HOWARD CENTER
Help is here.

FY24 OUTCOMES REPORT

7/1/2023 – 6/30/2024

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 160 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 1,300 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.**

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

UNITED WAY Northwest Vermont

VERMONT CARE PARTNERS

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 received services, 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.

FY24 Outcomes Evaluation Project

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

This report was compiled by Howard Center's Development and Communications team with support from Information Technology.

Welcome!

Dear Friends:

It is our pleasure to share with you Howard Center's 2024 Outcomes Report which highlights the stories, impact, and challenges of just a sampling of our programs that are making a difference in our community. Throughout the past year, we responded to growing needs, adapted to everchanging conditions and continued to deliver compassionate, person-centered care. Our 1,300 staff provided critical mental health, substance use, and developmental services and supports to more than 19,000 Vermonters.

While this report reflects a year of data and outcomes, like the number of individuals receiving support in a program and the service hours provided, there is so much more to the facts and figures. The stories behind these numbers represent real people—a child who has overcome learning obstacles due to behavioral issues, a young adult with a developmental disability who is gaining skills for employment, a parent who is in recovery from substance use, or an older adult receiving counseling and connection to resources to help overcome their loneliness.

These success stories are made possible by our committed staff, the trust of the people we serve, and the continuing support of our board members, donors, funders, and the many community organizations who have been our trusted partners in this collective effort.

Thank you for continuing to support our mission to help people and communities thrive.

Warm regards,

Sandy McGuire, CEO

Kelly Deforge, Board President

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

Leadership, Board of Trustees, and Honorary Council

HOWARD CENTER
Help is here.

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** These lists represents our board, honorary council, and leadership as of June 30, 2024.*

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 care 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, including 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- to long-term recovery support programs. Services include therapeutic counseling, harm reduction, recovery support, crisis, and medications for opioid use disorder.

OTHER NOTES:

Community Partners: We list community partners throughout this publication, defined for this purpose as community service providers, first responders, municipalities, state administration departments, law enforcement agencies, legislators, non-profit organizations, colleges and universities, private and publicly-funded 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 FY24

FREE AND OPEN TO THE PUBLIC

By the Numbers

WHAT PEOPLE ARE SAYING:

"Great panel! Articulate, knowledgeable, and clearly dedicated to their work. Thank you!"

"The topic felt professionally relevant to me, as well as for society. The presenters' wealth of knowledge was apparent too."

"The variety of presenters, the time for questions, and the responses from the speakers were great."

2015-2024 STATS

4,255 total attendees

143 experts in the field presented

92% reported they learned something from attending

90% would recommend the presentations to others

77 average attendees per session

55 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 have given presentations on topics such as the opioid epidemic, trauma, suicide risk and prevention, autism, mental illness and recovery, and peer support.

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.

The spring session of the Community Education Series was offered in person at the Dealer.com theater and by Zoom webinar.

FY24 SERIES HIGHLIGHTS

2 sessions

154 attendees

92% of participants responding to survey learned something.

85% of participants responding to survey would recommend the presentation to others.

Howard Center Overview

19,000 INDIVIDUALS SUPPORTED IN FY24

ORGANIZATION MISSION

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

- **9,760 individuals** were enrolled as clients in FY24 and an estimated **9,000+** additional community members were supported.
- **1,805 new clients.**
- Howard Center operates **60+ locations** across the state.
- Howard Center provided **715,418 service hours.**

HOW WELL

- **90%** of clients reported they **received the help they needed.**
- **88%** of clients reported that the **services they received were right for them.**
- **96%** of clients reported that **staff treated them with respect.**
- **82%** of clients were offered a face-to-face appointment within **five days** of initial contact.
- **57%** of clients were seen for treatment **within 14 days** following their assessment.

BETTER OFF

- **87%** of clients reported that Howard Center **services made a difference.**
- **82%** of clients reported that their **quality of life improved** because of the services they received.
- **91%** of clients are **currently housed.**
- **54%** of clients were **rated "improved"** at time of discharge from Howard Center services.

PARTNERS: Community service providers; first responders; colleges and universities; law enforcement agencies; private and publicly-funded agencies; United Way of Northwest Vermont; University of Vermont Medical Center; Vermont community-based non-profits; Vermont schools and municipalities; Vermont government agencies: Agency of Education, Agency of Human Services

SERVICES PROVIDED

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

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. For the second year, Access and Intake has an embedded Multicultural Liaison Program.

PERFORMANCE MEASURES

HOW MUCH

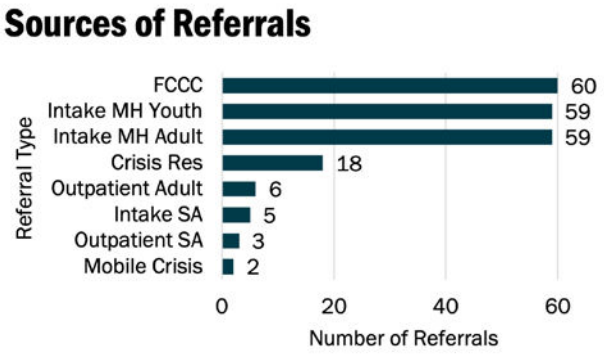
- **8,048 calls** made to the call center.
- Completed **186 assessments** (87 adult mental health, 67 youth mental health adults, 32 substance use).
- **216 new clients**, including **132 adults** and **84 youth**.
- **11,316 services** were provided, (3,859 more than in 2023).

HOW WELL

- **41%** of the referrals made to the multicultural liaison were made at the first appointment/intake.
- **97%** of clients claimed staff treated them with respect.
- **81%** agreed the services they received were right for them; **88%** agreed they received the help they needed.

BETTER OFF

- **444 referrals** to other Howard Center programs and received **212 referrals** from Howard Center programs.
- **216 new clients** in FY 2024
- **Three cultural liaisons** served **41 new clients/families** who may have otherwise had difficulty accessing services.
- **76%** agreed their quality of life improved because of the services they received.
- **80%** agreed the services they received made a difference.



PARTNERS: Age Well; ANEW Place; Association of Africans Living in Vermont; Brattleboro Retreat; Burlington Police Community Liaisons; Burlington School District; Champlain Valley Office of Economic Opportunity; Committee on Temporary Shelter; Community Health Centers of Burlington; Connecting Cultures; The Family Room; Mercy Connections; Spectrum Youth & Family Services; Pathways VT; Refugee and Immigrant Service Provider Network; Safe Harbor; Turning Point Center; U.S. Committee for Refugees and Immigrants Vermont; Vermont Government Agencies: Agency of Human Services, Department for Children and Families/Economic Services Division, Department of Disabilities, Aging and Independent Living/ Adult Protective Services, Department of Mental Health/Children with Special Health Needs

Access and Intake provided services to 132 adults, but the program completed only 67 mental health assessments. Because many clients are referred from First Call for Chittenden County or a hospital, AI uses those assessments instead of completing a new one. While waiting for services, clients are provided with interim care coordination to support stabilization. In addition, they may be helped to access medical/ dental care, mental health treatment, public benefits, connection to community supports, and housing and employment resources.

"Howard Center staff helped my kid lots. He totally changed his behavior. I can't speak English. They provided me [with an] interpreter. Thank you very much."

—A parent

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.

ARCh (Accessing Resources for Children)

PROGRAM DESCRIPTION

ARCh is a collaboration between Developmental Services and Mental Health Services to provide integrated support 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 and supports, establish routines, attend school meetings, and transition to adult services.

PERFORMANCE MEASURES

HOW MUCH

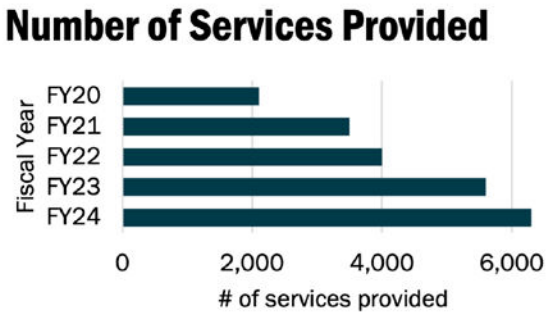
- ARCh served **276 children and youth** and their families.
- Care coordinators have caseloads of **25-30 clients.**

HOW WELL

- **93%** of clients felt they received the help that they needed.
- **95%** felt as if the services were right for them/family.
- **100%** of clients felt that staff treated them with respect.

BETTER OFF

- **100%** of children/youth receiving services exhibited a decrease or stabilization of behaviors and needs related to school anxiety.
- **97%** of clients felt that the services they received made a difference in their lives.
- **93%** of clients felt that the services they received improved the quality of life for their families.



PARTNERS: CHILL Foundation; Chittenden County Schools and some alternative schools out of county; Lake Champlain Community Sailing Center; Medical Homes; statewide autism workgroup; University of Vermont Medical Center; and Vermont Government Agencies: Department of Disabilities, Aging and Independent Living; Department of Health/Children with Special Health Needs; Department of Mental Health

ARCh continues to maintain a waitlist. Currently the waitlist is two years.

Families needing only monthly contact still choose to remain in ARCh due to the flexibility and sense of connection the program provides.

The program is seeing an increase in the level of need, including an increase in crisis situations. Many families remain with ARCh because other programs are unable to serve children with developmental disabilities. Families continue to express a strong desire for living skills support and often express frustration for the long wait for this service.

Communication Services Team

PROGRAM DESCRIPTION

The Communication Services Team serves individuals with developmental disabilities who have communication support needs. This includes people who use technology to augment their speech, interpreters, sign language, and paper-based communication systems.

PERFORMANCE MEASURES

HOW MUCH

- **35 clients** were served on a weekly to monthly basis.
- **Seven clients** attended a weekly social communication group that is in its second year.
- **13 clients** were connected to a speech language pathologist and supported by a member of this team.
- **Eight individuals** attended individual therapy with their communication device.

HOW WELL

- All supporting staff have been **trained to support clients** with their communication device.
- Communication team members meet at the office, client's home, and client's work environment to **support generalization** of their communication system.
- **High schools have expressed gratitude** for the development of this team for transitions from high school.

BETTER OFF

- **30 communication plans** were written and implemented.
- **Seven individuals** were supported to use their communication system at their place of employment.
- **Four clients** received support in their final year of high school to help with the transition into adult services with their communication device.

"It has been the most important thing in my life to have a person who can help me communicate with the world helping me express my ideas."

—A client

PARTNERS: Champlain Valley Union High School, Essex High School, Stern Center, True Voice Speech Language Pathology Services, Vermont Assistive Technology Program, Vermont Communication Task Force, Vermont Language Justice Project

OVERVIEW HIGHLIGHTS AND NOTABLES:

The Communicatons Services team trains clients' support staff on the use of specific communication systems and helps them navigate community communication resources. They provide support and guidelines for using the communication systems. The team also hosts weekly social groups for people who use technology to enhance their communication skills.

In January 2024, the Communication Services team expanded to a three-person team. This increase resulted in a significant increase in services, enabling more frequent support for people with a wider range of communication systems.

Prior to 2024, only 10 communication plans were written. The addition of 30 new plans means 30 more individuals now have documented support for their communication systems.

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 care 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

- **520 clients** received services.
- The CSP program supported **107 clients** in **10** residential programs.
- CSP care managers generally work with **25 clients.**
- CSP's Career Connections employment program served **129 clients** (ages 18-64).

HOW WELL

- **80%** of CSP clients reported that they received the help they needed.
- **91%** of CSP clients reported that staff treated them with respect.
- **100%** of new CSP clients were screened for substance use and trauma history, using standardized tools.
- **All CSP care managers** were trained in the use of the Adult Needs and Strengths Assessment (ANSA).

BETTER OFF

- **87%** of clients who responded to this year's survey said that CSP services made a difference.
- **95%** of adults served exhibited a decrease or stabilization of behaviors and needs related to anxiety, as reflected in pre- and post-analysis.
- **83%** of clients said that staff believe that they can change, grow, and recover.
- **88%** of adults served showed an improvement or stabilization in their independent living skills, as reflected in pre- and post-analysis.

"Westview House is the best! I love the activities, the trips, and the lunches."

—A client

"My care manager has been so helpful to me."

—A client

PARTNERS: Burlington Housing Authority, Cathedral Square, Champlain Housing Trust, Committee on Temporary Shelter, Community Health Centers, University of Vermont Medical Center

OVERVIEW HIGHLIGHTS AND NOTABLES:

Howard Center's Community Support Programs frequently collaborate with numerous partners to create and deliver initiatives that help all members of our community. Services are provided at Howard Center sites, community locations, and in client homes. Clients participate in establishing their own individualized treatment plans and goals.

Most common treatment needs, as reflected in assessments:

1. Anxiety
2. Depression
3. Adjustment to trauma
4. Psychosis
5. Mania

Developmental Services Peer Support Program

PROGRAM DESCRIPTION

The program is comprised of paid peer specialist staff who identify with having an intellectual disability or autism spectrum disorder. Peers provide individual and group support through lived experience in areas such as independent living, communication, employment, person-centered planning and advocacy. The peers are involved in training peer and non-peer staff in some of these topics.

PERFORMANCE MEASURES

HOW MUCH

- Peer specialists provided **82 individual peer support services** to **12 clients.**
- **95 hours** of peer support was provided by peer specialists.
- Peer specialists were involved in a total of **25 group services.**

HOW WELL

- **Six of the 12 clients** have continued to remain engaged in peer supports.
- The peer specialist staff team offered peer support to each other in **weekly team meetings**.
- All six of the peer specialist staff have reported that this is the **first meaningful job** they have had.

BETTER OFF

- **Two of the 12** peers served have become gainfully employed.
- **Two peers** have expressed interest in becoming peer specialists to offer support to others.
- **One client** has shown progress in maintaining their apartment.

"They take the time to listen to me."
—A client

"She seems more connected and is opening up more at home."
—A client's shared living provider

PARTNERS: Burlington Self Advocates, Green Mountain Self Advocates, Green Mountain Transit, Pathways Vermont, Vermont Developmental Disabilities Council

OVERVIEW HIGHLIGHTS AND NOTABLES:

In addition to providing direct service, the Peer Support Team has also been involved in training staff members in the following areas: DBT skills coaching, communication, person-centered planning, and self-advocacy.

The Peer Team provided feedback to inform Howard Center on how to make the onboarding and hiring process more accessible.

In collaboration with Green Mountain Transit, the Peer Support Team hosted a "Travel Training" session. During this training, 14 staff members and clients learned how to safely navigate the bus system and understand the new fare system.

Dialectical Behavior Therapy (DBT)

SERVICE DESCRIPTION

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

PERFORMANCE MEASURES

HOW MUCH

- DBT offers **five groups** with **34 individuals** (26 clients, eight support staff).
- The DBT program runs from September to May, providing **31 two-hour group sessions.**
- The DBT team offers a four-part, **12-hour training** on using DBT skills within client services.
- In collaboration with Howard Center School Services, the DBT team provided collaboration and support in **five local schools.**

HOW WELL

- The DBT program is supported by **12 skills leaders**: three licensed clinicians, two master-level clinicians, and seven supervisory-level staff.
- DBT offers support to clients within Developmental Services and Community Support Programs to enhance collaboration between long-term services and support teams.
- **95%** of survey respondents agreed/strongly agreed that their skills leader treated them with respect.
- **95%** of survey respondents agreed/strongly agreed that the program was right for them.

BETTER OFF

- **90%** of survey respondents agreed/strongly agreed that they received the help they needed.
- **85%** of survey respondents agreed/strongly agreed that their quality of life improved because of the services they received.
- **90%** of survey respondents agreed/strongly agreed that the DBT program made a difference for them.

When asked what was most helpful about the group, clients responded:

- "This program was designed with neurodivergent individuals in mind and was taught in a way that was highly accommodating to us as clients."
- "It helped me develop new skills and provided me with more tools to navigate life."
- "These are skills I can use to navigate relationships more effectively."

PARTNERS: Dialectical Behavior Therapy learning community, including Clara Martin Center, Meridian DBT, Northeastern Family Institute Vermont, and Washington County Mental Health Services.

OVERVIEW HIGHLIGHTS AND NOTABLES:

DBT trainings at Howard Center are open to all clinical staff, although the content is from a slightly adapted curriculum designed to meet the needs of clients served within Developmental Services (DS).

Early Childhood and Family Mental Health Program

PROGRAM DESCRIPTION

The Early Childhood and Family Mental Health Program, formerly known as the Early Childhood Program, supports the social and emotional growth of children, from birth to age six, in partnership with their caregivers and providers, through supportive counseling, psycho-educational support around child development, care management, consultation, and training. Early intervention has a significant lifelong positive impact on children, families, and our community.

PERFORMANCE MEASURES

HOW MUCH

- **161 children and families** received services.
- **2,611 clinical services** were provided to families.
- **34 clients** received perinatal support therapy for parents impacted by perinatal mood and anxiety disorders.
- **14 individual consultations** were provided in homes and child care centers.
- **17 consultations** were provided through a contract with Champlain Valley Head Start.

HOW WELL

- **93%** of families reported receiving the help they needed.
- **90%** of treatment plans were reviewed on time with clinicians and families/caregivers.
- **100%** of families reported that staff treated them with respect.
- **Child Parent Psychotherapy**, an evidence based model, continues to be an invaluable resource to process traumatic events.

BETTER OFF

- **63%** of clients exhibited a decrease in behaviors and needs related to impulsivity/hyperactivity.
- **93%** of families reported that their quality of life improved because of the supports they received.
- **75%** of caregivers exhibited decreased need related to their own mental health.
- **86%** of families reported that the services made a difference.

"I always felt heard. It was helpful to have support with routines and how to interact with my son during difficult times. My clinician was experienced, and she was one of the best clinicians that I have ever worked with!"

—A parent

PARTNERS: Building Bright Futures; Children's Integrated Services; Chittenden County school districts; early education programs/providers; Head Start; University of Vermont Medical Center Pediatric and Family Practices; Vermont Government Agencies: Department for Children and Families and Department of Mental Health

OVERVIEW HIGHLIGHTS AND NOTABLES:

The program supports clinicians who are seeking training and certification in Child-Parent Psychotherapy, an intervention model for children aged 0-6 who have experienced trauma.

This evidence-based practice supports and strengthens the caregiver-child relationship and restores and protects the child's mental health.

The program's consultations include classroom consultation and education, based on various therapeutic models.

The program offers training related to early childhood trauma and provides healthy responses for caregivers and community providers.

The program provides specialized play training workshops for Howard Center staff and community providers. These supports help to increase participants' capacity to use play as a therapeutic and developmentally appropriate medium for helping clients meet treatment goals.

Family and Community Based Services

PROGRAM DESCRIPTION

The Family and Community Based Services (FCBS) 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

- **3,054 hours of service** were provided to children and their families.
- **120 clients and their families** were supported by nine clinicians.
- **73 families** were discharged from the program, representing a 75% increase from the previous year.

HOW WELL

- **75% of families** who completed the satisfaction survey said this was the right program for them.
- **80% of families** would recommend this program to a friend or relative.
- **75%** of the families who completed the satisfaction survey agreed that the services provided were helpful to the family and/or the client.

BETTER OFF

- **97% of children/youth** receiving services exhibited an increase and/or stabilization of their emotional or behavioral challenges related to anger, as reflected in pre- and post-assessments.
- **75% of families** felt that their quality of life had improved as a result of their participation.
- **99%** of families discharged from the program stepped down to less intensive services or they were no longer in need of additional services.
- **100%** of caregivers of children/youth who received services exhibited an increase and/or stabilization of their level of parenting knowledge, as reflected on their CANS "Caregiver Knowledge" rating.

"Our clinician has supported our household as a whole and understands the complexities of each individual person making up that whole. She's helped us help our son, and she has been an amazing support in dealing with the school and making sure our voices are heard."
—A client

PARTNERS: Child Care Resource and Referral; primary care physicians; private outpatient therapists; Vermont Department for Children and Families; Vermont Family Network

OVERVIEW HIGHLIGHTS AND NOTABLES:

A new referral system was implemented, and referrals were screened and assigned by an intake supervisor. Referrals made to the program were presented and discussed during leadership meetings and the intensity level of service was determined by the leadership team.

Impaired Driver Rehabilitation Program

PROGRAM DESCRIPTION

In Vermont, anyone 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

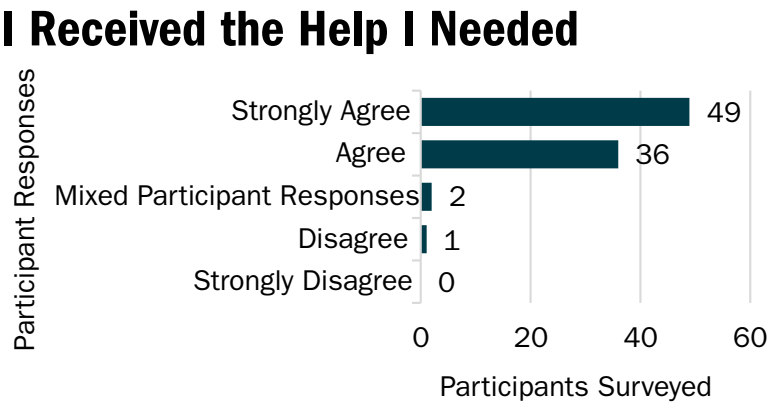
- **229** individuals completed the program's education component.
- **247** new individuals were enrolled.
- **15** participants required interpretive services.
- **86%** of participants surveyed agreed that the services were right for them.

HOW WELL

- **97%** of participants surveyed agreed that they received the help they needed.
- **IDRP provides additional support,** including interpretive services and customized curriculum to individuals with reading difficulties or for whom English is a second language.

BETTER OFF

- Clients reported **greater independence and engagement** in work, school, parenting, and other positive social activities as a result of improved access to transportation.
- The program provides participants with **tools, knowledge, and skills** to make low-risk choices around alcohol and substance use.
- **72% of participants** surveyed agreed that their quality of life improved because of the services they received.



PARTNERS: Association of Africans Living in Vermont, LanguageLine, U.S. Committee for Refugees and Immigrants, Vermont Department of Health Division of Substance Use Programs

OVERVIEW HIGHLIGHTS AND NOTABLES:

The IDRP switched survey providers midyear, which reduced the number of surveys successfully completed.

Here is what clients are saying:

"I did not know what to expect with the IDRP class. I was so nervous. My instructor was awesome! She was very friendly and patient. She immediately put me at ease with her relaxed presence and knowledge of the material. She was never judgmental while hosting the class. I believe she made us all feel seen and heard. She understood us and that meant a lot.

— A participant

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

PROGRAM DESCRIPTION

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

PERFORMANCE MEASURES

HOW MUCH

- JOBS and YIT served **102** clients, including **34 new clients**. **35%** were under 18; **9%** identified as gender non-conforming, non-binary, or transgender; and **32%** identified as BIPOC.
- **All youth** developed personal treatment goals and received mental health assessments.
- **Care managers** had contact with each client **3.4 times per month**, on average, and ranging from once every other week to four or five times a week.
- Youth worked on a variety of **skills**, including employment, education, life skills, and time management.

"I'm very grateful that you made the time to help me when I was really struggling."

—A client

HOW WELL

- **48%** of youth who entered the program were engaged in services within 30 days of referral to JOBS.
- The JOBS program effectively engaged BIPOC youth; **32%** of youth identified as BIPOC, which exceeds the Chittenden County community percentage of **13%** and the Chittenden County percentage of middle school and high school students of **23%**.
- **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.

BETTER OFF

- **40 youth** exited the program this year after an average of 17 months.
- Of youth exiting the program, **60%** were employed or enrolled in education; **75%** were better able to attend to their mental health, develop healthy relationships, and/or use substances appropriately; and **70%** were better able to gain and/or retain employment.

"I wanted to say thank you for the help you've given (client's name). She just learned today that she got accepted to the college she applied for."

—A parent

PARTNERS: Community College of Vermont, Creative Workforce Partners, HireAbility Vermont, NFI Vermont, Old Spokes Home, Reach-Up, ReSource, School districts, Spectrum Youth and Family Services, Vermont Adult Learning, Vermont Department of Children and Families, Vermont Family Network, VSAC, YouthBuild

OVERVIEW HIGHLIGHTS AND NOTABLES:

This past year, there has been a continued increase in the acuity of mental health challenges that clients are experiencing.

This is partly due to an overall increase in anxiety following the pandemic and the feeling of isolation many people have experienced. Much of the work has been focused on decreasing anxiety and building up tolerance and motivation to be out in the world again.

The loss of social opportunities since COVID appears to have taken a toll on mental health in ways we still don't fully understand and continue to experience.

"I just wanted to say thank you for being so helpful and understanding. I feel like every time I'm slipping and losing hope, I text you and it gives me a shot of motivation and hope. So, thank you very much. I'm grateful."

—A client

Parent-Child Interaction Therapy

PROGRAM DESCRIPTION

Parent-Child Interaction Therapy (PCIT) is an evidence-based therapy for children ages 2 1/2 through 6, 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

- **35 families** received PCIT services, up from 28 families last year.
- Staff provided **610 therapy sessions.**
- **One CARE model group** was offered this year, teaching PCIT skills for families interested in strengthening their caregiver-child relationships while learning new child behavior management strategies.

HOW WELL

- **100%** of families surveyed indicated that they would "highly recommend" services to others.
- **100%** of families surveyed indicated that they "received the help we needed" and that the "services were right for them."
- **Over 25%** of new referrals came from recommendations by former clients who had received treatment.

BETTER OFF

- **16 families** successfully "graduated."
- There was a **43.29% decrease** in the intensity of problems from admission to discharge.
- **100%** of families surveyed indicated that their quality of life improved.
- **100%** of families indicated PCIT services made a positive difference in their family.

"PCIT provides reassuring and reliable support that is consistent and transparent. It was helpful to have external affirmation and specific recommendations based on observations, especially because there are so many opinions about parenting."

—A client

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

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 9-16 months of training with a certified PCIT trainer, successful completion of three PCIT cases, and the passing of a written exam. This requires a significant time and financial commitment and can impact client capacity.

The success of this treatment model is evident in both the outcomes and the numerous written responses from families about its positive impact on parent-child relationships.

Peer Support Services (PSS)

PROGRAM DESCRIPTION

Peer Support Services (formerly known as START) provides community-based peer support. Through outreach, engagement, and connection, 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

- PSS provided **3,352 individual services** to **175 clients.**
- PSS engaged **32 new clients.**
- **3,352 individual support services** were provided by PSS staff.

HOW WELL

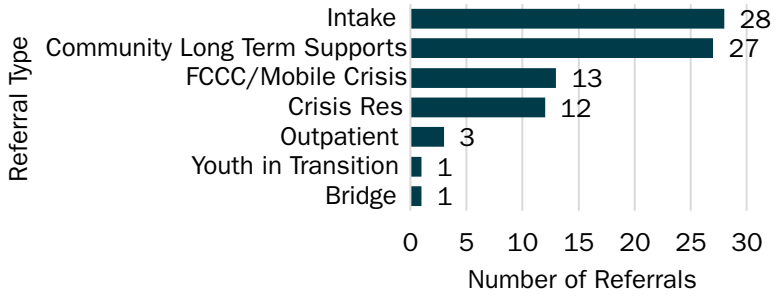
- Peer specialist staff are **co-located with the crisis residential program** to strengthen access and collaboration. The result is expanded point-of-care access for clients in need of hospital diversion.
- Peer Support staff are trained in the **Collaborative Network Approach** (CNA) and co-facilitate CNA social network meetings.

BETTER OFF

According to the client satisfaction survey:

- **97%** said their quality of life improved and the services they recieved made a difference, **92%** felt they received the support they needed, and **100%** said staff treated them with respect.

Howard Center Referring Programs



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

OVERVIEW HIGHLIGHTS AND NOTABLES:

"I'm very happy with the supports I received from Howard Center. They are professional, kind, and friendly."

—A client

"Peer Support Services has been invaluable to me!!!"

—A client

"Hire more peer support!"

—A client

Project Hire

PROGRAM DESCRIPTION

Project Hire assists individuals with an intellectual disability or autism find and keep meaningful and competitively paid work. Individuals with this diagnosis 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 248 people.**
- The **employment rate** for people in the program was **80%.**
- **69 individuals** received assistance to secure new employment.

HOW WELL

- **Job seekers** were at the forefront of decision-making regarding career exploration.
- Individuals' **incomes increased**, decreasing reliance on public benefits.
- **15 students** who graduated from high school were supported in their transition into adult services, while maintaining employment.

BETTER OFF

- The average rate of **pay increased** by 4.75% to $16 per hour.
- The average number of **hours worked per week increased** by 40%, an average of 13.8.
- Several individuals who previously needed 1:1 support at work began to **work independently**. One individual left the program after successfully achieving independent employment.
- **187 individuals** were supported to maintain employment.

"I enjoy working and being with my co-workers, who have been very supportive of me and have stated they appreciate me and the work I do."

—A client

PARTNERS: Chittenden County businesses; family members; guardians; HireAbility; Vermont Government Agencies: Department of Disability, Aging, and Independent Living and the Department of Education

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.

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 **seven new interns**.
- Each participant completed **three different internships**, lasting 10-12 weeks each.
- **29%** of interns were enrolled in their final year of high 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 for improvement.
- The host business increased their commitment to hire interested applicants.

BETTER OFF

- Following completion of the program, **71%** of interns were employed within five months.
- **62 individuals** have completed the program since its creation nine years ago.
- **87%** of individuals receiving services continue to be employed.

"One thing I really enjoy about my internship is the feeling of being useful and productive with my time."

—An intern

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

OVERVIEW HIGHLIGHTS AND NOTABLES:

Project SEARCH is an international initiative.

Howard Center's program is a collaboration with the University of Vermont Medical Center and provides internships for young adults transitioning from high school to employment.

The program provides specific supports and services that are individualized for each person, based on their interests and employment goals.

Safety Connection

PROGRAM DESCRIPTION

Safety Connection uses remote monitoring technology to deliver overnight independent living support 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, remote, and in-person outreach/interventions.

PERFORMANCE MEASURES

HOW MUCH

- Safety Connection supported **106 participants** in 12 Vermont cities and towns.
- The program conducted **22,033 nightly check-ins** with participants.
- **11 participants** were granted a Section 8 housing voucher.
- **95%** of clients benefited from local or state rental assistance.

HOW WELL

- **89%** reported that "Safety Connection met their changing needs; **87%** claimed they can always get help at night when needed; **77%** claimed they felt safe at home during the night; and **89%** have people they feel comfortable asking for help at any time.

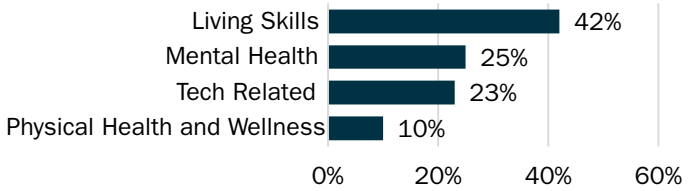
BETTER OFF

- **84%** of participants report being satisfied with their friendships and relationships, compared to 81% previously.
- **13%** of participants are ages 60 years old or older.
- **100%** of Safety Connection clients retained or improved housing.

"I appreciate how there is always someone to talk to. They never judge me, and I feel like they genuinely care about me as a person."

—A participant

Safety Connection Check-In Activity and Interventions



PARTNERS: Burlington Housing Authority; Vermont Department of Disabilities, Aging, and Independent Living: Choices for Care, Home and Community Based Services, and Specialized Service Agencies, including Champlain Community Services and Lincoln Street Inc.; Vermont Designated Agencies: Health Care and Rehabilitation Services, Northwestern Counseling and Support Services, United Counseling Service

OVERVIEW HIGHLIGHTS AND NOTABLES:

The impacts of Vermont's housing crisis became a reality for Safety Connection applicants, and during FY24, participants struggled to find affordable, safe housing. The lack of housing is a barrier to attaining greater independence, especially for individuals with disabilities and their families. Despite targeted efforts to provide rental subsidies and assistance to this population, housing stock is low, and competition is high.

80% of Safety Connection participants reported they were satisfied with their living situation, an 11% decrease from last year.

Safety Connection supported individuals living in more non-traditional housing models like mother-in-law apartments and family homes.

Help is here

Crisis Services

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.

Adult Crisis Stabilization Program

PROGRAM DESCRIPTION

The Adult Crisis Stabilization Program (formerly known as ASSIST) 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. The program is based on the philosophy of providing services within the least restrictive environment.

PERFORMANCE MEASURES

HOW MUCH

- The program served **178 admissions** with **164 unique individuals.**
- The program filled **88% of its bed days** for the year (up from 77% last year).
- Of a total of **333 referrals** to the program, 56% came from First Call for Chittenden County (FCCC).

HOW WELL

- The average length of stay at Adult Crisis Stabilization was **5.51 days.**
- **91%** of clients stated that they were treated with respect.
- **76%** of referrals were accepted into the program.
- **27%** of referrals were withdrawn when an intake was offered.

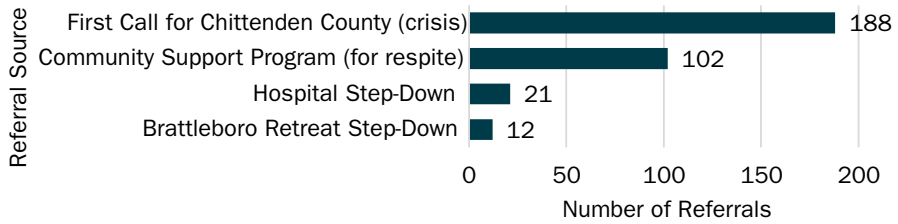
BETTER OFF

- Of the clients surveyed, **88%** said they met their goals, and **85%** stated that the services they received made a difference.
- **47%** of the program admissions were re-admissions.
- **53%** of clients served accessed the program for the first time.

"I liked how the staff actually talked to me and genuinely listened to my anecdotes, problems,and concerns. I also love the diversity and openness that was presented within the Adult Crisis Stabilization Program."

—A client

Program Referral Sources



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

OVERVIEW HIGHLIGHTS AND NOTABLES:

The Adult Crisis Stabilization Program, formerly known as ASSIST, recently changed its name to more closely reflect the mission and purpose of the program. The program also underwent physical renovations to provide a more soothing, therapeutic aesthetic to the program.

The program continues to see a high number of clients with insufficient housing resources, which creates challenges related to holistic discharge planning. However, Howard Center's Peer Support Services team has been very responsive and has been able to offer appointments to clients within a week after they are discharged from the Adult Crisis Stabilization Program to help connect them to other supports.

"(I appreciated) having time and space to figure out what I needed as a plan for my mental health going forward."

—A client

Community Outreach Program

Help is here

PROGRAM DESCRIPTION

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

PERFORMANCE MEASURES

HOW MUCH

- Community Outreach staff made **2,514 total contacts,** representing **716 unique individuals.**
- The team made **201 youth contacts**, **426 contacts with individuals age 61+**, and contacts with **27 veterans.**
- **5,480 calls** were placed or received by Community Outreach staff.

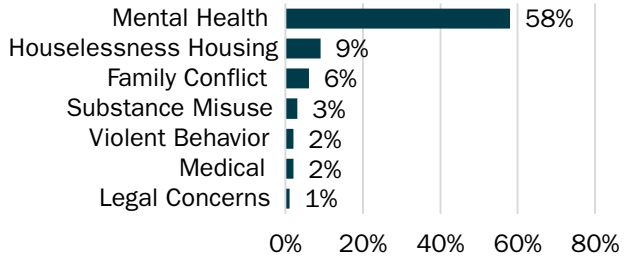
HOW WELL

- **100%** of clients surveyed claimed staff treated them with respect and they received the services they needed.
- **3%** of client contacts required a trip to the emergency department.

BETTER OFF

- The Community Outreach Team provided **1,543 referrals** to community-based services for mental health, housing, substance use, medical, and other social services.
- **100%** of stakeholders claimed the community is better off because of the Community Outreach team.
- **32%** of police-involved contacts diverted first responder/police involvement, saving municipal time and resources.
- According to pre- and post-assessments, **99%** of individuals who initially presented with distress maintained or improved their condition.

Community Outreach Primary Presenting Concerns



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 Government Agencies: Department for Adult Protective Services, Department for Children and Families/Economic Services Division

OVERVIEW HIGHLIGHTS AND NOTABLES:

The team continues to proactively engage individuals in the community while diverting unnecessary use of first responder resources.

The team has been working to connect to all towns across the county and build supportive relationships with town officials.

Additionally, cooperative relationship building with area police departments continues to be an area of strength. The team has also created a coordination system with an outreach team member and the Chittenden Clinic for the purposes of building cross-team understanding and support strategies for clients served by both programs.

"Having the community outreach specialists available will enable police officers to focus their efforts on addressing criminal behavior and building a healthier and safer community."

—A community partner

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 **1,514 face-to-face assessments** and **served 2,688 unique individuals.**
- First Call staff **collaborated on 128 Mobile Crisis Paired Response assessments**.
- First Call received **14,138 phone calls.**

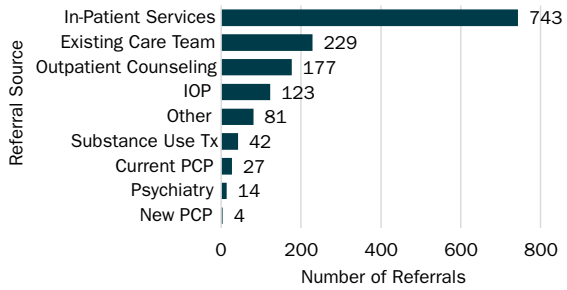
HOW WELL

- **36%** of face-to-face responses were made within two hours; **93%** of incoming calls are answered within five minutes.
- **934 individuals (234 under age 18)** made their first-ever contact with First Call.
- Average response time for the paired-mobile crisis response was **48 minutes**.

BETTER OFF

- **1,700 clients** were referred to community resources for follow-up support.
- **473 assessments** were for individuals without health insurance.
- **346 services** contained safety plans that included reducing access to lethal means.
- **962 community providers** followed up with First Call after they provided services.

FCCC Referral Totals by Source



"I was extremely nervous to call but they were super helpful. It felt easy to be honest about what was going on."

—A First Call client

PARTNERS: Adult Protective Services; Burlington Street Outreach Team; Community Outreach Team; courts; emergency services directors; KidsNet; law enforcement; local colleges; local gun shops; local outpatient clinics; Pathways Vermont and primary care provider offices; schools; Second Spring; University of Vermont Medical Center; Vermont Care Partners; Vermont Government Agencies: Department for Children and Families, Department of Mental Health, Office of Veterans Affairs

OVERVIEW HIGHLIGHTS AND NOTABLES:

In January 2024, FCCC began participating in Vermont's Enhanced Mobile Crisis services. The goal of the enhanced mobile services is to provide timely and effective in-person assistance to people facing an emotional, mental health, or substance use crisis.

The heart of the program is the two-person, in-person response that is available around the clock. The mobile crisis services help limit emergency department visits for individuals who are experiencing a mental health crisis.

This model provides another access point for people to receive services when and where it best meets their needs.

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 program provides short-term, trauma-informed care, while partnering closely with families and treatment teams in discharge planning to support a child's safe return to the community.

PERFORMANCE MEASURES

HOW MUCH

- **105 clients** received services from 11 Vermont counties.
- Staff completed **165 separate admissions.**
- The average length of stay for a client was **five days.**

HOW WELL

- **100%** of families reported that Jarrett House staff treated them with respect.
- **100%** of Jarrett House Staff are training in Therapeutic Crisis Intervention (TCI).
- Caregivers claimed their **children used their regulation and safety plans** at home and in school.
- School providers found Jarrett House **recommendations were helpful** for supporting children at school.

BETTER OFF

- **99%** of clients were connected to at least one mental health provider at the time of discharge.
- **98%** of clients were discharged back to their community following placement.
- **All children** reported having learned at least five coping skills during placement.

Jarrett House Clients by County of Residence | Total clients served = 165

- Addison County – 4%
- Bennington County – 4%
- Caledonia County – 6 %
- Chittenden County – 47%
- Franklin County – 6%
- Grand Isle County – 2.5%
- Lamoille County – 4%
- Orleans County – 7%
- Rutland County – 8%
- Washington County – 11%
- Windsor County – .5%

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

OVERVIEW HIGHLIGHTS AND NOTABLES:

"I just want to thank you all at the Jarrett House. [My child] felt safe with you, you helped her so much, and I am so happy we brought her to you!"
—A caregiver

"Jarrett House has been really good for me. It helped me tell my family about what has been making me so upset. Now my family can help me better. I'm really glad I came".
—A client

Street Outreach

Help is here

PROGRAM DESCRIPTION

Street Outreach works collaboratively with merchants, community members, first responders, and medical and behavioral health providers to link individuals to supports and services to reduce the burden on emergency services. Outreach workers offer support and respond to unmet needs related to mental illness and substance use.

PERFORMANCE MEASURES

HOW MUCH

- **3,831** contacts with **720 unique individuals**; 63% of services were provided face-to-face.
- **4,677 calls** were placed or received by Street Outreach staff.
- **200 contacts** were provided to youth under 18 years of age; **426** to adults aged 61 or older; and **22** contacts were provided to military veterans.

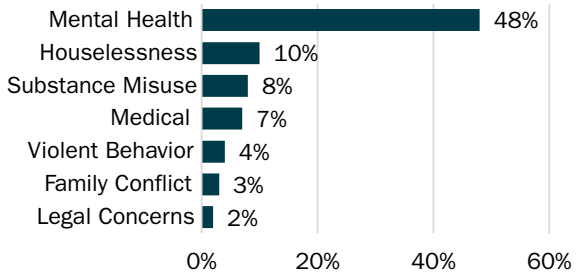
HOW WELL

- **1,136 contacts** were initiated by the individual or a community member, and **128 contacts** resulted in an emergency department visit.
- Street Outreach provided **340 consultation support services** to law enforcement, merchants, medical providers, community partners, and landlords.

BETTER OFF

- Street Outreach made **1,548 referrals** to community-based organizations.
- **100%** of law enforcement personnel indicate Street Outreach helps to decrease disruptive incidents.
- Among clients experiencing distress during an encounter, **99%** either maintained or improved their management of distress by the end of the service.

Street Outreach Primary Presenting Concerns



"The street team's cultural competency is invaluable, and I am so grateful to live in a place that has a dedicated team providing the community care and coordination that they do."

—A Church Street merchant

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 Centers/Safe Harbor Clinic, University of Vermont Medical Center Emergency Department, Vermont State Economic Services Division

OVERVIEW HIGHLIGHTS AND NOTABLES:

The Street Outreach team plays a vital role in supporting the community by connecting individuals to necessary services and promoting a safer environment in Burlington.

Clients can self-refer or be engaged by team members on the streets or in neighborhoods. Referrals come from service providers, police, family, friends, merchants, and concerned community members. Outreach teams do not provide long-term services. Rather, they are responsive to the immediate needs of community members, providing individuals with support and connecting them with long-term resources.

Public safety continues to be a primary focus for downtown Burlington. Additionally, the city continues to see an increase in individuals facing economic challenges, including houselessness. An increase in client acuity has also coincided with the increased prominence of fentanyl and xylazine.

Educational Services

A common goal of all our educational programs is to help students develop their unique strengths and learn new skills that will help them lead fulfilling lives.

Autism Spectrum Program

PROGRAM DESCRIPTION

The Autism Spectrum Program (ASP) provides intensive, specialized instructional and behavioral treatment and support to individuals ages 3-22 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, 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 **28 children** and youth, ages 6 to 18 years.
- ASP provided **seven school districts** consultation services to youth across **20 Chittenden County schools.**

HOW WELL

- A team of **ten licensed Board Certified Behavior Analysts** (BCBA) leads the program and oversees the individualized treatment interventions of each client.
- Program effectiveness is evaluated using individualized data. Additionally, the ASP offered **19 days of professional development**, and interventionists received ongoing supervision.

BETTER OFF

- **100%** of children/youth exhibited a decrease in their overall level of clinical need or maintained a stable level of need related to school behavior.
- Pre-and post-assessments indicated that **91%** of children/youth improved or remained stable in the areas of self-care and daily living skills.
- **92%** of family survey respondents agreed or strongly agreed that the services helped to improve their quality of life.

"I appreciate the family support as well as the behavioral supports."

—A parent

PARTNERS: Chittenden County School Districts, including Burlington, Champlain Valley Union, Colchester, Essex Westford, Mount Mansfield Union, South Burlington, and Winooski; statewide designated agency leaders of Behavior Intervention; Stern Center for Language and Learning; University of Vermont Medical Center/Developmental Pediatrics Children's Specialty Center; University of Vermont Interdisciplinary Team; Vermont Government Agencies: Agency of Human Services/Statewide Autism Workgroup, Department of Health/Children with Special Needs

OVERVIEW HIGHLIGHTS AND NOTABLES:

ASP remains dedicated to the practice of up-to-date, evidence-based interventions to support children with autism. 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 (ABA) and autism.

Clients enrolled in the ASP receive services that are:

- outcome-focused to ensure ABA treatment is effective.
- comprehensive and integrate treatment across settings and individuals.
- family-centered to engage families in programming, while 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 to help them succeed in the least restrictive educational environment available to them. Baird School is a licensed independent special education school serving students from kindergarten through eighth grade. The school has the capacity to serve 52 students; nine of these students receive intensive supports.

PERFORMANCE MEASURES

HOW MUCH

- Baird School served a total of **56 students** and their families.
- Baird School served **students from five Vermont counties,** representing 13 different school districts.
- Baird School served **13 students** in the Intensive Services model.

HOW WELL

- **100%** of students and families said staff treated them with respect.
- **100%** of Baird School staff are trained in a trauma-informed crisis intervention approach that helps to reduce or eliminate the need for physical restraints in managing challenging behaviors.
- **100%** of school partners said that Baird School provides services that are unavailable through school resources.

BETTER OFF

- Baird School students maintained an **average daily attendence rate of 86%.**
- **94%** of students were better able to access their education because of the services provided by Baird School.
- **Six students** were able to return to public school and needed less support.

Caregiver Needs & Strengths Percentage of Improvement

PARTNERS: Inclusive Arts Vermont; Stern Center for Language and Learning; Vermont Government Agencies: Agency of Education, Department of Mental Health

OVERVIEW HIGHLIGHTS AND NOTABLES:

"I'm so grateful for this school. The teachers and staff are the best — so caring and helpful, from the smallest to the largest issues, no matter what. I feel blessed to be a part of this community. It's been life-changing for [my student] in a huge way!"

—A parent

INCLUSION

PROGRAM DESCRIPTION

The INCLUSION Program serves K-12 students and focuses on supporting their emotional, behavioral, and mental health needs. A continuum of intensive support and services is offered within the regular education environment and through tutorial services to ensure that a student's needs are fully addressed. Family care management services and a summer program are also provided.

PERFORMANCE MEASURES

HOW MUCH

- INCLUSION served **38 students**, ages 6-14, and their families.
- INCLUSION provided services in **five** Chittenden County School Districts.
- Served **13 students** in the Positive Behavior Intervention and Supports (PBIS) consultant model.

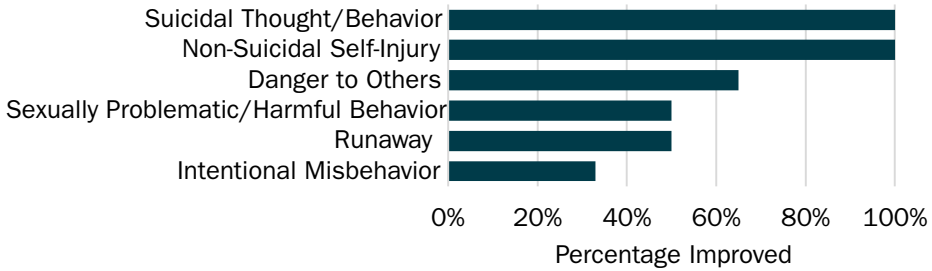
HOW WELL

- **100%** of families said that they received the help they needed, the services were right for them, staff treated them with respect, and their quality of life improved.

BETTER OFF

- **9 students (23%)** discharged to in-school regular classrooms with less support.
- Pre-and post-assessments indicate that **100% of students** showed a decrease or stabilization of behaviors and needs related to suicidal thoughts or behaviors.
- **100% of families** reported that INCLUSION services made a difference for their child.

CANS Child Risk Behaviors Percentage of Improvement



PARTNERS: Chittenden County school districts, Vermont Department of Mental Health, Vermont State Behavior Interventionists Directors Committee

One method the INCLUSION Program uses is the Positive Behavioral Interventions and Supports (PBIS) consultant model, a proactive approach to improve school climate and support positive behavior through evidence-based practices, data-driven decision-making, and a tiered framework of interventions.

"Being part of INCLUSION has been a huge positive in our lives. It has been just the kind of support my child has needed to successfully and happily attend school and achieve his academic goals. I have felt supported and part of the team while focusing on my child's emotional and mental health needs. The INCLUSION camp is wonderful. My child learned to swim last year at camp and was very proud of himself. They do so many great activities every day. INCLUSION has been wonderful for us."

—A parent

Jean Garvin School

PROGRAM DESCRIPTION

The Jean Garvin School is a regional consortium school, made up of all Chittenden County school districts. Two therapeutic school programs, co-located in Williston, provide education to 50 students in grades 7-12.

PERFORMANCE MEASURES

HOW MUCH

- Jean Garvin School served **45 students** from eight Chittenden County school districts.
- Jean Garvin's Delta program served **17 students.**
- Students participated in the **Burton Chill Program, physical fitness activities** at The Edge, and hosted a **Spring Fair** for families and stakeholders.

HOW WELL

- **100%** of Garvin School partners reported that the school provided a service that is not otherwise available.
- **90%** of the students' guardians reported that the school collaborated effectively with their student's team.
- **100%** of Garvin staff are trained in crisis prevention and therapeutic interventions and practice non-violent and collaborative communication.

BETTER OFF

- **Four students** graduated and earned high school diplomas from their sending schools.
- **One student** was accepted into and is currently attending college.
- **Two students** fully transitioned back to their sending school.
- **Three students** are enrolled half-time in sending school and/or tech programs.

Most Common Treatment Needs (according CANS assessment)

1. Anxiety
2. Impulsivity/Hyperactivity
3. Oppositional Behavior
4. Adjustment to Trauma
5. Depression

"All of the staff…every single one of them, has had a positive impact not only on my son, but also with me as his parent."

—A parent

PARTNERS: Chittenden County Regional Consortium

OVERVIEW HIGHLIGHTS AND NOTABLES:

Jean Garvin School offers two programs for children youth. The Odyssey program provides full-day, academic and therapeutic small-group instruction with embedded supports. The Delta program offers an alternative approach to learning by condensing academics to the morning and offering community-based, experiential opportunities in the afternoon.

Chittenden County special education directors serve through a consortium and provide guidance and program oversight. The collaboration relies on a shared funding model with the districts.

Public school special educators often make referrals to the Jean Garvin School because of the consistent number of students who are able to return to their sending school. Jean Garvin provides the space, time, and interventions that allow students to reclaim themselves as learners and successful students.

School Services

PROGRAM DESCRIPTION

School Services collaborates with school 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, care 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 **67 masters-level clinicians** working in 49 schools and/or alternative programs across eight districts.
- School Services served **900 formal clients** and **1,800 informal clients.**
- School Services co-hired clinicians in **every Chittenden County public school.**

HOW WELL

- **92%** of older students and **100%** of younger students agreed or strongly agreed the program helped them feel more comfortable at school.
- **96%** of caregivers agreed or strongly agreed they received the help needed from the School Services clinician.
- **96% of school partners agreed** or strongly agreed their school is better off because of their relationship with Howard Center School Services.

BETTER OFF

- **88% of clients** improved or sustained academic growth.
- **90% of clients** showed improved or sustained behavioral growth in school.
- **86% of clients** improved attendance or did not have attendance struggles.
- **88% of caregivers** reported their student's and/or their quality of life improved because of services they received.

"The best part about my experience with the clinician was any and everything! I felt I could speak to her about my son, and he was also so comfortable and had a strong connection with her. The clinician went above and beyond to do what she could when we were in a tight financial position . . . she was always there to pick me up!"

—A caregiver

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

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.

The program strives to work at the individual, family, classroom, school, district, and community level to support each individual's educational development.

Additionally, School Services convenes a workgroup focused on chronic absenteeism that includes 20+ organizations and municipal entities and is an active partner in local and state suicide prevention collaborations.

SUCCEED

PROGRAM DESCRIPTION

SUCCEED is a post-secondary education program for students with intellectual disabilities, provided in collaboration with area colleges. Students participate in four program areas: student housing, education, campus life, and career development. Students graduate with the ability to live independently, develop and maintain friendships, obtain employment, and establish social connections within their community.

PERFORMANCE MEASURES

HOW MUCH

- **13 clients** were served in 2024.
- **62%** of clients were employed.

HOW WELL

- **95 clients** served since 2008.
- The dropout rate for incoming students in 2024 was **13%.**
- **Two residential locations** with transitional apartment options onsite.

BETTER OFF

- **67%** of 2024 program graduates transitioned to independent living with Section 8 vouchers.
- **18** University of Vermont undergraduate social work students completed their senior year internships with SUCCEED.

"Incredible. This program and your [Howard Center] staff are incredible. All of you are blessings in [his] life."

— Parent of SUCCEED student

PARTNERS: Burlington Housing Authority; Community College of Vermont; University of Vermont; Vermont Post-Secondary Education Consortium

OVERVIEW HIGHLIGHTS AND NOTABLES:

In 2024, SUCCEED celebrated the program's and its 14th graduating class.

Residential Services

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.

Avenue 7

PROGRAM DESCRIPTION

Avenue 7 offers short-term transitional housing for young adults between the ages of 18 and 30 who have an intellectual disability or autism and receive home and community based services. The supportive residential community helps individuals gain the skills they need to live independently.

PERFORMANCE MEASURES

HOW MUCH

- **Eight clients** were served in 2024.
- **Eight program participants** received Section 8 vouchers through the Burlington Housing Authority.
- **75%** of clients were either employed or gained work experience through volunteer positions.

HOW WELL

- **50%** of clients who exited the program transitioned to independent living with a Section 8 voucher.
- The program celebrated its **ninth year** of operation in 2024.

BETTER OFF

- **100%** of clients who participated in the program experienced Medicaid waiver reductions at time of exit.

"WE ARE SO HAPPY that he is there [Avenue 7] and have so much hope and excitement about this next part of his journey. It was a bit emotional to drop him off yesterday, but we are confident that this is the right next step for him. We really appreciate you and your team for the kindness and support that they have offered along the way."

—A parent

PARTNERS: Burlington Housing Authority, Committee on Temporary Shelter (COTS)

OVERVIEW HIGHLIGHTS AND NOTABLES:

Only two clients transitioned out of Avenue 7, and one of the individuals left due to medical issues. As a result, this client moved back in with their family to receive proper care rather than using their Section 8 voucher for independent living.

Family Supportive Housing (FSH)

PROGRAM DESCRIPTION

The Family Supportive Housing program is a collaboration between the State of Vermont, the Committee on Temporary Shelter (COTS) and Howard Center, with the goal to move families more rapidly from shelter and state-funded motel stays into housing. Clinicians address barriers and assist families to make lifelong sustained changes to break the cycle of homelessness.

PERFORMANCE MEASURES

HOW MUCH

- **33 families** received services.
- Howard Center clinicians provided clinical services to **23 families.**
- **Seven families** were discharged.
- **356.8 hours of services** were provided to families, including therapeutic individualized counseling to improve family functioning, parenting education, and life skills.

HOW WELL

- At the time of discharge, **95%** of families were current on their rent.
- At the time of discharge, **100%** of families enrolled in the program had attained stable housing.

BETTER OFF

- **73%** of those families that participated in the program have moved from homelessness to housing.
- At the time of discharge, **100%** of families were in good standing with their landlord.
- **85%** of children who were in the home were up to date on their pediatric visits.
- **28%** of families enrolled in the program had some DCF involvement.

"One of the families enrolled in the program has found great success since enrollment. The family came to the area as refugees and was homeless. While in FSH, the parent was enrolled in English classes. The family no longer needed Reach Up benefits, the parent obtained employment as a paraprofessional and the children are thriving in school.

—A clinician

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 Government Agencies: Department for Children and Families/Family Services and Economic Services

OVERVIEW HIGHLIGHTS AND NOTABLES:

During the year, the FSH program expanded statewide.

MyPad

PROGRAM DESCRIPTION

MyPad is a 10-bed, residential program that provides intensive supports to adults with acute mental health/behavioral challenges in an independent, apartment-style living.

PERFORMANCE MEASURES

HOW MUCH

- **Two acute residential counselors** are available 24 hours a day in a staffed common area and also provide direct service within client apartments.
- **24-hour staff** availability decreases client isolation, helps to manage acute symptoms without hospitalization through direct therapeutic support, and supports medication adherence.
- Acute residential counselors offer **intensive skill building** around daily living activities and help clients become more independent. They also support client engagement with providers by offering transportation to appointments and incentives for attendance.

HOW WELL

- The program's **evidence-based, trauma-informed interventions** help reduce the frequency of hospitalizations and additional crisis-support. Program interventions help to increase connection, trust, and grounding in community life.
- When hospitalization is unavoidable, the **length of stay has shortened** for some clients who engage with program interventions within the community.
- The **foundation of connection, trust, and grounding** in community life has increased medication compliance, helped clients meet other health goals, and encouraged graduation from the program onto less intensive settings.

BETTER OFF

- **Two clients** graduated from MyPad's acute program to sub-acute programs.
- Client participation in **weekly cleaning projects** improved from 0% to 100% after consistent implementation of new intervention strategies, and client hygiene improved as well.

> **"I am grateful for Howard Center and all they have done for me. They have helped take care of me when I could not take care of myself."**
>
> **—A client**

OVERVIEW HIGHLIGHTS AND NOTABLES:

The intensive support offered through MyPad has made a difference in individuals' lives.

For one resident, it means the periods between lengthy hospitalizations has increased from every three to four months to just once within an eight-month period, with a shorter time spent in the hospital.

For another resident, the period between lengthy hospitalizations extended from every two to three months to no hospitalizations in the last seven months.

PARTNERS: Local businesses; mentoring organizations; outdoor education experience programs; school systems; Vermont Government Agencies: Department for Children and Families, Department of Mental Health.

Park Street Program & Fay Honey Knopp School

PROGRAM DESCRIPTION

The Park Street Program is a 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

- **11 youth** received services.
- **Three youth** referred for assessment and **eight** referred for long-term treatment.
- **Eight new referrals** were received by Park Street; six of those met admission criteria and entered the program.
- **32 months** average length of stay.

HOW WELL

- **100%** of referring agencies strongly agree that Park Street is skilled at developing relationships with youth.
- **90%** of youth and families claim the services they received improved their quality of life.
- **100%** of families reported that they are cared about and their needs are understood.
- **100%** of school districts reported the teaching team at Fay Honey Knopp is skilled at addressing behavioral and educational needs of students.

BETTER OFF

- **0% recidivism** for sexual abuse for five years following successful discharge.
- **100%** of referring agencies strongly agree that staff are knowledgeable at treating sexually problematic behaviors, and youth and families report learning skills to avoid sexually problematic behavior.
- **100%** of youth reported their self-regulation, problem-solving, and life skills have improved and they get along better with others.
- **100%** of school districts report that Fay Honey Knopp has a comprehensive educational program that meets the individualized needs of the students, which encourages them to make academic progress.

"From leadership down to new line staff, everyone is on board to support youth. There is a very supportive culture there that makes it easy to see why staff are so effective in working with kids."

—A community partner

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 Coalition of Residential Providers; Vermont Designated Agencies; Vermont Government Agencies: Agency of Education, Department for Children and Families, Department of Labor, Department of Mental Health; Vermont Youth Development Program

OVERVIEW HIGHLIGHTS AND NOTABLES:

The Park Street Program and Fay Honey Knopp School continue to provide exemplary services, based on the satisfaction of services and the skills learned.

The data collected reflects staff with a strong skill set that supports the stages of change offered in residential programming.

The average length of stay has increased based on the lack of available resources to transition youth who are ready for community reintegration.

Substance Use Services

Our substance use services vary in intensity from short- to long-term recovery support. They include therapeutic counseling, recovery support, and medications for opioid use disorder.

Howard Center's mobile outreach unit provides services at various northern Vermont locations.

Chittenden Clinic

PROGRAM DESCRIPTION

The Chittenden Clinic provides outpatient treatment and pharmacotherapy (methadone, buprenorphine, and naltrexone) for individuals who have opioid use disorder. The Clinic provides extensive medical, therapeutic, and care management services, and medically supervised withdrawal (MSW).

PERFORMANCE MEASURES

HOW MUCH

- **1,188 clients** were served.
- On average, the Clinic served **994 clients monthly.**
- **90%** of the clients served were insured.
- **80%** of clients had a mental health diagnosis in addition to opioid dependence.

HOW WELL

- **70%** of clients were retained 90 days or more.
- **97% agreed** that they were receiving services that were right for them.
- **97%** of clients requesting treatment were admitted within 72 hours.

BETTER OFF

- **84%** of clients tested negative for opioids after 90 days of treatment.
- **83%** of clients were able to use take-home medication.
- **20 clients** were discharged to a lower level of care.
- **84%** of clients said the services they received made a difference in their lives.

"Staff is awesome, and very respectful."

—A client

"I am thankful for the bus passes that were provided to me."

—A client

The Chittenden Clinic is recognized by the National Committee for Quality Assurance (NCQA) as a patient-centered medical home.

PARTNERS: Chittenden County Opioid Alliance; Community Health Centers; Lund; special services transportation and Medicaid transportation; Turning Point Center; University of Vermont Medical Center; Vermont Government Agencies: Department of Children and Families/Family Services, Department of Corrections; Vermont Human Trafficking Task Force

OVERVIEW HIGHLIGHTS AND NOTABLES:

The high percentage of clients with insurance coverage (90%) reflects strong accessibility to treatment for insured individuals.

The significant prevalence of co-occurring mental health and substance use diagnoses (80%) underscores the need for continued integrated care approaches.

These patterns emphasize the program's critical role in addressing complex client needs and adapting services to support comprehensive recovery.

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

- **1,743 unique clients** were served by the syringe service program.
- **150 unique clients** were treated with Medication for Opiate Use Disorder (MOUD).
- Safe Recovery provided **11 vaccine clinics** and **8 HIV/Hepatitis clinics.**
- Safe Recovery staff provided **302 wound care services.**

HOW WELL

- **100%** of Safe Recovery staff are trained in harm-reduction therapeutic interventions.
- Safe Recovery offers **immediate access to medication**, **drop-in appointments,** and **assistance with transportation** and other barriers.
- Safe Recovery launched an incentivized **syringe return pilot project** aimed at enhancing safe disposal.
- Safe Recovery has offered **syringe support services** in the same accessible location in downtown Burlington since 2001.

BETTER OFF

- **100 clients** were referred to treatment, including to residential care and Howard Center's Chittenden Clinic
- Over **7,000 doses of Narcan®** were distributed.
- **188 clients** were referred to the University of Vermont Medication Center for assistance with wound- and xylazine-related injuries.
- Research shows that **multiple secondary goals are achieved by clients who use syringe services programs**, including access to treatment, improved health outcomes, and connection to other services (healthcare, housing, food, and transportation).

"Syringe Service Program participants are more than five times as likely to enter treatment for a substance use disorder and nearly three times as likely to report reducing or discontinuing injection as those who have never used an SSP."

—Centers for Disease Control

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

OVERVIEW HIGHLIGHTS AND NOTABLES:

Safe Recovery offers sterile syringes, free Narcan® (opioid overdose reversal medication) and overdose prevention training, xylazine and fentanyl testing strips, HIV and hepatitis C testing, as well as linkage to care, care 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 care management.

The rise of fentanyl, xylazine, and stimulants is undercutting the effectiveness of addiction medications. Neither Suboxone® nor methadone is designed to treat addiction to xylazine or stimulants.

Transition House (T-House)

PROGRAM DESCRIPTION

Transition House is a residential program for adolescents, 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, while helping residents build independent living skills.

PERFORMANCE MEASURES

HOW MUCH

- Transition House served **six clients.**
- **17%** of Transition House clients were supported by the Department of Mental Health; **83%** were supported by the Department for Children and Families.
- **83%** of the clients served were from outside of Chittenden County.
- **100%** of clients who reached the age of 18 during their stay chose to remain at T-House to complete their treatment.

HOW WELL

- **100%** of clients engaged in individual and/or substance use therapy; spent successful time in the community with a family member, friend, or mentor; maintained appropriate natural supports at work, school, or extracurricular activities.

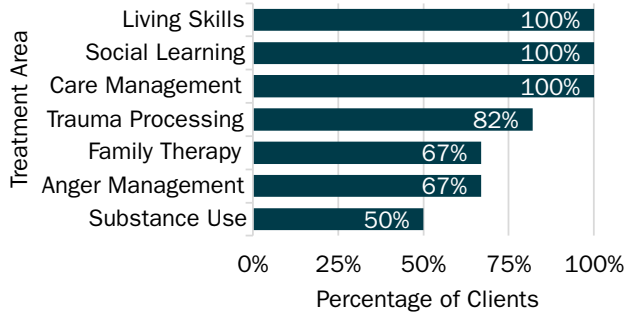
BETTER OFF

- **83%** of clients were employed and maintained their employment during their stay.
- **100%** of clients were either engaged in high school education or completed high school.
- **100%** of employed clients saved at least half of their income to prepare for independence.
- **75%** of discharged clients transitioned to independent living in the community.

"I wish I had a normal family. But I guess staff is kind of like having a big family of parents."

—A client

Identified Treatment Areas



PARTNERS: Essex-Westford School District and other school systems; local businesses; mentoring organizations; outdoor education experience programs; Vermont Government Agencies: Department for Children and Families, Department of Mental Health.

OVERVIEW HIGHLIGHTS AND NOTABLES:

Transition House works with at-risk, transition-age youth who have experienced significant events in their lives, such as 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.

Treatment Courts

PROGRAM DESCRIPTION

Treatment Courts support 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

- **101 clients** served.
- Howard Center provides **clinical care management and treatment** for six Treatment Courts, including Reentry and Pretrial Recovery Courts and Drug, Co-occurring, Mental Health, and Family Courts.
- **638 hours** of clinical care management were provided.
- **All participants** were engaged in intensive care management.

HOW WELL

- Participants have been afforded **long-term employment** with opportunity for growth.
- Participants have had their **legal records expunged** or reduced.
- **93%** of clients strongly agreed that they were treated with respect.
- Participants engage in **therapeutic, recovery-oriented support groups and counseling.**

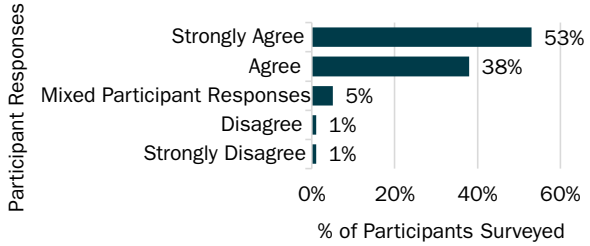
BETTER OFF

- **27 participants** graduated with established sobriety and increased community engagement.
- **All participants** are engaged in the criminal justice system and otherwise would be incarcerated.
- **92%** of clients reported that they felt the services they received made a difference.

"Thank you all for your time and listening. It's a pleasure and a good experience coming here to Howard Center."

—A client

The services I received made a difference in my life



PARTNERS: ANEW Place, Brattleboro Retreat, Burlington Police Department, Champlain Valley Office of Economic Opportunity (CVOEO), Community Health Centers, Community Justice Center, COTS, Food Shelf, Hope Works, Lund, Mercy Connections, NAMI, Pathways Vermont, Planned Parenthood, Safe Harbor, Salvation Army, SASH, Serenity House, state and government programs, Steps to End Domestic Violence, Turning Point, U.S. Probation, University of Vermont Medical Center, Valley Vista, Vermont Foundation for Recovery (VFOR), Vermont Judiciary, Winooski and Burlington Recreation Departments

OVERVIEW HIGHLIGHTS AND NOTABLES:

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

Treatment Court staff identify each participant's needs, and participants are given the opportunity to access community services to address their needs.

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

- **1,758 clients**, ages 18-87, were served at 855 Pine St.; **444 youth clients** were served at 1138 Pine St.
- Outpatient services provided **14,092** individual and **5,652** group therapy sessions, **3,379** service coordinations, **957** intensive outpatient groups, **755** assessments, **375** family therapy sessions, and **638** hours of clinical care management within the federal treatment courts.
- Outpatient services are embedded at **20 schools**; at primary practices, including a clinic in Milton; and the Costello Courthouse, while providing treatment to individuals ranging in age from 3 to 93.

HOW WELL

- **93%** of adult clients who responded to a satisfaction survey agreed that they were treated with respect.
- **96%** of clients would recommend Howard Center to a friend and/or co-worker.
- **88%** of clients strongly agreed and/or agreed that the services they received for themselves and/or child were right for them.
- **100%** of staff are fully trained in trauma-informed care.

"They listen, are flexible, and they personalize treatment really well. I feel heard, respected, and that they care."

—A client

BETTER OFF

- According to clinical pre- and post-assessments, of the children, youth, and adults who received outpatient services at 1138 Pine Street, **100%** exhibited a decrease or stabilization of need related to anxiety, **94%** exhibited a decrease or stabilization of behaviors and needs related to adjustment to trauma, and **99%** exhibited a decrease or stabilization of behaviors and needs related to impulsivity and hyperactivity.

"Thank you all for your time and listening. It's a pleasure and a good experience coming here to Howard Center."

—A client

PARTNERS: Age Well, Brattleboro Retreat, Community Health Improvement, Milton Family Practice, Milton Primary Care, Richford Primary Care, SASH, schools, U.S. Probation Office, University of Vermont Health Network, Valley Vista, Vermont Department for Children and Families

OVERVIEW HIGHLIGHTS AND NOTABLES:

The most common treatment needs for adults as reflected in the Adult Needs and Strengths Assessment (ANSA)

1. Adjustment to Trauma
2. Depression
3. Anxiety
4. Psychosis
5. Impulse Control

The most common treatment needs for children/youth (as reflected in the Child and Adolescent Needs and Strengths (CANS):

1. Impulsivity/Hyperactivity
2. Anxiety
3. Adjustment to Trauma
4. Anger Control
5. Oppositional Behavior

Members of our Access and Intake team

A Single Phone Number is All You Need

With more than 50 programs, we know it can be challenging to find the right program for you or your loved ones. That's why we have **a single phone number** for people seeking help.

When you call **802-488-6000**, a member of our **Access and Intake Team** will answer questions, conduct a brief screening, schedule an intake assessment, and offer support and connection to resources and services at Howard Center or in the community. Multicultural liaisons are available to support our refugee and immigrant communities.

First Call for Chittenden County

First Call
FOR CHITTENDEN COUNTY
802-488-7777
HOWARD CENTER
Help is here.

Phone and in-person support • Individual crisis assessment and intervention • Referrals to appropriate services • Information about community resources • Post-tragedy and disaster response • Suicide prevention training

Free suicide prevention booklet available at howardcenter.org or call 802-488-6912.

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