

## **Howard Center | Information for House Healthcare Committee April 25, 2024**

Howard Center (HC) is the Designated Agency serving Chittenden County, home to about 26% of Vermont's population, and has additional programming in Franklin, Grand Isle, and Rutland Counties. Howard Center's more than fifty programs provide a wide range of mental health, substance use, and developmental services to individuals and families, offering care and support for people of all ages, from children to seniors, who are dealing with mental health challenges, addiction issues, developmental disabilities, and other related concerns. Howard Center is dedicated to promoting well-being, resilience, and recovery in the community through its comprehensive services and support networks.

When fully staffed, Howard Center employs about 1,400 (over 1,500 with substitute staff) clinicians, educators, nurses, social workers, therapists, psychologists, and others who provide services at more than 60 locations and in the community.

### **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 support for individuals, families, and communities in need.

### **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.

## **SERVICE QUESTIONS**

Describe the typical persons served and services offered within each:

*Adult Outpatient* – Adult Outpatient Services serves adults (18 years and older) who do not meet criteria for CRT services. This includes a wide array of clients with a diverse and often an extremely acute clinical presentation and set of psychosocial needs. Services Include:

- Individual, couple, and group therapy
- Assessment services
- Care management/care coordination
- Psychiatry and medication management
- Eldercare services
- Multiple treatment courts and family court programs and services
- Intensive outpatient services
- Medication for opioid and alcohol use disorder

- Suicide treatment and prevention services
- Problem gambling treatment
- Sex offender services

*Substance Use Services* – Howard Center provides an array of outpatient and intensive outpatient services for adults (18 years or older) struggling with substance use disorders. These services include:

- Medication for opioid use disorder. We serve nearly 800 clients (does not include Chittenden Clinic clients) in three different locations across three counties with suboxone, nursing, therapy, and care coordination.
- Medication for alcohol use disorder. We provide both medication and therapy services for AUD at multiple locations.
- Intensive outpatient services in Chittenden, Franklin, and Grand Isle Counties
- Individual, group and family therapy in Chittenden, Franklin, and Grand Isle Counties
- Harm reduction services (Syringe exchange, Narcan distribution, wound kit and testing strip distribution, safe use and safe smoking supplies, HIV and Hep C testing, vaccine clinics)
- Mobile harm reduction services in Chittenden, Franklin, and Grand Isle Counties (same services as above via mobile medical unit)
- Substance use disorder treatment court programs and services (State and Federal)
- Contingency management for stimulant use disorder
- Problem gambling services
- Care coordination and outreach services

Howard Center operates the Chittenden Clinic, the largest opioid treatment program in the state. The Clinic services adults, 18 years and older, who are diagnosed with opioid use disorder and seeking medication treatment (MOUD). We have an incredibly diverse patient population because we are the only program in Chittenden County that provides methadone treatment. We serve people with very high acuity, no stable housing, and substantial risk of accidental overdose; we also serve people that are very stable in their recovery and have abstained from ongoing illicit substance use for many years. Services include:

- MOUD (i.e., methadone and buprenorphine)
- Nursing support and health promotion
- Care management, including collaborations with housing, employment, and peer recovery community partners
- Individual and group therapy
- Referrals to higher levels of care (i.e., residential treatment)
- Service coordination with patient's other medical and health providers
- Coordination with community MOUD providers
- Smoking cessation
- Medication for alcohol use disorder treatment
- Hepatitis C treatment
- Harm reduction (fentanyl and xylazine test strips, Narcan)
- Partnership with UVMMC to support treatment access from the Emergency Department

*Emergency Services* - First Call for Chittenden County offers a hotline responding to over 26,000 calls annually and providing over 4,000 in-person assessments among over 3,500 unique individuals (FY23 data). Face-to-face services occur in the community, office, via telehealth, or in the Emergency Department. The majority (80%) of emergency responses are among adults, though assessments provided to children and families can be more complex and take more time as there may be greater number of individuals involved in the care of youth (different guardians, schools, pediatricians, etc.). The most common presenting concerns for individuals in crisis include suicide (59%), substance use (43%), or psychosis (45%). Often more than one reason for psychiatric crisis applies.

Howard Center's Outreach Teams provide a wide range of services for individuals and families, including those with mental health, substance use, housing, or other social service needs. The Street Outreach team serves the community of Burlington while the Community Outreach Team serves nine cities and towns including Colchester, Essex, Hinesburg, Milton, Shelburne, South Burlington, Williston and Winooski. Services include:

- Outreach specialists collaborate with police and service providers to coordinate support for individuals with various needs.
- Assists businesses in downtown areas and helps service providers by accepting referrals for individuals requiring social service supports.
- Outreach workers offer support and respond to unmet needs related to mental illness and substance use.
- 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 members of the community.

Howard Center also offers a hospital diversion program for adults. Adult Crisis Stabilization, formerly ASSIST, is a six-bed crisis stabilization program for any Chittenden County adult who is experiencing a psychiatric crisis. Adult Crisis Stabilization helps people remain in the community and avoid hospitalization. The program provides 24-hour staffing and support. In addition, Adult Crisis Stabilization helps clients who are at risk of hospitalization or are transitioning from an in-patient hospital stay or other inpatient setting to the community. Staff support clients who are undergoing a medication change or transitioning from an in-patient hospital stay to living in the community.

*Children, Youth and Families (CYFS)* – Howard Center provides a comprehensive array of services which are family focused, strength based, and collaborative. These services span the ages of 0 to 22 and are delivered in multiple settings, including homes, school settings, community-wide, office-based, and through telehealth as well as in both short- and longer-term residential settings. We strive to recognize and tailor our programming to meet the needs of our diverse community. This represents a designated population to service through state statute. Programs and services include:

- Early Childhood and Family Mental Health Program (ages 0-6; and perinatal clients).  
Services support the social and emotional development of young children, with a model that

strongly focuses on the caregiver role in this process. The program is also the Chittenden County early childhood and family mental health provider for Children's Integrated Services (CIS) and the mental health consultant for Champlain Head Start. Additional focused therapies provided as appropriate include:

- Parent-Child Interaction Therapy (PCIT): An evidence-based therapy treatment for young children with behavioral problems, utilizing a "coaching" process.
  - Child-Parent Psychotherapy (CPP): An evidence-based therapy which focuses on helping young children and their families recover and heal after stressful and traumatic events.
  - Perinatal Support Services: Consultation, support, and individual therapy to clients experiencing peri-natal mood and anxiety disorders. Utilizes evidence-based therapies including Acceptance and Commitment Therapy (ACT), Cognitive Behavioral Therapy (CBT), Eye Movement Desensitization and Reprocessing (EMDR).
- Family and Community Programs: (ages 4 through 22) These programs provide an array of services to meet the needs of children, their families, and the larger community in diverse and innovative ways.
- Family Focused Treatment: Provides individualized child and family centered support to families with children from ages 4 to 22 who have significant social, emotional, and behavioral needs.
  - Youth Supplemental Programming: Provides individualized, child focused support in the community to promote positive engagement with peers and within the greater community.
  - Community Education, Consultation and Training: Provides trauma-informed training to community-based youth programs, including on-site observations, consultations, and recommendations.
  - Enhanced Family Treatment Program (EFT): Provides short-term, intensive, child and family centered treatment to children, ages 4-22, at risk of requiring a higher level of service.
  - Family Supportive Housing (FSH): This program is a community partnership in collaboration with the Committee on Temporary Shelter (COTS). FSH supports homeless families to transition to and sustain stable housing.
- Jump on Board for Success (JOBS) and Youth in Transition (YIT): Provides comprehensive case management and employment support to adolescents and young adults who are experiencing mental health challenges. The program helps youth find and maintain employment and develop independent living skills to promote successful engagement in their community.
- Jarrett House: This program offers crisis stabilization support to children 5-13 who are experiencing an acute mental health emergency. This five-day milieu-based program provides 24/7 therapeutic staff supervision and engagement, treatment, family

consultation and support, psychiatric consultation, and intensive care coordination to create a successful discharge plan.

- Transition House: A residential home for 16–22-year-old CIS males who have received significant residential programming prior to this and are prepared to continue treatment in a less restrictive setting. The program is staffed 24/7 and aids youth with complex behavior, mental health, and substance use needs by offering individual and family therapy, vocational and education support, and service coordination.
- Park Street: Provides community-based residential treatment to families and adolescent males, ages 13-18, with sexual harming behaviors. Treatment may include 90-day assessments and/or long-term treatment with individual, group, and family therapies and psychiatric consultation. Park Street provides on-site educational programming through their Fay Honey Knopp Memorial School.

*Community Rehabilitation and Treatment (CSP/CRT)* - The Community Support Program serves approximately 550 adults with serious mental health and co-occurring substance use challenges. Most individuals who are clinically eligible for treatment and support have Medicaid; however, the program can enroll individuals and provide treatment and support for individuals who do not have Medicaid. Criteria for the program are set by the Department of Mental Health. CSP is serving a mandated population. Services are individualized based on treatment and support needs and goals. The Community Support Program provides:

- care management
- medication management psychiatry
- nursing
- employment support
- peer and recovery services
- individual and group therapy
- skills work, community support
- temporary and permanent supportive residential support

*Developmental Services* - Serves approximately 800 children and adults with an intellectual disability and/or autism. An individual must be clinically and financially eligible (individuals must be Medicaid eligible) for developmental services. Criteria for services are determined by the Developmental Disability Services Division (DDSD) and is a mandated population. Services are individualized based on treatment and support needs. Services include:

- service coordination
- supported employment
- community support
- residential/home services,
- medication management
- psychiatry
- nursing
- communication services
- individual and group therapy

- skills groups
- peer supports
- Safety Connection
- transportation/accessibility support and support with home modifications.
- Person Centered Thinking (PCT)
- Dialectical Behavior Therapy (DBT)

*Project SEARCH* is a one-year internship program for students with disabilities in their final year of high school for students whose goal is competitive employment. The program is a partnership between Howard Center, South Burlington School District, The University of Vermont Medical Center, Hireability, and the Vermont Agency of Education. We are in our ninth year of offering Project SEARCH in Chittenden County.

The program takes place at the University of Vermont Medical Center where total immersion in the workplace facilitates the teaching and learning process, as well as the acquisition of employability and specific marketable work skills. Students participate in three internships to explore a variety of career paths and training opportunities.

*Peer Services* - Howard Center peer specialists provide peer support that is strengths based and hope driven. START peer specialists offer mental health recovery support services modeled on the national standards of practice set by SAMHSA and the National Association of Peer Specialists. Peer support services provide connection and encourage community building through regular engagement that incorporates the principles and tasks of Intentional Peer Support.

- Peer Services utilize CNA (collaborative Network Approach).
- Peer Services have formed the Psychosis Identification and Engagement Workgroup.

*School Services* – Howard Centers’s School Programs offer specialized and therapeutic supports, services, and education to children ages 3-21 with an emotional and/or behavioral disability.

Services include:

- 1:1 interventions in public schools
- Engagement with a school clinician engaged in every school in Chittenden County
- Baird School, our K-8 alternative school
- Jean Garvin School, our 7-12 alternative school
- Fay Honey Knopp School, our school affiliated with the Park Street residential program, serving adolescent males, ages 13-18, with sexual harming behaviors.

**Any other services in your array:**

*Medical and Nursing Services* - Howard Center medical and nursing services provide direct clinical care and a broad range of expertise across Howard Center programs. There are 19 medical providers working across Howard Center programs. These include psychiatrists, physicians, advanced practice nurses, and physician assistants. These individuals range in their time at Howard Center from full-time employed to individuals in contracted consultative roles. There are approximately 25 registered nurses in part-time and full-time roles at Howard Center

who provide direct care and leadership in residential and outpatient services for adults and children, school programs, medications for opioid use disorder (MOUD), and developmental services programs. Our medical staff includes fellowship trained physicians and experts in the fields of community psychiatry, child and adolescent psychiatry, consult liaison psychiatry (medical psychiatry), forensic psychiatry, and addiction medicine.

Our current initiatives and emphases are improving and standardizing training for medication delegation across our residential programs; strengthening communication and collaboration with primary care services; and strengthening educational offerings for our medical staff. We have a long history as a training site for medical and nursing trainees including University of Vermont Medical Students and physicians in training.

*Postvention Services* – Howard Center provides postvention services across our community at no charge to the recipients. These services are designed to provide immediate and ongoing support to individuals that have been confronted by a traumatic event, helping them cope with the aftermath and reducing the risk of further emotional distress or harm. Postvention services can include crisis response, grief counseling, education, and community outreach. These services play a crucial role in helping individuals and communities heal in the wake of a loss, promoting resilience, understanding, and support for moving forward.

**Illustrate performance measures and outcomes over the past 5 years for each service above. Please include at a minimum:**

**Number of Vermonters served within both MH and DS within each service.**

<u># served (calendar year)</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024 O1</u>
Access/Intake	914	1338	1070	715	605	225
Adult Outpatient	1043	621	653	467	423	282
Children, Youth and Families (CAFU)	2343	1100	1047	1063	1034	624
Community Rehabilitation and Treatment (CRT)	635	612	587	582	561	483
Criminal Justice	89	62	70	87	96	62
Developmental Services	1473	902	936	949	913	816
Emergency and Crisis Response Services	3777	4301	4760	4471	4192	1061
Peer Services	90	114	177	200	193	78
Substance Use Services	3309	3602	3800	3463	3610	2505
Success Beyond Six	1089	1204	1203	1255	1297	1006

**Any standardized framework used by the DA's using evidence-based data that shows how Vermonters are better off because of these services.**

Howard Center Outcomes data are tracked and analyzed utilizing a Results-Based Accountability (RBA) evaluation framework. RBA is an evaluation methodology that allows Howard Center to identify the role it plays in community-wide impact by identifying specific outcomes (performance measures) that demonstrate a benefit to the consumers and community stakeholders our organization serves. Over the past 10 years, we have collected over 17,000 client satisfaction surveys. The results of our 2023 Satisfaction indicate:

- 89% of clients reported that the services they received were right for them.
- 91% of clients reported that they received the help they needed.
- 96% of clients reported that Howard Center staff treated them with respect.
- 89% of clients reported that the services they received from Howard Center made a difference.
- 82% of clients reported that their quality of life improved
- 71% of clients reported that they found the services provided by phone or video to be as effective as in-person services.
- Consumers completing a satisfaction survey gave Howard Center service a Net Promotor Score of 57 (which is considered to be in 'great' range).

Additionally, the following variables are tracked annually including:

- 75% of clients were offered a face-to-face appointment within 5 days of initial contact in FY23.
- 50% of clients were seen for treatment within 14 days following their assessment in FY23.
- 70% of new clients were screened for depression in FY23.
- 87% of new clients were screened for substance use problems in FY23.
- 99% of new clients were screened for domestic violence in FY23.
- 94% of new clients were screened for trauma history in FY23.
- 95% of clients were housed in FY23.
- 51% of clients were rated "improved" at discharge from Howard Center services.

Notable program specific outcomes measures include:

- Baird School students maintained an average daily attendance rate of 87% despite immediate post pandemic conditions (notable given skyrocketing absenteeism in VT and nationwide).
- 94% of school partners reported that the INCLUSION program provided a service that is not otherwise available through school resources.
- With the ongoing need for Board Certified Behavior Analysts nationwide, ASP continues to be dedicated to building capacity by providing BCBA supervision. This year ASP provided supervision to five HC staff to help expand the workforce in this specialized treatment approach.



- School Services served 818 formal clients and served an additional 1,321 informal clients through their work in schools.
- In First Call, 94% of incoming crisis calls were picked up within 0-5 min.
- 74% of initial assessments do not result in referral to higher level care placement, meaning that with intervention and safety planning the individual can remain in the community.
- 94% of clients admitted to Jarrett House are discharged to a lower level of mental health care.
- Clients at Park Street who turn 18 after discharge and have successfully completed the program are tracked for 5 years to assess recidivism on the National Sex Offender Registry. In the past 3 years, there has been 0% recidivism documented for former Park Street clients.
- At exit of the JOBS Program, 85% were better able to gain and/or retain employment.
- Utilizing the Eyberg (ECBI) Intensity Scores at Pre and Post PCIT treatment, the intensity of stress/challenges decreased by an average of 58 points. This represents a 59% reduction related to the impact of challenging behaviors within the family.
- 74% of clients served at the Chittenden Clinic in FY23 were retained in treatment 90 days or more.

**Challenges within each service category.**

Program	Challenges
ALL PROGRAMS	<ul style="list-style-type: none"> <li>• Need for predictable, flexible, and sustainable funding that covers cost.</li> <li>• Ongoing workforce and recruitment challenges across programs.</li> <li>• Administrative burden of paperwork.</li> <li>• Lack of available housing for both clients and new staff.</li> <li>• Limited public transportation options for clients to access services.</li> <li>• VT OPR rule changes/roster limits.</li> <li>• Fentanyl and Xylazine.</li> </ul>
Adult Outpatient	<ul style="list-style-type: none"> <li>• Staffing and sustainability. We continue to struggle to hire qualified staff and supervisors.</li> <li>• Reimbursement rates that do not match cost to provide services has led to an unsustainable funding model and made hiring and retention extremely challenging.</li> <li>• The complexity and acuity of client presentations and layering of psychosocial needs has led to more resources needed, longer treatment duration, and led to staff burnout and waitlists.</li> <li>• AOP serves all clients that do not meet the strict criteria of CRT and with this increased acuity staff have had to broaden and expand the scope of services to meet the need.</li> </ul>

CRT	<ul style="list-style-type: none"><li>• Currently collaborating with DMH to address eligibility criteria changes.</li><li>• Aging population with complex medical needs.</li><li>• The need for increased long-term, stable, permanent supported housing options for individuals with mental health, medical, and behavioral support needs continues to be an urgent need in our community. The individuals identified all have some urgency due to challenges with existing housing options. This includes lack of housing, lack of vacancy in current permanent supported models at HC, more people needing permanent supported housing and are unable to transition from transitional housing due to a lack of overall housing, aging individuals, medical complexities, behavior support needs leads to a hard to house situation, cannot be supported in a home/apartment with other people, incarcerated and awaiting release, hospitalized and awaiting adequate stepdown community based option.</li><li>• Workforce challenges/turnover across programs.</li></ul>
CYFS	<ul style="list-style-type: none"><li>• Unstable workforce and limited pool of applicants especially within our residential programs.</li><li>• Seasoned clinicians with significant clinical skills and trained in various evidenced based therapies are leaving Howard Center to engage in private practice. Two primary reasons for leaving include stagnant and low wages due to chronic underfunding and the exceptional administrative burden placed upon clinicians within the DA system of care.</li><li>• Limited services for Transition Age Youth as they exit children's residential programming.</li><li>• Increased acuity of stress for clients and their families, resulting in need for more intense/frequent treatment, limited community resources available to decrease chronic homelessness and other economic challenges, decreased ability to engage consistently in services offered due to focus on basic needs.</li><li>• Limited childcare and afterschool programming for children with challenging behaviors. Expulsion and/or reduced childcare hours lead to increased stress for family systems.</li><li>• Increased number of referrals from families with commercial insurance (no Medicaid) for in-home family work. These services are most often not reimbursable under their insurance programs. While we have been able to negotiate a contract to serve a limited number of families with Vermont Blue Cross and Blue Shield, this is a small segment of the referrals coming into our programs.</li></ul>

Emergency	<ul style="list-style-type: none"> <li>• Increased demand for reporting demographics, outcomes, and documentation administrative burden reduces the time that crisis staff can spend with clients and families.</li> <li>• Services require disclosures, consents, and financial information to be billed, which is often not the primary focus for a person in crisis.</li> <li>• Workforce challenges have made it particularly challenging to hire qualified staff willing to work non-traditional hours and with the current level of acuity and risk associated with responding to clients in crisis today.</li> </ul>
Peer Services	<ul style="list-style-type: none"> <li>• No current statewide Peer Services certification process.</li> <li>• Collaborative Network Approach is unfunded.</li> <li>• Loss of funding for Urgent Care Case Manager position.</li> <li>• Recruitment challenges.</li> </ul>
Schools	<ul style="list-style-type: none"> <li>• There are far more students presenting with a variety of high acuity needs. They are struggling across the board and supports and services continue to dwindle.</li> <li>• Mental health and special ed professionals are in short supply, community support options for children and families have decreased, alternative therapeutic facilities are in short supply (particularly for individuals with ASD), and waitlists for services are long.</li> <li>• The workforce crisis has put pressure on special ed staff to support students in a 1:1 capacity, which leads to ongoing disruption of services and lack of federal compliance for other children/youth qualified to receive special ed services.</li> <li>• School systems are struggling to meet the needs of our students with the most intense challenges.</li> </ul>
Substance Use Disorder	<ul style="list-style-type: none"> <li>• Treatment access, including transportation (Chittenden County is very large).</li> <li>• Funding is insufficient to cover costs or support needed expanded hours, develop other locations (ie dosing only site).</li> <li>• Acuity- highest needs clients often don't have housing. In winter emergency shelter is often not available in our county, so clients must choose between shelter and treatment. Co-morbid health problems are going untreated.</li> </ul>
Residential	<ul style="list-style-type: none"> <li>• Lack of affordable housing inventory for individuals to transition to following completion of program.</li> <li>• Difficulty in staffing 24/7 site</li> </ul>
Developmental Services	<ul style="list-style-type: none"> <li>• Navigating Conflict-Free Case Management</li> <li>• Housing challenges (see CSP section)</li> </ul>

## SUCCESS BEYOND SIX

### Number Assisted by Success Beyond Six

SB6 trend over 5 years	Clients	Services
2019	1,082	116,513
2020	1,209	134,013
2021	1,204	145,825
2022	1,256	127,557
2023	1,291	121,284

### SB6 contracting trends:

- Districts remain interested in contracting for HC school program services.
- The workforce shortage has resulted in HC's inability to meet demand.
- All programs are providing less services than budgeted and have waitlists due to insufficient staffing.
- Districts are developing their own services/programs to meet student needs.
- House Bill 630, calling for the creation of a BOCES model in VT, will threaten the DA continuum of therapeutic school services/programs/schools.
- Workforce absenteeism and overall shortages impacts the ability to bill Medicaid and draw down revenue.

### Other emerging trends and best practices in youth mental health:

- Social Emotional Learning at Baird School – explicitly taught in education.
- School systems expressing interest in training and support around trauma informed care to best meet the needs of all students since alternative school options have become limited.
- Outreach to ASP requesting assistance to build capacity/increase ability to support students with ASD to provide individualized instruction, with goal of increasing ability to join same age peers in classroom.
- Providing educators with reflective practice workshops and sessions to manage stress and provide support to students in a trauma informed/transformed way.
- Providing policy recommendations, templates, and support to districts to create/enhance suicide prevention, intervention, and postvention systems and supports.
- Offering DBT skills groups in most county high schools and middle schools, to include a younger child model for elementary schools next year (CBITS).

- Collaborating with BSD Parent University to offer a parenting group for Somali caregivers.

### **Evidence-Based Practices**

- Collaborative Assessment and Management of Suicidality (CAMS) is an approach that addresses high-risk individuals, resulting in reduced suicide rates, improved mental health, and enhanced quality of life.
- Cognitive Behavioral Interventions (CBT) help to resolve maladaptive thoughts and behaviors to reduce symptoms of anxiety and mood disorders and to prevent addiction relapse.
- HC offers CBT and DBT. Dialectical Behavior Therapy (DBT) combines cognitive-behavioral techniques with mindfulness practices and values-driven psychological flexibility to help individuals better manage intense emotions and reduce self-destructive behaviors.
- Eye Movement Desensitization & Reprocessing (EMDR) is an information processing model to treat trauma, substance use, or depression.
- Feedback Informed Treatment (FIT) actively involves clients in their treatment process by regularly collecting and utilizing their feedback on the progress and efficacy of therapy.
- Motivational Interviewing (MI) techniques assist individuals with SUD to build motivation for treatment and recovery and understanding of addiction impacts, and they create a supportive environment.
- Howard Center also offers Medication for Opiate Used Disorder (MOUD) at several sites across the organization.
- Mental Health First Aid/Youth Mental Health First Aid

### **PRACTICE IMPROVEMENT QUESTIONS**

#### **Are you utilizing any standard client-level outcome assessment tool?**

- National Outcomes Measures (NOMS)
- Level of Care Utilization Score (LOCUS) for residential services
- Children and Adolescent Needs and Strengths (CANS)
- Adult Needs and Strengths Assessment (ANSA)
- Evidence Based Practice specific measurements
- Eyberg Child Behavior Inventory (ECBI)
- Child Behavior Checklist (CBCL)
- Adaptive Behavior Assessment System (ABAS)
- Early Multi-Tiered Systems of Support assessment tools EMTSS (ECFMH)
- Supports Intensity Scale (SIS)
- Screening tools:
  - PHQ-9, PHQ-A depression screening
  - PC-PTSD 5

- CRAFFT/CAGE Alcohol screening

Client Level Outcome Assessment tools (within our schools)

- Measures of Academic Progress
- IXL Analytics
- STAR Math Assessment
- Dynamic Indicators of Basic Early Literacy Skills
- Fountas and Pinnell (literacy)
- DESSA Aperture System (social emotional learning)

**Based on patient utilization by diagnostic code, can you offer any observations about population-based outcomes and service needs?**

Based on epidemiological estimates, in fiscal year 2023, Howard Center reached a substantial 76% of adults with SMI—far above the national average. For children and youth, two-thirds of those served were diagnosed with SED, and HC's reach is notably extensive, exceeding the estimated SED population in the community. This is likely due to our array of alternative schools and school-based programs. However, less than 50% of adults served (in non DS programs) accessed outpatient MH/SUD services. Combined with ongoing wait times for outpatient care this indicates an area of ongoing service demand and need.

Chittenden County has seen a concerning trend of increasing drug-related deaths over the last five years, rising from 17 in 2018 to 57 in 2022. Opioid-related deaths increased from 13 in 2018 to 51 in 2022, and stimulant-related deaths increased from a suppressed value in 2018 to 34 in 2022. The county has also experienced a steady increase in suicide deaths across all demographics since 2019, with a total of 30 deaths in 2022. These numbers reflect our increased struggles with fentanyl and xylazine. Our syringe service program's utilization nearly doubled the annual number of exchanges or client contacts from 2021 to 2023.

Around 13% of HC clients reported racial identities other than non-Hispanic White, predominantly Black or African American, and 3% identified as Hispanic or Latino. Racial and ethnic demographics show that 89.4% (151,343) of the population identifies as non-Hispanic White alone. However, the estimates of racial and ethnic demographics fail to capture the rich diversity of cultures in the county due to the increase in refugee resettlement in recent years. Nearly 13,000 foreign-born residents from more than 13 countries live in Chittenden County. The foreign-born population aged 18 and younger in Chittenden County is estimated at 218 individuals. Furthermore, there are nearly 900 households with LEP in the county, with 415 people living in households that only speak Spanish at home. The most common primary languages other than English are French (Haitian or Cajun), Russian (Polish or other Slavic), or other Asian and Pacific Island languages. At HC, about 25% of staff serve clients with LEP, with Burmese, Mai Mai, or Nepali, among the languages spoken.

Epidemiological estimates indicate extensive MH needs among county children, youth, and adults. Strategic investments in screening, affordable access to care, community support, awareness, and suicide prevention would be beneficial to comprehensively address these

pressing issues across diagnoses, age groups, and symptom severities. As thousands of residents are estimated to require outreach and treatment, improved access with effective triaging is essential to reaching more individuals through community-based services.

Substance misuse and SUD significantly impact the lives of thousands of Chittenden County residents. Epidemiological data reveals widespread problematic substance use among residents, with an estimated 32,800 individuals having a diagnosable SUD. Alarming, nearly 24,500 of these individuals have not received sufficient treatment for their condition. At the same time, only about 7,000 have accessed some form of treatment, highlighting the substantial gaps in SUD treatment access and services.

### **How are service duration and density monitored at patient, diagnostic and population level?**

#### **Patient Level:**

- Length of stay for all clients
- Cancellation/no show rates
- Progress made towards treatment goals
- Frequency of services
- Use of emergency services
- Admission rates to hospitals
- Follow-up care from hospitalization
- Re-admission rates

#### **Diagnostic level:**

- Service count by diagnosis grouping
- Rates of co-occurring MH and SUD clients
- Individuals enrolled in the MAT program have medication compliance tracked.
- Increased use of primary care screening

#### **Population level:**

- Progress monitoring on CANS and ANSA
- Access time by population demographic (DEI Dashboard)
- Use of translation and interpreter services
- Track no show rates by program
- Track client access by geographic location
- Discharges by reason, by program
- Service cancellation rates between in-office services and those provided through telehealth or telephone.

### **What are your no-show rates?**

<b>No Show Rates</b>	<b>Monthly Avg</b>	<b>Weekly Avg</b>
Adult OP MH & SA programs	456	106
Child OP MH program	62	4

Child School programs	75	17
Child Community programs	27	6
Community Support Program	35	8
Developmental Services	18	4
	<b>673</b>	<b>145</b>

### **What is the most innovative thing you are doing to improve your practice?**

Substance Use Services – Our most innovative service is our mobile unit that serves rural locations in 3 counties and provides syringe exchange, NARCAN/wound kit/testing strip distribution, safe use supplies, and care coordination and connection to treatment services.

During the FY23 school year Garvin School launched the Delta Program. Delta provides academic instruction in the morning and is community-based and experiential in the afternoons. Delta students typically have experienced a disruption in their learning, and benefit from an on-ramp back into school. This program added 12 students and 20 staff to the school community (increasing Garvin’s capacity by nearly 50%).

ASP utilizes an electronic data collection system called Motivity. Motivity is a software company that has developed an intervention management platform for behavioral health services. The platform allows practitioners to construct custom mobile applications for team members using a graphical configuration tool that lets you define stepwise actions that can be individualized for each client. The system sends alerts to users' mobile devices, engaging them to perform actions or record data, according to schedules and workflow rules that BCBA’s define. The system tracks progress through steps and stages, transitioning automatically based on users' collaborative input over time.

ASP engaged in significant training and consultation this past year to integrate updated ABA practices that have evolved to reflect trauma informed thinking and approaches.

Ukeru – restraint free program to manage and diffuse crises

Lead to Read gives educators the foundation, understanding, and support to implement structured literacy in their schools and meet the literacy needs of every student. Baird School's Partnership with the Stern Center has strengthened our multi-tiered system of support for literacy instruction through: job embedded professional development, supportive coaching, a robust data framework that guide instructional decisions and foster successful student outcomes and a framework for effective literacy instruction.

Programs/practices to reduce school suspension at Garvin:

- Restorative practices to differentiate discipline: Garvin uses a relational and restorative approach when a student’s actions have negatively impacted the learning environment. This can look different depending on the action, the



- student, and the impact. It always allows for a process of repairing relationships and property, if relevant.
- My Healthy Futures – a program to address student vaping and THC use: Garvin is working to find alternatives to suspension for violations of school policies. We have provided an alternative to suspension for violations of our Substance Use Policy. My Health Futures is an evidence-based program from Stanford that provides 3 levels of education and follow up when students violate the substance use policy. Suspension is no longer the primary outcome.

School Services collaboration with Up for Learning, BSD and the Burlington Community Justice Center regarding improving school attendance. Project highlighted in 5 minute video: [Engage BHS](#)

Enhanced Mobile Crisis Response model is promoting paired mobile response to individuals and families in the community with emphasis on building a peer support workforce to co-respond with crisis clinicians. While this has been done in other parts of the country, it has not yet been the practice in Vermont and Howard Center. Additionally, we continue to leverage our relationships with police so that we can create better client outcomes and less reliance upon emergency responders for individuals in mental health crisis by either diverting police response or co-responding with an Outreach Specialist or Crisis Clinician for more effective de-escalation, connection to services and follow up.

The Chittenden Clinic continues to expand access to clients through the use of technology that enables more people to visit the clinic less frequently by verifying their dosing at home (wheels and waves, future use of apps), and we are exploring technologies to prepare medicines that will increase efficiency and decrease staffing costs.

Children's services are recurrently taking advantage of any opportunity to utilize and receive training in evidenced based frameworks and therapies to better support clients and their families and to provide treatment in the most effective ways, with the ability to measure outcomes more consistently.

**Diversity, Equity and Inclusion** - Our agency adopted a four-tiered, 13 objective Racial Justice strategic plan following the declaration of racism as a public health emergency in Chittenden County.

#### *Data Collection and Demographic Understanding*

- Created a Health Equity Dashboard.
- Employ intersectional identity analysis of Culture and Climate Survey results.
- Embedded demographic information in agency exit survey.
- Identified metrics of 1) racially demographic representation 2) sense of being able to be one's full self at work and 3) demographic distribution across levels of leadership as barometers for strategic plan success.

#### *Policy Review*

- Reviewed 400+ pages of policy across Board of Directors Manual, Personnel Policy Manual, Operations Manual, and ad hoc review requests through a racial justice lens; we continue reviewing these policies in an ongoing way.
- Collated a resource guide for policy review with a racial justice lens for reviewers outside the DEI team.

#### *Inclusive Hiring and Retention*

- Audited Howard Center employment website; introduced plain language and enhanced translation access.
- Developed recruitment partnerships with the town of Winooski, Community College of Vermont, Vermont Professionals of Color, and the Richard Kemp Center.
- Built inclusive hiring team to discuss trends and standardize hiring practices; will be training key hiring leaders in inclusive hiring.
- Developing ongoing interpreter support and multicultural competency for incoming employees.
- Establishing an HR Advisory to track and respond to trends long-term.

#### *Education and skill development*

- Developed interactive toolkits on civil discourse, disability justice, intersectionality, Juneteenth, bystander intervention, and cultural humility; mandatory for all staff.
- Offer Exploring Bias Training; mandatory for all staff.
- Finalizing inaugural Racial Justice training; mandatory for all staff
- Created Pronoun and Inclusive Language Training; mandatory for supervisors
- Offer Employee Affinity Networks for staff: LGBTQIA+, People of the Global Majority, Disability, and Multicultural.
- We continue offering screenings and roundtables on an array of DEI topics (recent offerings include: Feminism, Body Liberation, 13<sup>th</sup> documentary about Prison Industrial Complex, Neurodiversity Panel, and upcoming session on Trans\* Inclusive Care).

#### *Other Initiative Highlights:*

- Partnership with Vermont Developmental Disabilities Council and Vermont Language Justice Project to design informational video in 9 different languages about how to access Howard Center Services.
- Collaboration with Arts Collective, Juniper Creative, and community partners to develop a mural on the intersection of racial justice, recovery, and disability justice.

### **Sustainability Questions**

**Which grant-funded programs does your organization operate? What is their purpose, who is being served, what are the outcomes, what is the funding, when does the funding expire.**

Several HC programs are supported by grant funding. Examples include:

- SAMHSA Certified Community Behavioral Health Clinic (CCBHC) Planning, Development, and Implementation grant for Chittenden County: Secured in 2023, this 4-year grant is enabling HC to enhance services for a range of clients and move toward compliance with extensive CCBHC qualification criteria.
- SAMHSA Medication-Assisted Treatment–Prescription Drug and Opioid Addiction grant: Secured in 2021, this 5-year grant is supporting expanded access to treatment for individuals with OUD. Funded activities include a mobile MOUD clinic that will be deployed in 2024 to provide services to residents of Franklin and Grand Isle Counties.
- Community Mobile Crisis Services: Howard Center is a sub-grantee on this 2-year, DMH-funded grant, providing 24/7/365 mobile crisis support to the residents of Chittenden County in collaboration with a statewide network of other responders.
- Mental Health Crisis Specialist: Funded by DPS, this grant enables HC to provide on-site assistance for mental health crisis assessment, de-escalation, consultation, support, resource connection, and referrals, in collaboration with VSP.
- CDC Health Disparities: Funded through DMH, this grant supports Howard Center’s Multicultural Liaison program which helps members of the settled community access services. The grant ends on 6/30/24.

**Are any of your programs or projects regionalized? If yes, please explain: people served, project risks and benefits.**

Park Street, while part of Howard Center, is in Rutland County and serves youth and families/caregivers from across the state. Park Street is the only specialized program in the state to offer assessment and intensive treatment services to youth and their families with sexually problematic behavior.

Jarrett House, Hospital Diversion for youth serves children and families state-wide. Crisis teams from across the state refer youth to Jarrett House and families are served in-person or through telehealth to ensure successful discharge and follow up.

Howard Center North is a DSU contracted outpatient facility located in Franklin County that serves a wide geographic catchment in northwestern Vermont. The clinic serves adults over 18 who present with substance use & co-occurring mental health disorders with individual, group and IOP level care.

The Enhanced Mobile Crisis program is a state-wide effort launched 1/1/24 to connect individuals in crisis across Vermont with consistency in crisis response, staff training, and access to a pool of providers to provide paired response whenever possible. While very new, the project has taken longer to implement than desired largely due to the number of requirements needed to consider a response meeting the enhanced mobile response threshold. The benefits include a higher rate of reimbursement for paired response which will offset the cost of sending 2 or more providers to respond.

**In what ways do you partner with other community health care organizations i.e. FQHC, primary care, hospitals, etc.? Describe any informal or formal (MOU) ways you coordinate care.**

Adult Outpatient has several key partnerships that embed clinicians in community settings where clients are already actively engaged to provide easy/immediate access to treatment services. These partnerships include:

- 4.5 full time staff embedded with Reach Up Services to provide treatment to clients in the Reach Up Program.
- 2.5 full time staff embedded in 4 different SASH sites to provide treatment to residents of those sites.
- 3 full time staff embedded in 5 different Primary Care Settings to provide treatment to patients of those Clinics.
- Formal Partnership with Age Well to provide In-Home Eldercare Services.
- Formal Partnership with United States Probation Office to provide individual, group, IOP, and sex offender services.
- Formal partnership with Choices for Care.

First Call for Chittenden County (FCCC), our 24/7 crisis line, has a strong partnership with UVMMC with a crisis clinician working alongside a UVMMC psychiatry team to assess clients and provide care coordination, referral and placement coordination, and discharge or safety planning. FCCC is uniquely positioned to provide necessary information to assist with any actively enrolled Howard Center client and connect with ongoing providers to ensure coordinated care across emergency/ hospital and outpatient transitions in care.

EFT has a collaboration with Blue Cross and Blue Shield of Vermont to provide these services to their commercially insured clients.

The JOBS program is a collaboration with Spectrum Youth and Family Services and the State of Vermont Department of Vocational Rehabilitation.

## **OPERATIONAL QUESTIONS**

**What percentage of overall operational costs are administrative?**

8.88%

**What are your rates for each service your organization provides to Vermonters?**

**HowardCenter, Inc**

**Effective July 1, 2023**

**FY24 Standard Charge**

**Current Service Charge Rates**

<b>Outpatient Services:</b>		
Psychotherapy (by MD)	\$	641.00 /hr
Psychotherapy (other staff)	\$	193.00 /hr
Group Therapy (by MD)	\$	324.00 session
Group Therapy (other staff)	\$	121.50 session
Assessment - 90791 (by MD)	\$	641.00 /hr
Assessment (other staff) (\$300.00 minimum charge)	\$	198.00 /hr
Psychiatry Office Visit current patient - 99211 (5 minutes)	\$	54.00 session
Psychiatry Office Visit current patient - 99212 (10 minutes)	\$	107.00 session
Psychiatry Office Visit current patient - 99213 (15 minutes)	\$	161.00 session
Psychiatry Office Visit current patient - 99214 (25 minutes)	\$	268.00 session
Psychiatry Office Visit current patient - 99215 (40 minutes)	\$	429.00 session
Psychiatry Office Visit new patient - 99201 (10 minutes)	\$	107.00 session
Psychiatry Office Visit new patient - 99202 (20 minutes)	\$	214.00 session
Psychiatry Office Visit new patient - 99203 (30 minutes)	\$	321.00 session
Psychiatry Office Visit new patient - 99204 (45 minutes)	\$	481.00 session
Psychiatry Office Visit new patient - 99205 (60 minutes)	\$	641.00 session
Centerpoint IOP (Substance Abuse)	\$	323.00 /day
IOP - Adult (Substance Abuse)	\$	323.00 /day
<b>Crisis Services:</b>		
Crisis Assessment (Emergency Care) - by Physician	\$	641.00 /hr
Crisis Assessment (Emergency Care) (\$225.00 minimum charge)	\$	432.00 /hr
Crisis Contact (Emergency Brief) - by Physician	\$	641.00 /hr
Crisis Contact (Emergency Brief)	\$	432.00 /hr
Crisis Stabilization & Support Service (Medicaid only)	\$	162.00 /hr
<b>MH Crisis &amp; Detox Beds</b>		
Assist Crisis Bed	\$	1,269.00 /day
ACT-I Crisis Bed (Substance Abuse)	\$	643.00 /day
Bridge Non-medical Detox (Substance Abuse)	\$	657.00 /day
Children's Crisis Bed (E-Bed) (Jarrett House)	\$	1,476.00 /day
<b>Community Supports:</b>		
Community Supports - Indiv. (Spec. Rehab.)	\$	162.00 /hr
Group Community Supports (Grp Spec. Rehab.)	\$	77.00 /hr
DS Group Community Integration	\$	77.00 /hr
<b>Case Management:</b>		
MH Case Management (Service Coordination)	\$	162.00 /hr
SA Case Management	\$	162.00 /hr
DS Case Management	\$	162.00 /hr
<b>Opioid Treatment:</b>		
Opiate Hub Level 1 (monthly)	\$	634.00 /month
Opiate Hub Level 2 - with Health Home svcs (monthly)	\$	634.00 /month

Sublocade 100 MG (Q9991)	2,011.94	
Sublocade 300 MG (Q9992)	2,011.94	
Suboxone Film 12MG (J3490_12MG)	20.15	/each
Suboxone Film 2MG (J3490_2MG)	5.62	/each
Suboxone Film 8MG (J3490_8MG)	10.08	/each
Suboxone Tablet 2MG (J3490_2TB)	0.83	/each
Suboxone Tablet 8MG (J3490_8TB)	1.09	/each

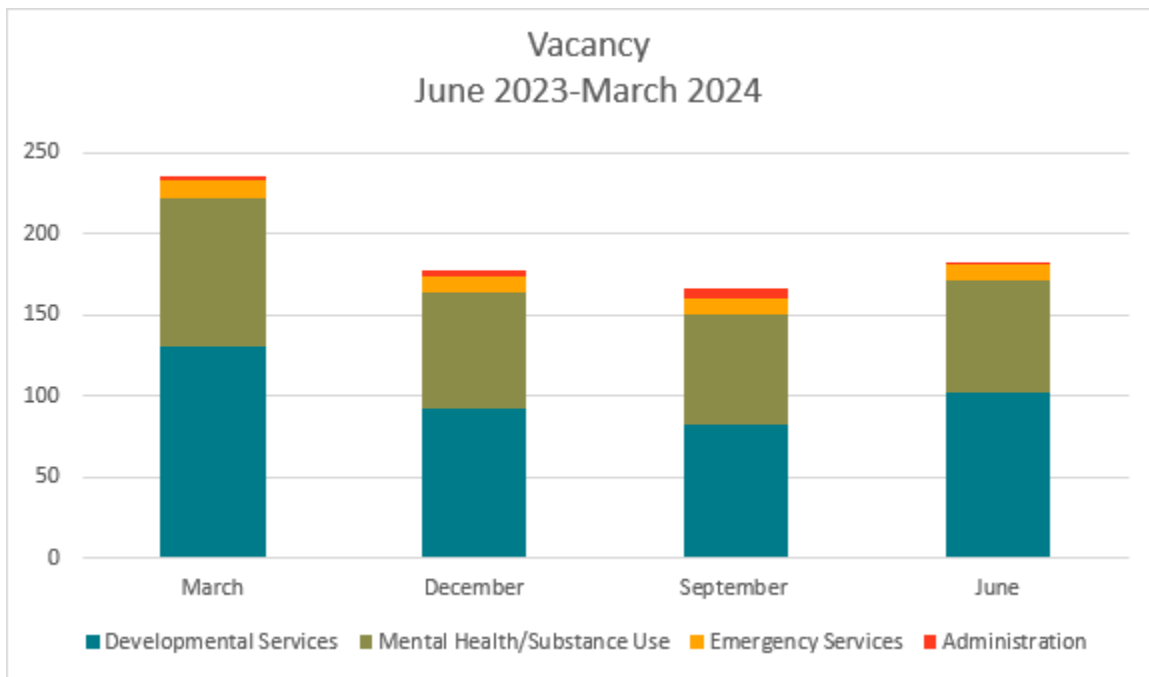
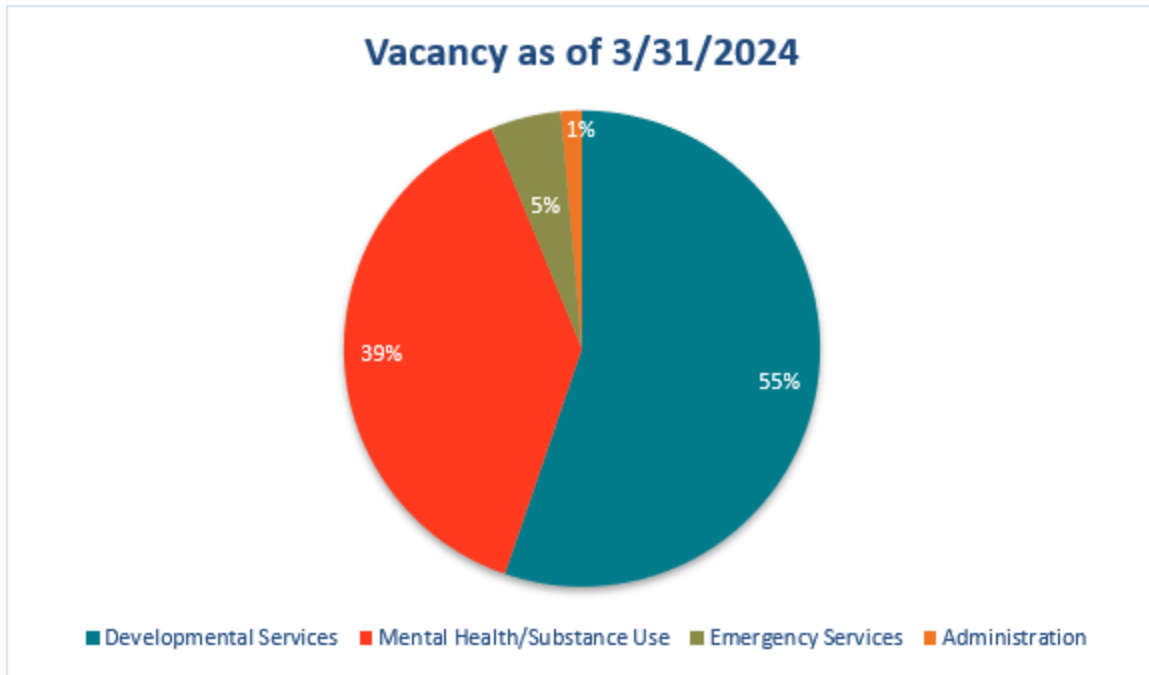
**What EHR are you using?**

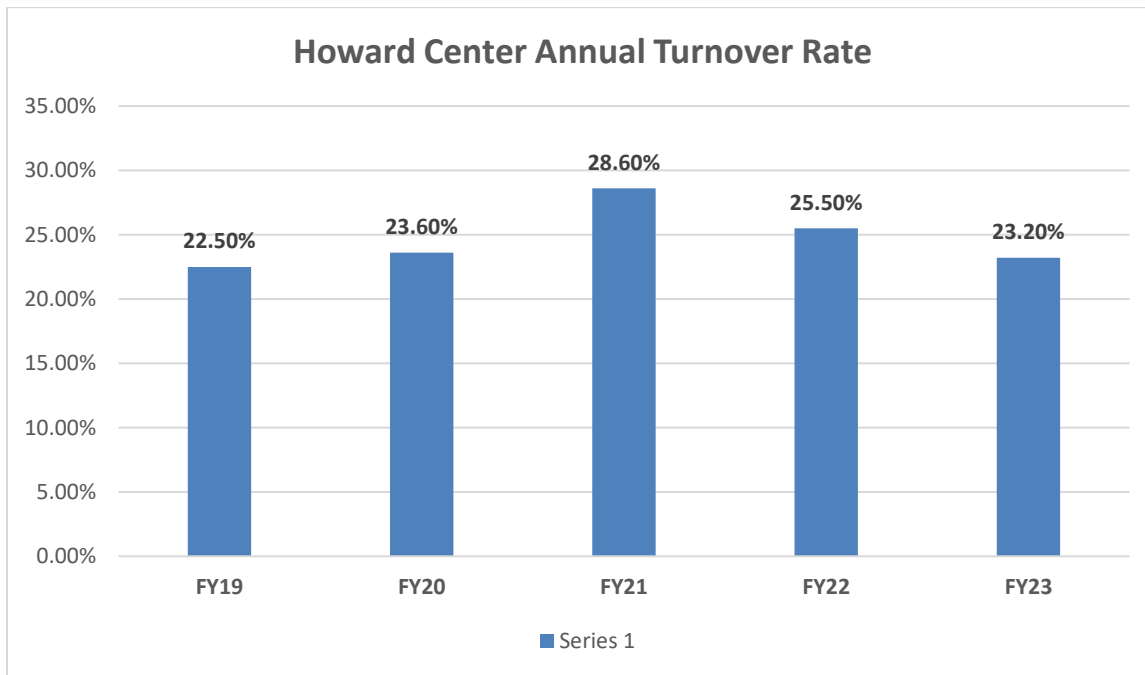
Howard Center utilizes the Credible EHR Platform by Qualifacts. The Credible EHR Platform has been consistently ranked No. 1 in the Best in KLAS: Software and Professional Services report for Behavioral Health.

**What is your staff vacancy rate? Which positions are most often vacant? Which have highest rate of turnover?**

**Howard Center Vacancy Rate**

TOTAL Vacancies as of 3/31/2024 (FT/PT)	236.47
MH and SUD Vacancies	90.93
vacancy rate %	12.42%
DS vacancies	130.38
vacancy rate %	26.36%
Emergency Services	11.29
vacancy rate %	35.05%
Other (Admin, etc.)	3.36
vacancy rate %	3.13%
Total positions if fully staffed	1384.74
Total overall vacancy rate	17.1%





**Most challenging positions to recruit for:**

Our current overall vacancy rate is 17.1% and we are recruiting for a total of 236 positions. Our vacancy rate has fluctuated between 13% to 17% in the last two years due to program closures/suspensions and opening up positions previously closed during COVID. We have 74 open Direct Support Professional roles in our Developmental Services area, 12 open clinician positions throughout Mental Health and Substance Use, and we are currently recruiting for 12 leadership positions. We are struggling with our direct support roles due to the lack of hybrid options and licensed clinical positions due to high demand for this credential with a limited pool of candidates in Vermont.

**What is your most effective recruitment strategy and why?**

Our most effective recruitment strategy has been our weekly in-person hiring events. We offer four per week in a variety of community settings throughout Chittenden County. Candidates can come to one of the locations and learn more about positions directly from HR staff and candidate screenings take place on a real-time basis. This mode has assisted with recruitment due to the in-person aspect. Also more effective is our consistent advertising across a variety of media platforms to ensure widespread digital presence of our employment needs. In addition, we strive to respond to all applicants within three days of their application. We have diversified our recruitment strategies to include in-person events, participation in job fairs, hosting agency job fairs, advertising more online vs less effective print options, ensuring we are posting on relevant job boards, and heightening our presence on social media.

**What is one innovative retention tactic you want to share?**

We continue to strive to be an employer of choice by offering a generous benefit package which includes our leave time of up to 36 paid days off per year for a new staff, retirement plan



employer contributions, robust health insurance, and a strong focus on work life balance via our Flexible Work Arrangements for eligible positions.

**Which payers are you working with?**

- Medicaid
- Medicare Blue Cross/Blue Shield
- Cigna/Evernorth
- MVP
- UBH

<b>Medicaid</b>	<b>113,110,212</b>	<b>85%</b>
<b>Medicare</b>	<b>1,016,207</b>	<b>0.8%</b>
<b>Insurance</b>	<b>761,886</b>	<b>0.6%</b>
<b>Self-Pay</b>	<b>521,056</b>	<b>0.4%</b>
Service Contracts	6,064,250	5%
State & Federal Grants	10,201,301	8%
Other Income	798,996	1%
HC Total	132,473,909	100%

**Howard Center Challenges:**

- Complexity and acuity of client presentations and layering of psychosocial needs
- Eligibility criteria changes
- Aging population with complex medical needs
- Need for long-term, stable supported housing options for individuals with mental health, medical, and behavioral support needs
- Increase in referrals from families with commercial insurance for in-home family work — often not reimbursable under their insurance programs
- Chronic homelessness and economic challenges; difficult to be well with focus on meeting basic needs
- School systems are struggling to meet the needs of our students with the most intense challenges
- Limited childcare and afterschool programming for children with challenging behaviors
- Need for predictable, flexible, and sustainable funding
- Reimbursement rates that do not match cost to provide services
- Workforce and recruitment challenges across program—some programs more challenging to recruit 24/7 residential; crisis; interventionists
- Clinical staff leaving for private practice due to compensation and administrative burden
- Administrative burden of paperwork: demographics, outcomes, documentation; extremely difficult when client in crisis
- Lack of available housing for both clients and new staff
- Language and cultural barriers when serving the refugee and immigrant communities (largest resettlement population lives in Chittenden County)

- Limited public transportation options for clients to access services
- Vermont Office of Professional Regulation rule changes/roster limits
- No current statewide Peer Services certification process
- Collaborative Network Approach is unfunded
- Treatment access, including transportation is a critical barrier
- Fentanyl and Xylazine causing increases in overdoses and medical needs (wound care)
- Navigating conflict-free case management
- Suspension of ACT 1/Bridge due to workforce shortages, medical needs beyond social detox, and lack of funding
- Closure of programs in 2023

Evidence Based Practices available at Howard Center:

- Acceptance and Commitment Therapy (ACT)
- Applied Behavior Analysis (ABA)
- Child Parent Psychotherapy (CPP)
- Cognitive Behavioral Therapy (CBT)
- Cognitive Behavioral Therapy (CBT) for Adolescent Depression
- Cognitive Processing Therapy (CPT)
- Cognitive-Behavioral Therapy for Posttraumatic Stress Disorder (PTSD)
- Dialectical Behavioral Therapy (DBT) - Adult
- Dialectical Behavioral Therapy (DBT) - Child
- Dyadic Developmental Psychotherapy
- Exposure with Response Prevention
- Eye Movement Desensitization and Reprocessing (EMDR)
- Medication-Assisted Treatment (MAT)
- Mental Health First Aid/Youth Mental Health First Aid
- Mindfulness
- Motivational Interviewing
- Prolonged Exposure Therapy for PTSD
- Psychoeducation
- Recovery-Oriented Cognitive Therapy (CT-R)
- Same Day Access (SDA)

Seeking Safety

- Trauma Focused Cognitive Behavioral Therapy (TF-CBT) - Adult
- Trauma Focused Cognitive Behavioral Therapy (TF-CBT) - Child
- Zero Suicide

### **Howard Center Strengths?**

- Our committed and dedicated staff
- Depth and breadth of our programming
- Commitment to controversial lifesaving harm reduction services
- Care across the lifespan (early childhood to eldercare)
- Strategic partnerships with providers, municipalities, law enforcement, and the business community
- Diversity, Equity, and Inclusion infrastructure and interagency sharing
- Exceptional staff benefit package including 36 paid days off and an agency wellness program
- Multicultural Liaison program
- Strong internship program with local colleges and universities (30-40 per year)
- New Lakeview House in Shelburne
- Leadership with MOUD statewide
- Free postvention services
- Howard Center annual conference
- Dynamic electronic health record that allows for tracking key performance indicators
- Ongoing quality improvement efforts to improve care
- Robust business operations and infrastructure to support programming
- Established community education, marketing, and media-relations efforts
- Biennial staff culture and climate survey to identify strengths and areas for improvement
- Experienced leadership team and senior staff
- Committed and engaged Board of Trustees
- Accreditations like CARF, NCQA, Centers of Excellence, SAMSHA
- Substance use/harm reduction services mobile unit serving rural locations
- Success with grants (CCBHC, MHUC, MAT, PDOA)
- Hundreds of good things happen here every day, supporting people in our community!

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