from a public health perspective, it prevents the exposure and spread of COVID-19.

PARTNERS: Chittenden County Opioid Alliance; Community Health Centers of Burlington; Human Trafficking Task Force; Lund; Special Services Transportation and other Medicaid transportation; Turning Point; University of Vermont Medical Center; Vermont Department for 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

- **Three virtual sessions** of Rocking Horse were offered to participants. One group was in Chittenden county in the fall. Two groups (one in Chittenden County and one in Franklin/Grand Isle) were offered in the spring.
- Each session of Rocking Horse was **1.5 hours for 10 weeks**.
- A total of **13 women participated** in and completed Rocking Horse.

HOW WELL

- **86%** 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.
- **100%** of participants agree or strongly agree that they learned better ways of managing their stress since participating in Rocking Horse.

BETTER OFF

- Women who reported that coping with stress was an issue for them at the beginning of the program felt that **the issue became better** because of their participation in Rocking Horse.
- Women reported being able to **better able to take care of themselves** as a result of their participation in Rocking Horse.
- Women who reported that trying NOT to use or drink was an issue for them at the beginning of the 10 weeks reported that the **issue became better** as a result of participation in the program.



"It was amazing to be around other women who could relate to addiction and the stressors of motherhood."

—A participant

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

OVERVIEW HIGHLIGHTS AND NOTABLES:

Rocking Horse continues to be a sought after group for women who are parenting and are impacted by substance use in their lives. Despite offering the group virtually, participation continues to remain consistent.

Because the group was offered virtually, childcare, transportation, and food was not offered. Participants were mailed materials for class and incentives. Pre-pandemic the group was offered for two hours.

What our clients are saying:

"I love the way the facilitators helped you feel like you are not alone when dealing with life."

"Everyone is friendly and open minded. It helps with dealing with family and everyday issues."

"This group made me feel more comfortable because no one judged me."

Safe Recovery



PROGRAM DESCRIPTION

Safe Recovery provides free support throughout the recovery process, from active use to sustained recovery, including during periods of relapse. The program seeks to reduce the incidence of drug-related harm, such as a fatal drug overdose.

PERFORMANCE MEASURES

HOW MUCH

- **204 Vermonters** became new members of the syringe exchange.
- The syringe exchange was visited **6,716** times.
- Safe Recovery low barrier provided Medications for Opioid Use Disorder (MOUD) for **178 clients**.

HOW WELL

- **100%** of Safe Recovery clients reported that staff treated them with respect.
- **100%** of clients surveyed reported that they received the help that they needed.
- **100%** of clients surveyed reported that the services they received made a difference.

BETTER OFF

- **179 clients** were referred to treatment, and 102 links to treatment were tracked.
- **22 low-barrier spoke clients** transferred services.



“I am the person I am today because of my experience working with the Howard Center. Every member of the staff has helped wield me into a better me. Thank you all.”

—A client

OVERVIEW HIGHLIGHTS AND NOTABLES:

Safe Recovery's syringe service offers syringe exchange, free Narcan (opioid overdose reversal medication) and overdose prevention training, fentanyl testing strips, HIV and Hepatitis C testing, as well as linkage to care, case management, Hepatitis A/B vaccinations, and a legal clinic.

Safe Recovery also offers on-demand drug treatment for opioid use disorder. Our low-barrier buprenorphine program provides same-day access to lifesaving medication and wrap-around support services, such as counseling and case management.

PARTNERS: Chittenden Clinic, Community Health Centers of Burlington, Howard Center Street Outreach, Turning Point Center, University of Vermont Medical Center, Vermont Department of Health

Transition House (T-House)



PROGRAM DESCRIPTION

Transition House is an unlocked residential program for adolescents who were male at birth, ages 16-22. T-House provides a safe and structured living environment to continue therapeutic treatment for trauma, mental health challenges, substance use, and legal involvement, and helps residents build independent living skills.

PERFORMANCE MEASURES

HOW MUCH

- T-House is able to serve **up to four youth** at a time.
- T-House served **six clients** and provided individual therapy and familial support.
- **60%** of the clients served were from outside of Chittenden County.

“Thank you is not adequate for the gratitude I have for you.”

—A parent

HOW WELL

- **100%** of clients were visited by at least one family member, friend, or mentor.
- **100%** of the clients were served by the same clinician during their stay.
- **29%** of the clients were referred from Department of Mental Health.
- **100%** of staff were trained in therapeutic and crisis interventions.

“I guess I have made progress since I’ve been here.”

—A client

BETTER OFF

- **100%** of clients are working towards or have completed high school.
- **71%** of clients served found employment.
- **100%** of clients engaged in individual therapy and/or substance use treatment.
- **100%** of clients transitioned to community or kin settings after discharge.

“I am so grateful for the communication I get from you guys.”

—A parent

OVERVIEW HIGHLIGHTS AND NOTABLES:

Transition House works with at-risk, transition-age youth who have experienced significant events in their lives, such as trauma, neglect, abuse, and mental health struggles. Often, clients have experienced multiple significant events, including personal, family, and community traumas.

Transition House uses a harm-reduction model to help clients make healthy and positive decisions and gain access to services and supports.

PARTNERS: HireAbility VT, local businesses, outdoor-education experience programs, mentoring organizations, school systems, Spectrum Youth and Family Services, Vermont Department for Children and Families, Vermont Department of Mental Health

Treatment Courts



PROGRAM DESCRIPTION

Treatment Court supports high-needs, high-risk individuals who are currently involved in the criminal justice system and are living with substance use or serious mental health disorders. The goals of the program are to provide treatment, avoid incarceration, help individuals develop healthy lifestyles, and increase social connections to generate long-term rehabilitation.

PERFORMANCE MEASURES

HOW MUCH

- **87 clients** were served.
- **100%** of participants are engaged in the criminal justice system and otherwise would be incarcerated.
- **100%** of participants are engaged in intensive case management, including targeted bio-psycho-social needs.

HOW WELL

- **100%** of Treatment Court clients reported that staff treated them with respect.
- **95%** of participants who completed the survey reported that the services were right for them.
- **95%** of clients reported that they received the help they needed.

BETTER OFF

- **14 participants** graduated from treatment court and established sobriety from all non-prescribed substances.
- **84%** of Treatment Court clients reported that the services they received made a difference.
- Participants attained **long-term, gainful employment/careers** with growth opportunity, expunged or reduced their legal records, and regained their driving privileges.
- Participants feel more **hopeful** and have an increased sense of **self-worth**.

OVERVIEW HIGHLIGHTS AND NOTABLES:

Howard Center provides clinical case management and treatment for six treatment courts: two federal (re-entry and pretrial drug court) and four state courts (drug, co-occurring, mental health, and family).

Participants in the Treatment Court program develop long-lasting, non-judgmental relationships with program staff; increase their self-esteem and self-worth; develop long-lasting community relationships; and gain important life skills.

Treatment Court staff identify participants' individual needs and provide participants with the opportunity to access any community-based need. This may include intensive outpatient services, moral reconnection therapy, one-to-one counseling, and other supports.

PARTNERS: ANEW Place, Brattleboro Retreat, Burlington Police Department, Champlain Valley Office of Economic Opportunity, Committee on Temporary Shelter, Community Health Center, Community Justice Center, Food Self, Hope Works, Howard Center programs, Lund, Mercy Connections, NAMI, Oxford House, Pathways, Phoenix House, Planned Parenthood, Safe Harbor, Salvation Army, SASH, Serenity House, State and Government programs, Steps to End Domestic Violence, Turning Point, University of Vermont Medical Center, Valley Vista, Vermont Foundation for Recovery, Burlington and Winooski Recreation Departments



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.

Integrated Outpatient Services

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



PROGRAM DESCRIPTION

The goal of the Integrated Outpatient Services program is to ensure immediate access to mental health and/or substance use treatment and to help clients by providing a wide range of co-occurring and family-oriented treatment options.

PERFORMANCE MEASURES

HOW MUCH

- **1,443 clients** were served by Integrated Outpatient Programs at Howard Center.
- **960 clients** received medication assisted treatment in an outpatient setting through the Howard Center Spoke Program.
- Outpatient services are embedded at 20 different schools, a primary practice, a private clinic, and economic services.



HOW WELL

- **96%** of Adult Outpatient clients reported that they received the help they needed.
- **100%** of caregivers for youth clients who responded to the Client Satisfaction Survey agreed that they received the help they needed for their child.
- **Staff have been trained** in current clinical initiatives, including Zero Suicide Framework, Collaborative Network Approach, and Dialectical Behavior Therapy, among others.
- **100%** of staff are fully trained in trauma-informed care.

BETTER OFF

- **92%** of clients who responded to the satisfaction survey agreed/strongly agreed that their quality of life improved because of the services they received from the outpatient services at 855 Pine Street.
- **96%** of clients who responded to the satisfaction survey agreed/strongly agreed that the services they received from 855 Pine Street made a difference to them.
- **96%** of children/youth who received outpatient services through 1138 Pine Street exhibited a decrease or stabilization of need related to anxiety.
- **59%** of clients showed improvement at discharge from outpatient services.

“Overall, it has been a really big help, all I can say is thank you.”

—A client

PARTNERS: Age Well, area schools, Brattleboro Retreat, Community Health Improvement, Milton Primary Care, Richford Primary Care, Supports and Services at Home (SASH), U.S. and State Probation Offices, University of Vermont Health Network, Valley Vista, Vermont Department for Children and Families, Vermont Lottery

OVERVIEW HIGHLIGHTS AND NOTABLES:

Howard Center's Integrated Outpatient Services offers professional, confidential and goal-directed counseling; psychotherapy; groups; psychiatric consultation; clinical consultation; and support to individuals, children, and families struggling with mental health, substance use, behavioral, and/or intellectual disorders.

The most common treatment needs of youth, based on the Child and Adolescent Needs and Strengths (CANS), include:

1. Impulsivity Hyperactivity
2. Anxiety
3. Adjustment to Trauma
4. Anger Control
5. Oppositional Behaviors
6. Depression