

HowardCenter



HowardCenter
Developmental Services
Local System of Care Plan
2015-2017

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Introduction

In our role as the Designated Agency for Developmental Services, HowardCenter has the responsibility to represent the varied stakeholders within Chittenden County. Our intention is to accurately reflect their concerns and priorities in our local plan for service delivery, as well as help to inform the development of the state-wide plan.

During the planning and development of our three-year System of Care Plan considerable effort was made assessing our delivery system across a broad number of indicators. We surveyed our many stakeholders to hear directly from them what supports have been most helpful and what is required to improve services to better meet their needs. We were pleased with the thoughtful responses we received, and are energized to embark on new initiatives to meet the needs identified by our community.

For development of this Plan, a Results Based Accountability approach was utilized. This is an initial effort reporting outcomes in this format. As healthcare reform evolves and new requirements and expectations become more defined we expect this information will also be refined.

Essential data was examined to gain a more comprehensive understanding of trends related to client demographics, growth, revenue and expense, as well as service outcomes. We found that examining ourselves through this approach provided us with a new frame to assess our strengths and opportunities for improvement.

This data also validated concerns we have raised regarding the changing nature of those in need of our support. Individuals presenting for service have become more complex and require greater and more diverse resources than our system has available. For an organization such as HowardCenter that is experiencing the vast majority of the growth statewide, we saw an 87% (298 to 560) growth over the past 10 years¹, this has become at times an overwhelming challenge.

As is indicated in this report, 44% of all clients we currently serve in our Developmental Services Program are diagnosed with a co-occurring (non-ASD) mental health disorder². Thirty-six individuals are classified as a public safety risk; another nineteen individuals are struggling with significant substance abuse issues. Often these co-occurring disorders/issues dominate service practice. An individual's cognitive disability is secondary to the more pressing (i.e. mental health) issue facing the person in need of support.

Recently I met with a group of parents voicing concerns about available supports for their children, all of whom have Downs Syndrome. They told me they are the "new middle class". Their families don't qualify for services but their sons and daughters can't make a life of their own in the community without some level of support. It seems, unintentionally, fiscal pressures have narrowed our service delivery door excluding some of the very people we were designed to support.

As a System we are in the process of visioning our future. What services are offered and what models of support are utilized to deliver those services is a secondary question. It seems critical that we intentionally, first and foremost, define who we are supporting. The answer to this question will inform future directions relating to staff expertise, models of support, and the associated costs.

¹Based on Beginning Fiscal Year allocations FY03-FY13

²Based on HowardCenter Electronic Health Record Reports

HowardCenter Developmental Services

Clients Served in 2013: 829

Programs:

- Home and Community Based Services (Waiver)
- Targeted Case Management (TCM)
- ARCh (Accessing Resources for Children)
- Flexible Family Funding (FFF)

Home and Community Based Services (Waiver)

Clients served as of 7/1/13: 560

Targeted Case Management (TCM)

Clients served as of 1/1/14: 13

ARCh (Accessing Resources for Children)

Clients served as of 1/1/14: 123

Flexible Family Funding

Program recipients in FY13 249

Local Demographic Trends

- Based on a prevalence rate of Intellectual Disabilities and Autism Spectrum Disorders of 2.2% for Chittenden County's 158,504 residents, it is estimated there are 3487 potentially eligible individuals living in the County.¹
- HowardCenter Developmental Services provided support to approximately 24% of those potentially eligible for developmental services in 2013.
- Only 16% of the potentially eligible population is receiving Waiver services. Chittenden County population growth is accelerating faster than other counties in the state and faster than the national growth rate².

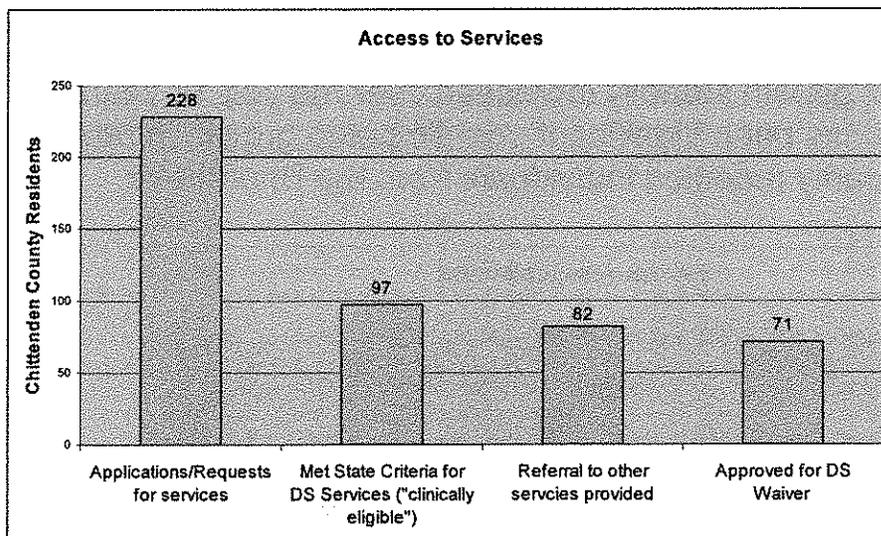
¹Based on national prevalence rates of 1.5% for intellectual disability and .7% for Pervasive Developmental Disorders (Prevalence of Autism spectrum Disorders – Autism and Developmental Disabilities Monitoring Network, 14 Sites, United States, 2008).

²Final Draft Chittenden County, VT Economic Base Analysis, An ECOS Analysis Report , 1/18/2012, available as PDF download at <http://ecosproject.com/>

Growth rates in the waiver caseload are occurring at rates much higher than general population growth. Trends such as increased numbers of aging and working caregivers, children with developmental disabilities accessing services during transitions out of high school, resettled Refugees, and clients with complex clinical needs entering services contribute to this increase. Future growth rates will continue to be impacted by the overall population demographic and economic trends.

Access to Developmental Services

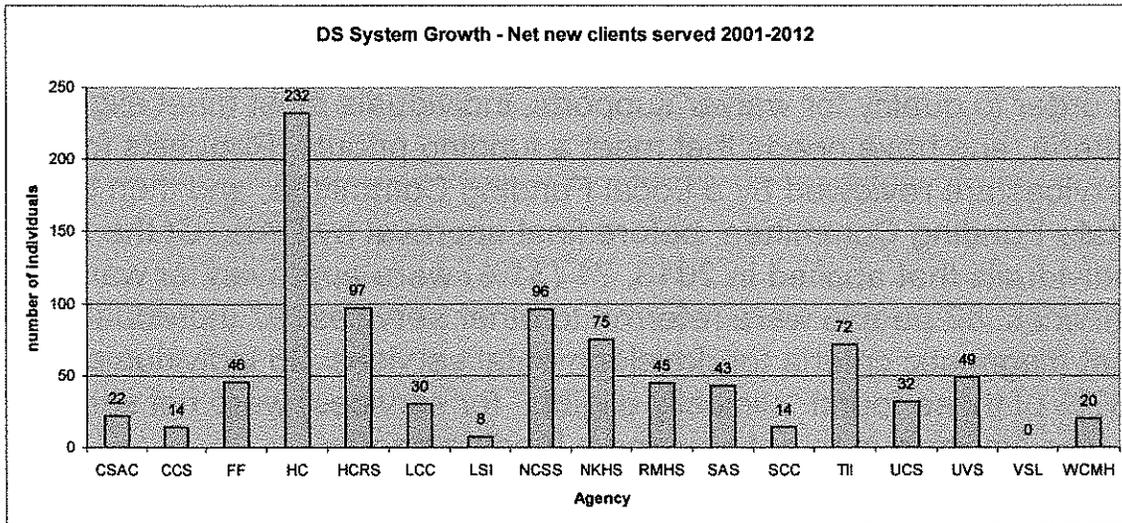
In order to qualify for waiver supports, individuals must meet eligibility criteria, and have needs that meet a funding priority. Requests for services are reviewed by a Local Funding Committee, and then by a State Funding Committee, before final approval by DAIL. Of the 228 individuals that applied in 2013, 71 (31%) were approved for waiver services. 82 people were referred to other services. 97 individuals met diagnostic criteria for developmental services. 26 individuals (37% of those found "clinically eligible" for services) were not served by the waiver due to not meeting a funding priority.



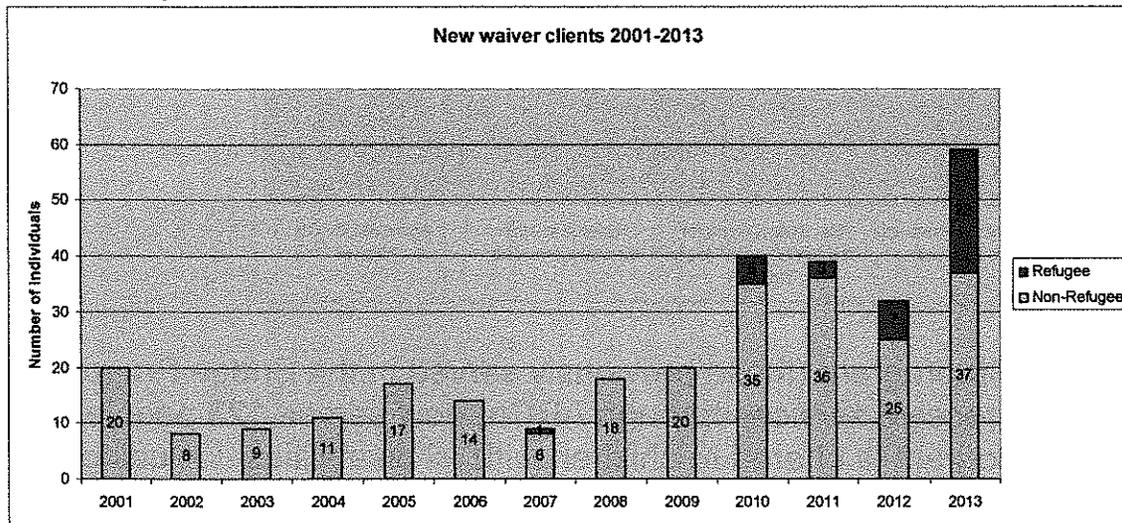
The ARCh program (those previously served in the Bridge Program are now receive services through ARCh) now serves 123 people. The ARCh program is offered to children with all disabilities, including emotional disturbances. Despite the broader eligibility criteria, most ARCh clients have either an Autism Diagnosis (58%), or Intellectual Disability (32%). As the Children served in the ARCh program reach adulthood, some will require long-term community-based support through the waiver.

Growth

HowardCenter's growth is unique in the DS system. The chart below (using DAIL business office data) demonstrates HowardCenter's growth in new waiver clients between 2001 and 2012 as compared with other Developmental Services providers in Vermont.



While the pace of growth steadily increased over the last 12 years, since 2010 there has been significant unanticipated growth in new Vermonters, primarily resettled individuals from the Bhutanese community.



Despite unprecedented growth rates, Developmental Services has continuously assisted clients and families to achieve their outcomes

and improve quality of life through a person-centered approach to services.

Anticipating future service needs is a significant challenge. With a large number of un-served, potentially eligible individuals living in the county, and many factors driving individuals to reach out to us at a variety of life stages, it is difficult to accurately predict the pace or amount of growth, but it is safe to assume that growth will continue, and at least in the short term, it is likely to continue at a rate higher than the population growth. It is very likely that the growth we have seen in the recent past specific to the refugee population will ease due to a slowdown in the Bhutanese resettlement.

Service Trends:

The chart below contains the number of clients supported by waiver support category. The number and percentage of clients served are reflected, as is the average annual cost per client as of 7/1/13. One year and two year comparisons of the average annual cost are shown to provide information regarding the trends in each support category.

Service Type	# clients	% of Clients receiving	Average annual cost per client	Change avg. ann. cost FY11 to FY13
Individual Crisis	36	6%	\$ 3,187	118%
Clinical Supports	555	99%	\$ 1,839	15%
Respite	344	61%	\$ 11,979	14%
Shared Living	219	39%	\$ 28,467	9%
Group Living	26	5%	\$ 90,956	3%
Project Hire	132	24%	\$ 9,641	1%
Community Supports	368	66%	\$ 19,484	-2%
Service Coordination	560	100%	\$ 6,030	-2%
Supp/Asst Living	100	18%	\$ 16,151	-14%
Local Crisis	539	96%	\$ 493	-21%

Service Coordination: The service coordination rate increased this fiscal year to \$50.00 per hour after stagnating at \$48.66 per hour for more than 7 years.

Clinical Supports:

- A small clinical allocation (under \$500) is shared across waiver budgets to allow for broad availability of basic clinical supports.
- The average cost per person in the clinical supports line above is inflated due to a smaller number of individuals whose significant needs require a high level of support.

Individual Crisis:

- Similar to the inflated average reflected in the clinical cost line; the same is true in the average cost of this service category.
- A small number of individuals require complex crisis response plans.
- These numbers are averages only and would not be reported on the Agency spreadsheet as an individual expense.

Supported/Assisted Living: A 14% reduction in the cost of supported/assisted living services reflects more individuals living increasingly independently as a result of use of the Safety Connections program and skill acquisition resulting from a variety of support strategies.

Plan Development

HowardCenter utilized several methods to seek input from stakeholders within Chittenden County. Surveys, forums, personal interviews and staff meetings helped us understand the priorities of our community and are reflected in the plan priorities and outcomes.

Information Gathering Strategies:

- Staff Meetings
- Public forums
- Surveys
- Interviews & Consortia discussions

Staff Meetings:

Developmental Services Leadership met on October 29th 2013 to kick-off work on the plan. Weekly Leadership Team meetings and sub-committees continued through mid-February. Work was completed to evaluate needs, conduct outreach, and utilize feedback from the community to formulate work plans for new initiatives.

Public forums:

Forums were held at times convenient for clients, staff, and the Burlington Self Advocacy Club (BSAC) at the Resource Center during the month of December. A total of 37 individuals participated. Forums were advertised via email, posters at the Resource Center and at the 102 South Winooski building. Facilitators led discussions to illicit feedback on what is working well, what is essential, and perceived gaps in services.

- **BSAC 12/13/13:**

Twelve members attended. Participants mentioned Case Management, Residential Supports, Respite Support, public transportation, and the Resource center as "Working Well/Essential". Issues cited as "Not working well/gaps in services" included a lack of availability of respite funding in emergency situations, parking, the waiting list for Project Hire services, housing options, and volunteer work.

- **Clients, Staff, and contracted Workers:**

Twenty-five individuals attended. Participants mentioned the Resource Center, Transportation (SSTA), support staff, staff

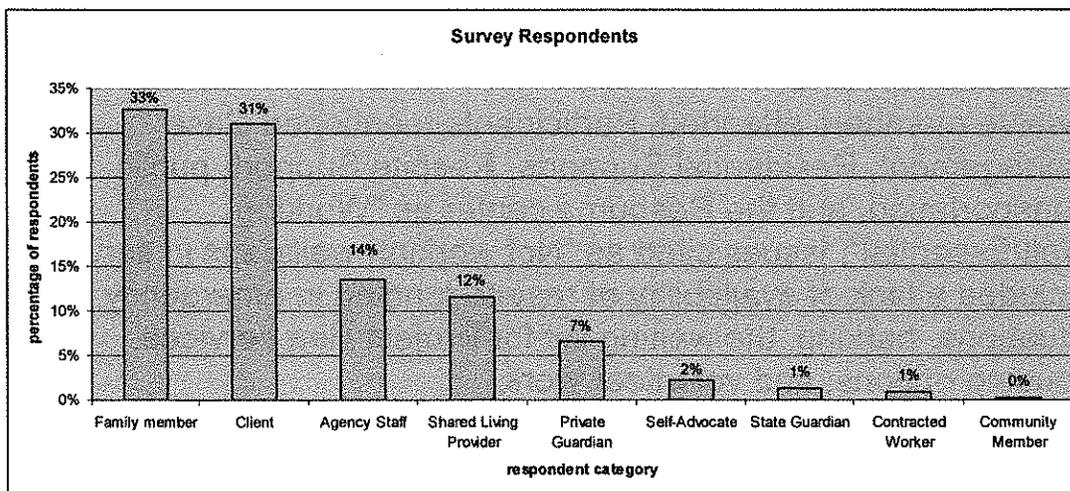
orientation, and Grace Arts, as “working well/essential”. Areas cited as “not working well/gaps in services” included issues with transportation services, training and supervision of contracted staff, more availability of space at the Resource Center, opportunities for social connections, volunteer opportunities, connections with other service providers, access to technology, and free activities in the community.

Local System of Care Planning Survey:

- The Developmental Services Local System of Care Planning survey was sent to over 1000 clients, family members, legal guardians, staff, and shared living providers.
- 300 Developmental Services staff also received an email invitation to complete the survey.
- The Survey was sent to a distribution list of 333 individuals representing over 67 community partners and organizations.
- Over 321 surveys were received a 25% return rate. Four basic questions were included in the survey:

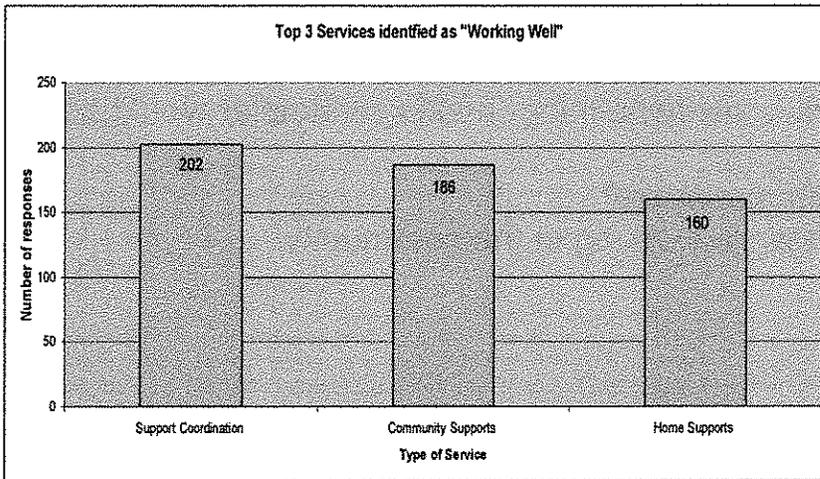
1. What services/supports are working well?
2. What services/supports are not working well?
3. What are the current gaps in services?
4. What services are essential?

Family members, clients, agency staff, and shared living providers, responded in the highest numbers. The graph below shows the distribution of survey responses by category.



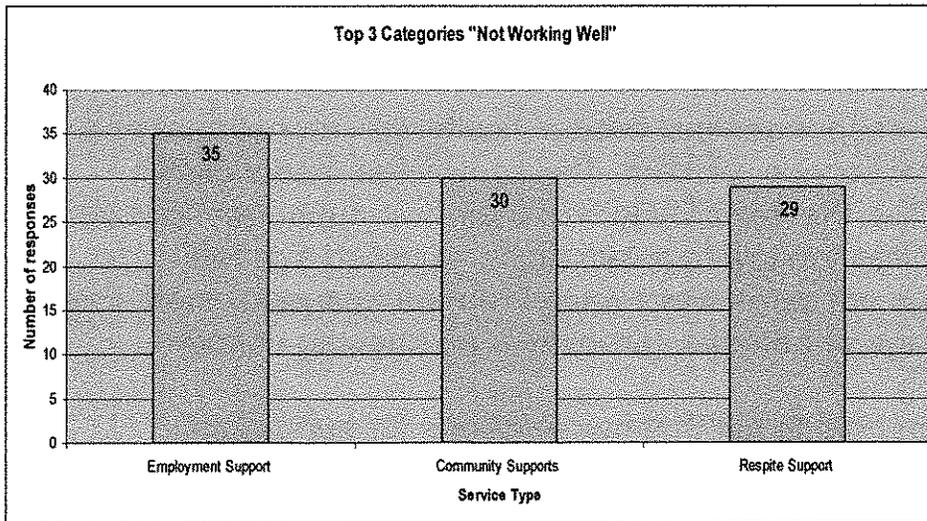
What is working well?

99% (319) of survey respondents answered this question. If, for example, a respondent felt that multiple types of services were working well, the survey allowed for multiple selections. The graph below shows the top 3 services selected. Lower numbers of selections do not indicate a lack of satisfaction. Many indicated in comments that they only responded about services they have experience receiving or delivering. The most frequently cited “working well” service is Support Coordination.



What is not working well?

Only 1/3 of survey respondents answered the question, “What is not working well?” The top 3 areas selected included Employment, Community and Respite Support.



Employment- The change in the System of Care Priority that limits work to graduates that require support to maintain paid employment has had an impact on this area of service. Many respondents want Project Hire supports but due to a lack of funding are unable to access this service. Some want to work more hours “Want Project Hire support”

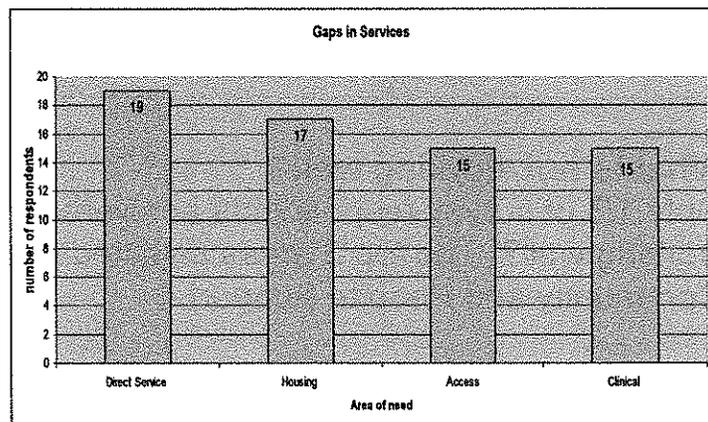
- “It has been a challenge finding employment”
- “Client wants a few more hours of work”

Community and Respite- Family members and shared living providers would like more assistance with contracted supports.

- Respite paperwork is overwhelming- making it simpler would be better”
- “Shortage of respite providers”
- “Staff feel isolated while working in the community”

Gaps in Services:

31% of respondents indicated gaps in services. The chart shows the top 4 most frequently mentioned areas of need.



Direct Service –respondents shared difficulty with recruitment and retention of direct service workers. The contracted model allows clients and families the flexibility to hire their own supports; however the wages are often too low to retain highly qualified support providers. Similar concerns were voiced regarding agency staff. Even with the advantage of benefits, turnover is an ongoing concern.

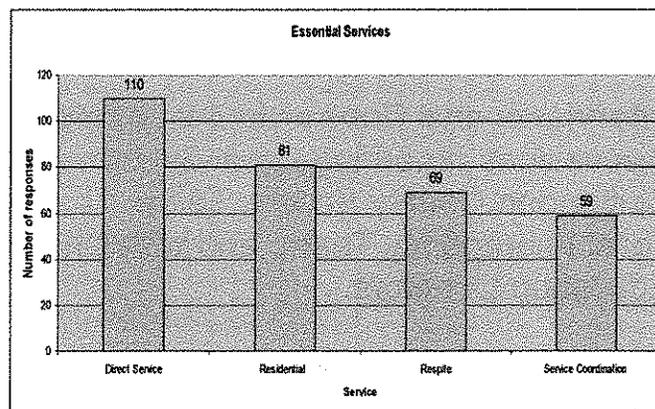
Housing - Respondents felt that more options for supported independent living and skill building are needed. Many wrote about access to affordable housing.

Clinical - respondents frequently mentioned unmet needs for appropriate clinical supports. Therapists with experience and training working with clients with ID/DD and co-occurring mental health issues, and adequate funding for specialized therapies were cited as needs.

Access- Funding priorities, waiting lists, access to employment, and access to information were all mentioned as gaps in service by respondents.

What services are essential?

75% of Survey respondents answered. 30 people wrote they felt ALL services are essential. The top 4 essential services are shown in the graph.



Direct Service – Many respondents wrote that they cannot continue to provide supports as a family member or Shared Living Provider without day supports. Both agency-staffed and contracted supports are included in the direct service column.

Residential – Residential supports include Shared Living as well as supported independent living.

Respite – Respite services are essential to maintaining the availability of natural supports such as family members, as well as for the longevity of Shared Living Provider placements.

Service Coordination- Respondents praised the quality of Service Coordination

Many survey respondents wrote about the interdependence of services. For example,

“Home supports are critical, and these are impacted/supported by community supports and respite supports.”

“On-Call and Respite support are ESSENTIAL to any shared living program”

Requests for follow up:

28 individuals requested follow up and offered contact information. These conversations were very helpful to gain a deeper understanding of community needs. Several individuals requested an update on their progress on the waiting list. Others took time to explain their experience with accessing and receiving services, what has been most helpful, and areas for improvement.

Interviews and Consortia Discussions:

Discussions regarding Local System of Care Plan occurred at the Chittenden County Access Team, The Chittenden County Children’s Local Interagency Team, and with Chittenden County Special Education Directors.

Direct conversations regarding regional priorities occurred with Champlain Community Services Executive Director, Elizabeth Sightler, and with Paul Dettman, representing Burlington Housing Authority.

Other Resources utilized for Planning:

Several information sources were examined as the team considered regional priorities.

- Quality Service Review 2012
- Appeals and Grievances
- Local and State Satisfaction Surveys
- Internal Quality and clinical data

Priority Needs

General Discussion

Many areas for improvement came into focus through our plan development process. At HowardCenter, we strive for Excellence. Several of the issues that were brought to our attention will be addressed through ongoing quality improvement efforts. Many suggestions can be resolved with minimal to no expense and will be prioritized.

Some services such as Community and Work Supports were highlighted as working well and not working well. For many, having the service is viewed positively, while issues related to access (not being able to find workers, difficult to find enough community activities) and outcomes, (not working as much as desired) were highlighted as drawbacks.

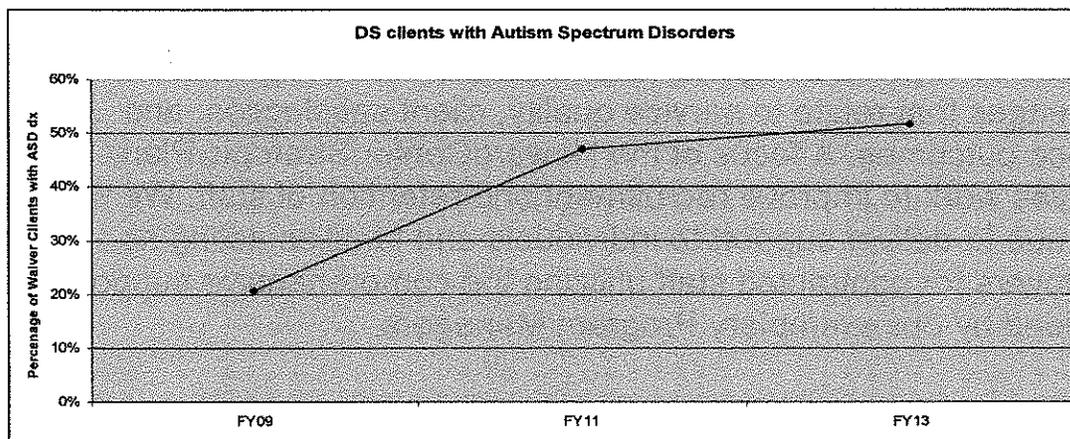
Gaps in services can be difficult to address. Where we have influence over a perceived gap in service, we work toward closing them. Issues such as contracted or agency staff turnover, for example, are difficult challenges that relate to service quality, client satisfaction, and service outcomes. A focus of the HowardCenter Strategic Plan involves work to improve recruitment and retention of staff. We will continue to deliver support to individuals and families acting as employers for contracted staff utilizing the comprehensive supports provided by our exemplary Program Managers.

Four themes emerged through the planning process which we plan to address through Regional Initiatives over the next three years. These themes include Clinical Supports, Housing, Employment, and Outreach.

Regional Outcome 1: Clinical

Meeting the clinical needs of clients with ID/DD challenges has been an area of focus for Developmental Services for many years. Clinical initiatives in past Local System of Care Plans included developing a comprehensive Dialectical Behavior Therapy Program (DBT), with adaptations for clients with developmental disabilities. This evidence-based practice has resulted in the stabilization of many clients who were once frequent users of emergency and police services.

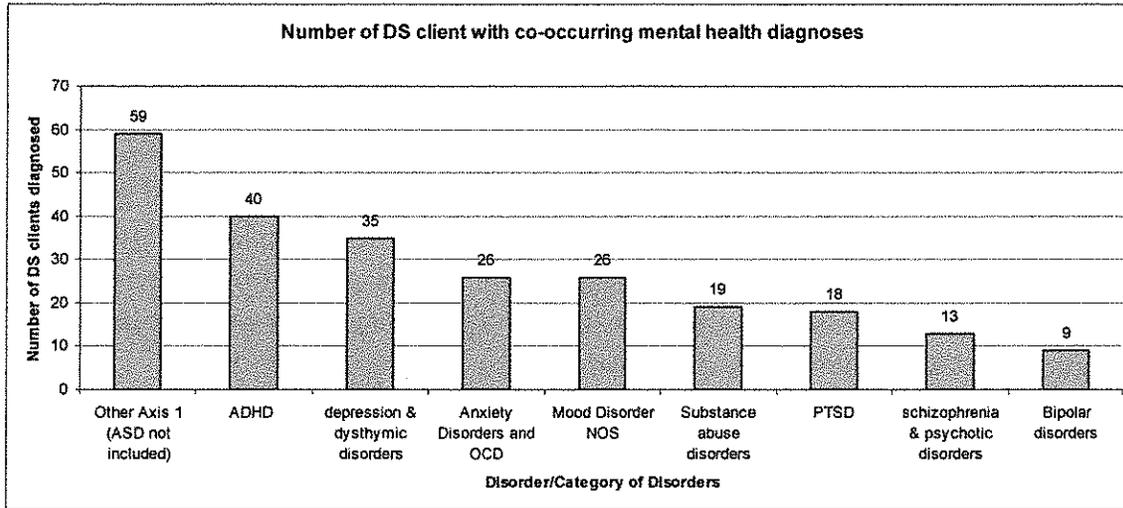
In the 2011-2014 Local System of Care Plan, in response to significant increasing needs for Autism-specific clinical resources, enhanced staff training, a sensory environment, and a transition resource website were developed. Over the past three years the growth in the percentage of clients with ASD has slowed, although the percentage of DS clients with an ASD diagnosis continues to grow and now exceeds 50%.



Looking specifically at the younger population utilizing services in the ARCh program, 57% of clients are diagnosed with an autism spectrum disorder. Trainings are ongoing and Mosaic Place remains a helpful resource for clients with sensory integration needs. With a majority of clients living with ASD, these clinical developments will continue to be beneficial.

Despite ongoing clinical development and a high-performing On-Call Team, meeting clinical support needs of individuals with acute mental health symptoms remains challenge. More people are entering services who need treatment for significant mental health issues.

Currently, 44% of all DS clients are diagnosed with a co-occurring (non-ASD) mental health disorder.



Access to appropriate treatment is difficult for many clients, in part due to adaptive skill deficits in independent living, self-direction, and difficulties with social skills.

Clients unable to access appropriate treatment in the community face serious challenges such as:

- Moves to higher levels of care
- Long-term stays in emergency housing situations
- Losses of natural supports (such as family support)
- Psychiatric hospitalizations (voluntary and involuntary)
- Involvement with law enforcement and the courts
- Involuntary services (Act 248 status, Orders of Non-hospitalization)
- Losses to quality of life- including overall satisfaction, employment, relationships, & independence.

Current Status:

DS waiver clients experiencing acute mental health symptoms have limited access to appropriate psychiatric care and hospital diversion resources. Often support teams hear from screeners or other providers that a client's psychiatric care needs cannot be appropriately met at the hospital or with diversion resources due to complicating factors such as developmental disability, behavioral

disturbances, or intense supervision and support requirements that cannot be met with resources provided in the mental health system.

Our staff has put significant time and resources working to support these individuals and their efforts have had a positive impact. Clients with allocations for "Individual Crisis" have been scaled back from 55 to 38 individuals between FY12, and FY14 representing a 31% decrease. However, the average cost per person in individual crisis supports has more than doubled (118% increase). While the most complex clinical needs are only experienced by a relatively small number of waiver clients, the costs of negative outcomes are great. In addition to the challenges detailed above, every visit to the emergency room for a psychiatric crisis comes with a minimum price tag of over \$1700.

Crisis interventions in 2013:

- 37 Screenings by Adult Mobil Crisis
- 13 Hospital diversion stays at Assist
- 10 inpatient psychiatric admissions
- 223 days in emergency placements
-

What do you hope to achieve?

Through the development of a short-term therapeutic residential crisis resource more individuals with complex psychiatric, behavioral and developmental needs will have access to appropriate and timely services resulting in:

- Prevention of moves to higher levels of care
- Reduced length of stays in emergency housing situations
- Retention of natural supports (such as family support)
- Reductions of psychiatric hospitalizations (voluntary and involuntary)
- Decreased involvement involved with law enforcement and the courts
- Reductions in the number of individuals served involuntarily
- Improvements to quality of life: including overall satisfaction, employment, relationships, & independence.

How are you going to do it?

A team will be developed to support individuals with varying acute mental health symptoms. An accessible therapeutic space will be made available for individuals to receive short-term and interim stabilization supports. Through this effort we hope to enhance relationships with area providers and resources including Mobil Crisis, Fletcher Allen Health Care, and local police departments.

Year One: Program Development

- Establish a Clinical Consultation Group focused on meeting the needs of client with complex clinical presentations.
- Define program features, intake and discharge criteria and processes, quality measures
- Develop operating budget
- Develop training for support staff
- Collaborate with local providers, e.g. Adult Mobil Crisis, Fletcher Allen Health Care
- Collect outcome data on individuals experiencing acute mental health symptoms.

Year Two: Implementation

- Acquire an accessible physical location for short-term residential supports
- Hire and train staff
- Integrate other HowardCenter resources such as On-Call and Safety Connection in program implementation.
- Incorporate therapeutic resources including but not limited to: Counseling, psychiatry, and other specialized supports.

Year Three: Evaluation

- Utilization Review
- Increase clinical capacity

What difference will it make and how will you measure it?

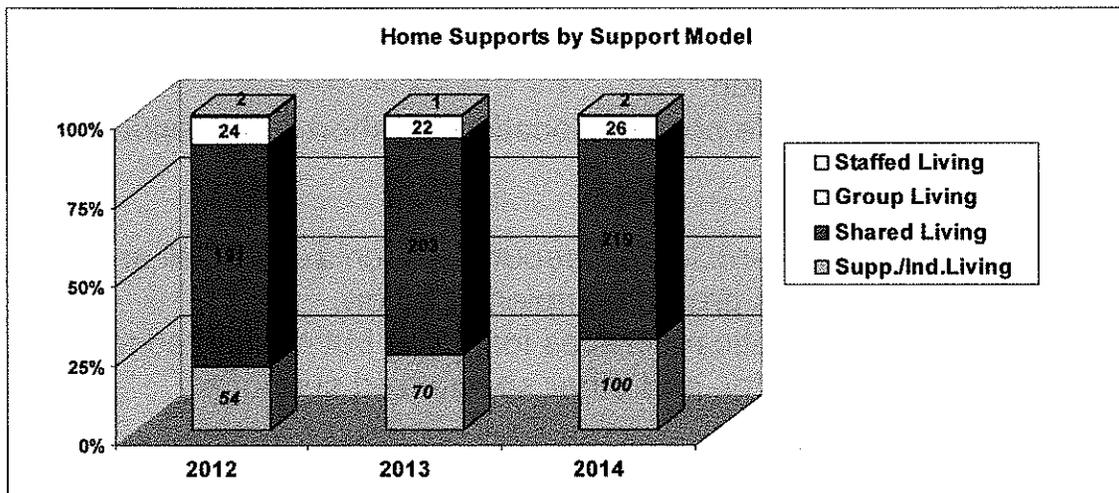
Individuals served will have more efficient access to short-term stabilization supports. Outcome data will be collected as follows

- Waiver spreadsheet data will be utilized to determine the number of clients requiring a higher level of care

- Utilization of emergency placements will be measured
- Retention of natural supports (such as family support) will be gleaned through a follow up survey
- Psychiatric hospitalizations (voluntary and involuntary) will be measured for the service area
- Incident report data will be utilized to determine involvement of law enforcement and the courts
- Clients receiving supports due to Act 248 status will be measured
- Quality of life improvements will be measured by satisfaction surveys, & housing status, and employment rates.

Regional Outcome 2: Housing

HowardCenter Developmental Services provides home support to 347 individuals (as of 7/1/13). Home Supports include various support models to enable clients to live in the setting of their choice. The graph below indicates the number of individuals served with four types of Residential Funding: Staffed Living, Group Living, Shared Living, and Supported/Independent Living.



Home Supports are an essential service, and contribute to the AHS population level outcome of "Elders and people with disabilities live indignity and independence in settings they prefer." As indicated above, the number of individuals served with Supported/Independent living has increased greatly over the past three fiscal years.

HowardCenter Developmental Services has been a leader in creating innovative supports to enable individuals to live independently.

Helping clients shift to independent living from a shared living model can help reduce support costs significantly. The Report of the Developmental Disabilities Services Legislative Work Group (September, 2013), indicated that if 60 people statewide were to move from Shared Living to supported independent living supports the State could save over \$500,000.

During the three year period, from FY08 to FY11, 19 people “stepped down” into a more independent living situation. Through ongoing efforts to assist clients to live in the settings of their choice and achieve maximum independence and self-determination, 45 individuals “stepped down” to more independent levels of care between FY11 and FY13. Despite the challenges with the cost and availability of housing, we were able to increase these “step down” situations by 136%. The Safety Connections Program, and the improvements to independent living skills outcomes of SUCCEED students contributed to the impressive growth in clients living independently. Since FY11, the overall number of individuals served with supported/assisted living (not Shared Living), has increased by 85%.

Current Status:

Individuals and families continue to request more independent living options. This is particularly challenging due to a shortage of housing and housing vouchers. As we continued to work with Burlington Housing Authority on the “Neighborhood Model”, a new opportunity for helping clients achieve maximum independence was presented.

What do you hope to achieve?

Through collaboration with Burlington Housing Authority we will develop an alternative model of affordable residential housing for up to 6 individuals with intellectual disabilities. This housing support model will focus on developing skills necessary for individuals to live more independently in their own residence. This residence will be zoned as a community house and is not a group home or community care facility. Individuals exiting the program, after what we hope to be 12-18 months, will receive a section 8 voucher.

How are you going to do it?

Through a formal partnership with Burlington Housing Authority, HowardCenter we will develop a memorandum of understanding outlining the terms and responsibilities of each party. Included in the MOU will be the provision that individuals who successfully complete the transition program will be able to move to other housing with a Section 8 Voucher.

This model will pair affordable housing through a tenant based Non Elderly Disabled Housing Choice Voucher with individual services and supports funded through DAIL and provided by HowardCenter to assist individuals to develop skills and live as independently as possible.

What difference will it make and how will you measure it?

The successful implementation of this goal will provide individuals with intellectual disabilities an affordable, supported, residential housing opportunity that many in our state have been requesting. Success will be measured by the number of individuals who will move to their own apartment with a Section 8 Voucher, by any savings realized in their overall residential support needs, and by individuals enjoying a high quality of life.

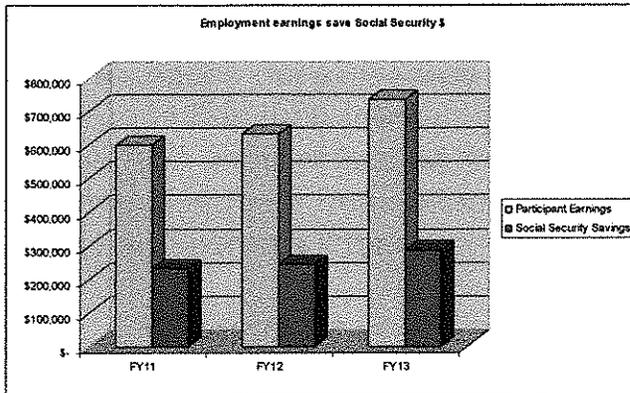
Regional Outcome 3: Employment

Current Status:

Employment Supports at HowardCenter Developmental Services are provided within the Project Hire program. Project Hire's work addresses Agency of Human Services Population results including assisting youth to successfully transition to adulthood, and helping adults lead healthy and productive lives. Project Hire provides supports to adults with developmental disabilities. A few facts about Project Hire's services:

- 178 individuals served, (132 funded through the waiver, and the remaining through Vocational Rehabilitation funding).
- 227 clients of Developmental Services employed at some point in FY13

- 100% of employers are satisfied with Project Hire's services & 96% of clients indicated they were satisfied with Project Hire support in getting a job.
- The average Hourly wage increased to \$9.62 per hour in FY13.



- Overall earnings increased to \$732,600 in FY13, a 22% increase from FY11.
- Working clients save Social Security money. Social Security savings were \$285,802 in FY13.

Although Project Hire has consistently exceeded outcome targets as outlined in the Master Grant, students with developmental disabilities still in High School do not have consistent access to quality work experiences. Due to State System of Care Funding Priorities, only students graduating with a job are able to access funding for ongoing Employment Services as they transition into Waiver Services as adults. Project Hire staff are active participants on support teams for clients in transition; however, their role while a student is still in school is often limited. Improved access to Project Hire, as well as career development were areas cited by stakeholders as needs in the planning process.

In order to better meet the employment needs of transition-age youth in our catchment area, HowardCenter applied for and was chosen to participate in a grant to create a Project Search site in Vermont.

What do you hope to achieve?

Establish a Project Search site in Vermont.

Project Search is an innovative transition program that provides students with intellectual disabilities in their last year of high school the opportunity to participate in a total immersion experience in a workplace that facilitates the teaching and learning process, as well as, the acquisition of specific marketable work skills.

How are you going to do it?

Through a partnership between HowardCenter, Vocational Rehabilitation, local school districts and a large employer within Chittenden County, students will participate in a variety of internships within the host business. The students will work with a team that includes their family, a special education teacher, a job coach, and a business representative to create an employment goal and support the student in the important transition from school to work. Students will receive individualized coaching, instruction and feedback along with linkages to Vocational Rehabilitation and adult service agencies.

What difference will it make and how will you measure it?

The successful establishment of a Project Search site in Vermont will offer students whose goal is competitive employment the opportunity for the acquisition transferable and marketable job skills.

The definition of a successful outcome is competitive employment in an integrated setting for each Project Search intern.

- Year-round work
- 20 hours/week or more
- Minimum wage or higher

Program activities are tied to the following federal IDEA (2004) Indicators:

- Graduation
- Dropout Rates
- Least Restrictive Environment
- Parent Involvement
- Transition Goals
- Post School Outcomes

Data is submitted to a national Project Search database.

Regional Outcome 4: Outreach

As the largest provider of human services in the area, we are finding an increasing number of individuals and families seeking help will often turn first to a computer or Smartphone to get information. This initiative seeks to leverage the power of technology as well as improved connections with individuals, groups and other providers in our community through the development of social media as an outreach tool. Additionally, the definition of “community” now includes a virtual community. Continuing to educate and reach out to the community through social media is a new frontier for meaningful community integration.

Current Status:

It is estimated HowardCenter Developmental Services provided support to approximately 24% of individuals in Chittenden County with ID/DD in 2013. Given national prevalence rates, we estimate there are 3487 potentially eligible individuals living in our Designated County of responsibility. These numbers represent a significant group of individuals and families that do not qualify for state/federally funded services.

What do you hope to achieve?

It is our premise that this group of people would greatly benefit from the addition of some level of minimal support and information. We have been contacted over the past few years by several parents asking for support and information relating to a number of topics ranging from transition into adult services to guardianship, and social security.

Through the enhancement of social media, we hope to reach out to the 76% of those we do not formally serve and offer access to some of the information and support our Program Managers offer to those currently in our service.

- Increase outreach to the community through the use of a social media program.
- Educate individuals and families about Developmental Services and related content

How are you going to do it?

- Through a contract with a Social Media Strategist complete an assessment of strengths and needs relating to how HowardCenter can become more dynamic in our outreach to the community.
- Build an internal team of content builders to keep the messages to the community current and interesting
- Integrate with overall HowardCenter development and communications outcomes..

What difference will it make and how will you measure it?

- Clients and families will have increased options for accessing helpful information. We will develop a survey protocol to determine whether content has been helpful
- An online community will grow, as evidenced by social media outlet metrics. (visits to pages, "likes", "followers")

Recommendations for Statewide Outcome Areas

Meeting the clinical support needs of individuals with acute mental health symptoms remains a challenge. As reported earlier in this plan, at HowardCenter currently, 44% of all DS clients are diagnosed with a co-occurring (non-ASD) mental health disorder. Access to appropriate care options is crucial for these individuals and yet access to treatment is difficult for many clients. Other DS Directors have shared that their regions face similar challenges. While we have proposed the development of a short-term therapeutic residential crisis resource, this may or may not be necessary in other areas of the state. However, increasing access to appropriate psychiatric care seems to be need many are facing. This is one area that might be considered an area of focus during the next three year Plan.

A second area that was clearly identified by our stakeholders was housing. Many of the high school graduates in particular that are entering services are looking for alternative models of support. This was also identified by the Legislative Work Group this past summer. Clearly, the cost of housing is a major obstacle for those interested in more independent living. Securing housing vouchers continues to be a challenge. If the challenge of affordable housing could be addressed, system wide savings could be significant.

The role technology could play in this endeavor needs to be explored further. HowardCenter has met with success utilizing our Safety Connection Program. It is our intention to continue to investigate what seems to be a very broad range of options that currently exist and continue to be developed in this arena. As a System we will need to assess how these tools can be incorporated into either current models or in the creation of new service options.

Final Outcome Summary for System of Care **Plan 2011-2014**

Autism Excellence

Over the three fiscal years preceding the 2011-2014 plan, the number of people served by HowardCenter Developmental Services diagnosed with an Autism Spectrum Disorders (ASD) tripled. Understanding and meeting the needs of clients with ASD diagnosis was and continues to be a high priority. Outcome areas for the 2011-2014 plan included training and increasing resources for individuals with Autism Spectrum Disorders.

Training

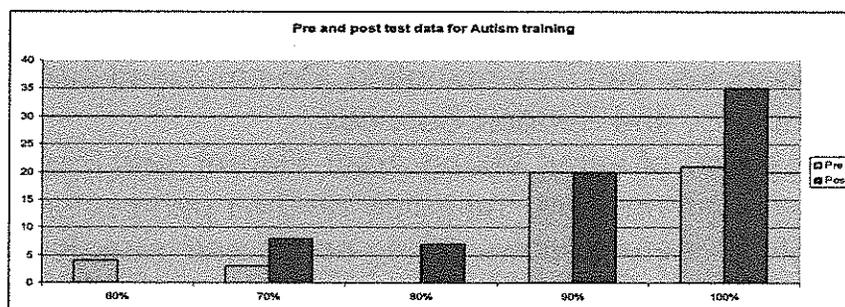
During the three-year period, preparing staff to meet the needs of clients with ASD evolved. Initially, a plan was created to identify and train individuals working specifically with clients diagnosed with ASD. Over the course of the plan, we refined our training plan, and now require the half-day Autism Training for all staff and Program Managers.

What did we do?

- Trained all staff working with individuals with autism spectrum disorders in Core Autism Competencies.
- Provided 20 staff with Michelle Garcia Winner's "Social Thinking" curriculum training
- Continued to develop the Autism Spectrum Disorder Core Consultation Team to provide training, and clinical peer reviews for all staff.

How well did we do it?

- Utilized Statewide Autism Survey data glean priorities of clients, families, staff and schools.
- During 2011, "Autism 101" was provided to 75 staff. The chart below shows the improvements in post test measures following this training. Testing was not completed for the final version of training that was provided to all staff in 2013
- 77% of attendees reported a sufficient understanding of the topics covered by the Autism Training and 23% reported somewhat sufficient understanding of the topics.



What difference did it make?

- 2 Social Thinking Groups support 8 clients as of 1/1/14
- 233 staff attended Autism Spectrum Disorder training that included modules on behavioral strategies, sensory needs, communication approaches, social needs, social thinking and perspective taking.
- Particularly notable, very few Local System of Care Plan survey respondents mentioned Autism-specific needs, and no respondents identified training for individuals with ASD as a “Gap in Services”

Transition Guide

With grant funding provided by the Vermont Department of Health from the United States Department of Health and Human Services, Health Resources and Services Administration, HowardCenter developed a web-based Transition Guide for students, families and professionals. While the Transition Guide is Autism-Specific, the information it provides about transition to adulthood is highly applicable across other developmental disabilities as well.

What did we do?

- Utilized local and national resources to provide up-to-date information to support successful transitions to adulthood for youth with ASD. Sources included: Designated Agencies, Vocational Rehabilitation, Vermont State Department of Education, Vermont State Department of Aging and Independent Living, Youth in Transition, Autism Speaks, Michelle Garcia Winner, as well as numerous state and national publications.
- HowardCenter worked with a local website design company, Original Gravity Media, to develop the web based Transition Guide. It includes the following features:
 - Best practice guidelines on transition related to the following areas: Vermont’s Philosophy, Relationships, Employment,

Housing, Cultural Diversity, Legal, Financial, High School, Post Secondary Education, Transportation, Health, Safety and Emergencies, Self Determination, Communication/Assistive Technology, and Support Services

- Three points of entry; Young Adult, Parent, and Professional, so users can navigate the guide via their perspective
- “My Story” feature allows young adults and parents across the state share their transition story, as well as benefit from the stories of others.
- Media such as videos, photographs, Facebook, artwork and links to other websites, keeps users interest so it’s accessed more frequently.
- “Tools” feature provides checklists; timelines and templates to help young adults, parents and professionals stay organized while planning for transition.
- Button to enlarge font for individuals who require large text.
- Search features allow user to search the website by keyword, topic, county, age or grade, so they can easily find specific transition information.
- All photos and artwork are “real.” No stock photos. This gives the guide a personalized Vermont feel.

How well did we do it?

- Stakeholder feedback was solicited through a steering committee comprised of young adults with Autism, parents, and professionals from Designated Agencies, Department of Education, DAILE, Vocational Rehabilitation, Center for Disability and Community Inclusion, and Vermont family Network. A statewide survey sought additional input from stakeholders with 102 participants providing feedback on the transition process, as well as what they hoped the guide could achieve. A public forum Vermont Family Network as well.
- HowardCenter contracted with a young adult and parent to co-write some sections of the guide to ensure that it meets the needs/interests of guide users.
- HowardCenter delivered the complete final draft of the Transition Guide to the Department of Aging and Independent Living at the end of February 2012. The guide was distributed across the state during the month of March 2012 and was publicized at Autism Awareness events in April 2012. Agencies can provide paper copies of information to those who don’t have internet access.

What difference did it make?

- Students, families, and professionals have access to current information about the transition process and access to helpful resources.
- Vermont Family Network now maintains and updates Transition Guide Website (<http://www.vttransitionguideasd.org/>) on a monthly basis.

Sensory Space

For clients with Autism Spectrum Disorders, varying needs for sensory integration supports can affect behavior, learning ability, and overall well-being. We created a sensory space with the knowledge that there are barriers for our clients to utilize the existing resources within the community. HowardCenter identified the creation of a sensory space as a priority for the 2011-2014 plan.

What did we do?

HowardCenter Developmental Services was proud to create and open a sensory environment called "Mosaic Place" in July of 2012 to meet the needs of individuals with ASD and sensory integration needs.

How well did we do it?

- Sought out information from existing providers of sensory environments such as Northwest Counseling and Support Services (NCSS), HowardCenter Child Youth and Family Services, and the Kids Rehab Gym about best practices in setting up a space to support sensory integration work.
- Utilized assistance from Physical and Occupational Therapists to design the space and obtain appropriate equipment.
- Expanded the Resource Center space in order to create an environment in a convenient and efficient location.

What difference did it make?

- Mosaic place offers an array of sensory equipment such as and Airwalker swing, weighted blankets, trampoline, balance beam, giant key board, drums, inflatable balls in a variety of sizes, tumbling mats, giant bean bags, thera-putty, games, puzzles, music station, busu balance ball and more.

- Activities are available to appeal to all senses including proprioceptive, vestibular, visual, and auditory.
- 19 Individuals with sensory needs use Mosaic Place in one-hour blocks, 1-2 times per week. The schedule is re-assessed every 4 months or as needed to ensure the most effective utilization of the space.
- Families and individuals report high satisfaction with the space.

Housing

Affordable housing models that meet clients' needs for independence have been areas of focus in Chittenden County for many years. Previous plan initiatives such as the SUCCEED and Safety Connection programs created opportunities for individuals to live independently with the skill development and assistance necessary for success. For the 2011-2014 plan we set out to create a Neighborhood model and a Transition House.

Neighborhood Model

This model utilizes shared resources (staff, contracted workers, Shared Living Providers, and Safety Connections) to support a number of individuals living independently in their homes within a specific geographic area.

What did we do?

- Researched existing supportive housing models
- Developed a description of the neighborhood model
- Determined financial and budgetary needs
- Identified potential clients
- Identified geographic areas
- Worked with a Realtor and viewed properties in three neighborhoods

How well did we do it?

- Staff made efforts to assist clients interested in this model of support to obtain section 8 vouchers. Due to a federal sequester, the already limited housing subsidy resources, were further restricted. Clients were unable to secure housing.
- The current conceptualization of the model includes a Shared Living Provider who supports two clients in a central location. A

small number of clients living in a close geographical proximity, requiring less support, would also be part of the “neighborhood”. The home provider would work with other supports such as respite providers, community support staff, program managers and employment support providers to create a cooperative and flexible support arrangement allowing people to live in close proximity to a network of supportive individuals and peers.

- A Shared Living Provider was identified for the Neighborhood Model pilot.
- Partnered with BHA
- Began to identify potential assessment tools to demonstrate effectiveness of the program.

What difference did it make?

- Although the Neighborhood Model was not provided during the plan period, the development work was significant, and will guide future housing resource endeavors.
- HowardCenter continues to work with BHA to develop affordable housing options with integrated supports to facilitate affordable and sustainable independent living.
- As a result of our continuing collaboration with BHA, they approached HC with a proposal to build a house that would serve as transitional housing and upon completion; participants would receive section 8 vouchers. This outcome is being developed in our 2015 Plan.
- Work on the Neighborhood Model outcome has further informed us that managing personal risk and facilitating growth and independence remains a reality for the people we serve. Expectations to gain greater independence and decrease dependence on services are both an individual’s desire and necessary for system sustainability. Our exploration of the Neighborhood Model has set the stage for the future and HC will continue the pursuit of alternative housing models that further meets these criteria.

Transition House

The transitional house model envisioned for the 2011- 2104 plan supports up to 6 individuals, on a short term basis (1-2 years), to develop the skills necessary to live more independently in their own residence. The Transition House was designed and zoned as a Community House and not a group home or community care home. A Jane's Trust Grant was utilized for the startup costs for the house, which evolved as an expansion of the SUCCEED program.



South Union St. SUCCEED Residence

What did we do?

- Secured a \$25,000 Jane's Trust grant. The grant was focused on meeting the needs of transition age youth.
- Developed a budget
- Utilized existing SUCCEED entrance criteria to determine appropriate participants.
- Succeed Management worked with the city of Burlington and rented a house on North Union Street. The property is comprised of a main house and two detached apartments.
- Worked with Burlington Housing Authority to offer housing vouchers to enable residents to move into their own apartments following completion of the SUCCEED program.
- Opened the North Union location in August of 2012.
- 15 individuals served through July 2013.

How well did we do it?

- Creating the Transition House within the existing SUCCEED program proved efficient and enabled the utilization of transition-specific funding.
- Satisfaction survey results from Succeed Clients can be used to glean a sense of the satisfaction of participants in the Transition House outcome area. Succeed Satisfaction Survey highlights are as follows:

When asked to rate services received on a 5 point scale (Excellent, Very Good, Good, Average, Poor):

- 100% of clients and guardians responded that the clinical supports were good, very good or excellent.
- 79% of clients and guardians responded that Staff Support was good, very good, or excellent
- 100% of clients and guardians responded that supports from Safety Connections (used for clients transitioning to independent living) were good to excellent.

For the remaining survey questions we used a 5 point scale that ranged from “Strongly Agree” to “Strongly Disagree”. We combined responses of “Strongly Agree” and “Agree” for the following results:

- 100% of participants agree that their program manager is knowledgeable about resources and supports and responds to their needs in a timely fashion.
- 89% of participants agree that services are effective, that Program Managers treat them with respect, and that they receive assistance with access to meaningful community activities.
- 90% of participants agree that they are involved in directing their own supports.
- 78% of participants agree that their Program Managers are helpful in developing and maintaining satisfying relationships

Caution should be used in interpreting these results due to the small number of respondents for these ratings. Individual questions were not required. A total of 19 responses for all of the Succeed Team were returned.

Is anyone better off?

- In the first year the Transition House served 7 students. 5 now live independently in the community with significantly reduced supports, 1 student remained in the program to continue to work on skill development, and 1 student required more support and transitioned to Shared Living supports.
- 7 Students are currently supported. It is anticipated that 5 will move on to independent living and two students will remain in the program for an additional year.

Services for People with Cultural and Linguistic Differences (CLD)

Chittenden County's population of individuals from diverse backgrounds continues to grow at a rate that is unique in the State of Vermont. As home to the Vermont Refugee Resettlement Program, a field office for the U.S. Committee for Refugees and Immigrants, most new Americans being resettled in Vermont, live in HowardCenter's catchment area. As Developmental Services be experienced an increase in applications from individuals with CLD, the need to overcome systemic barriers to accessing services became apparent, and was prioritized as a regional outcome for the 2011-2014 plan.

Best Practice Guidelines for Assessment

Intake workers at HowardCenter Developmental services noted difficulty with acquiring psychological assessments to determine eligibility for individuals from diverse backgrounds attempting to access developmental services. The traditional assessments used to diagnose Intellectual Disability could not be used to due to language and cultural differences. Many psychologists in the area would not conduct assessments due to a lack of experience and knowledge of appropriate measurement tools.

What did you do?

- Contracted with Kim Allshouse, M.A. to create the document 'Best Practice Guidelines for Diagnosing Intellectual Disability in People with Cultural and Linguistic Differences'

How well did you do it?

- Organized a team of experts working in the CLD community, including clinical psychologists, social workers, educators, health professionals, and community providers to share knowledge and consult on the creation of the best practice guidelines.
- 'Best Practice Guidelines for Diagnosing Intellectual Disability in People with Cultural and Linguistic Differences' is complete and available in hard copy or electronically
- The guidelines were recognized as best practice by DAIL. The guidelines have been disseminated to community partners and across the state.

Is anyone better off?

- As evidenced by the successful intakes of 22 new refugees in 2013, our ability to provide access to services was greatly improved.
- With increased expertise in assessment of CLD individuals, application decisions are not delayed due to a lack of diagnostic information.
- The experience has heightened awareness of diversity initiatives at HowardCenter, and in the larger community. It has challenged us to be much more aware of assumptions and biases in our work and systems.

Translation Services

We aimed to translate intake, assessment and services literature into languages and formats accessible to the most frequently seen CLD groups.

What did you do?

- The Notice of Privacy Practices and Authorizations for Disclosure of Health Information have been translated into 9 languages including Arabic, Somali, Burmese, Spanish, French, Swahili, Nepali, Vietnamese, and Serbian-Croatian.
- Provided interpreters as needed for client meetings and trainings.
- Translated Satisfaction Survey to languages spoken by clients.

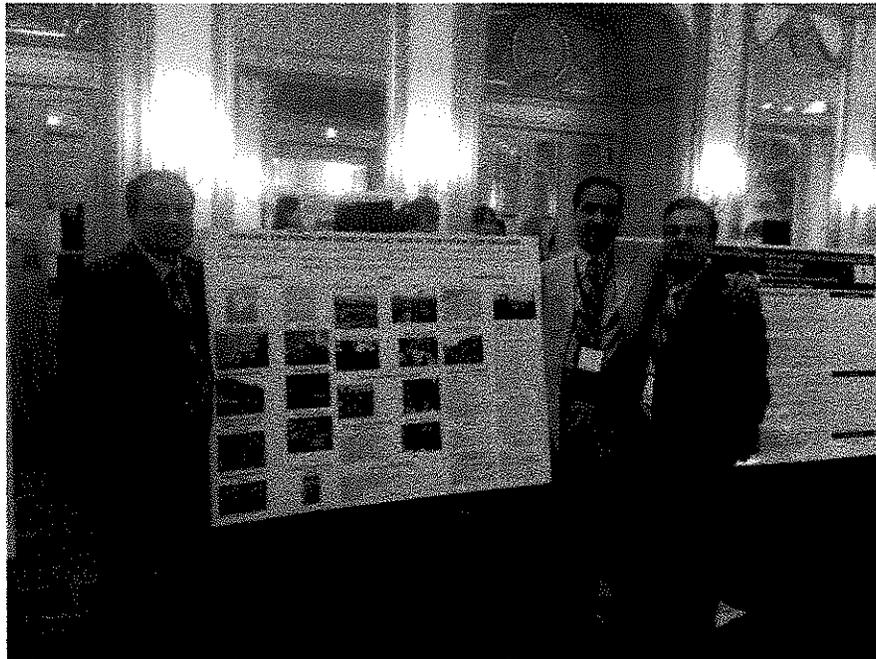
How well did you do it?

- Collaborated with VRRP, and the Association of Africans Living in Vermont to secure interpreter services as needed.

- Welcomed three new Americans to our Program Management staff for integrated, culturally-competent provision of wraparound supports.

Is anyone better off?

- CLD clients can access necessary information in an understandable manner.
- CLD clients have access to services and are provided opportunities to give input.
- CLD clients' cultural diversity is reflected by our staff



Harka Khadka, Yam Mishra, and Madhu Neupane (Left to Right) presenting at the 2013 TASH Conference.

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Appendix A

Advertisement for HowardCenter Agency-Wide Local System of Care Plan Survey in Seven Days newspaper:

MUSIC

CLUB DATES
NA-107 665-0051 AA-843 8015

SUN.15 @ P76

ON TAP BAR & GRILL: Match Terciano (acoustic), 11 a.m., free.

PENALTY BOX: Trolia with a Twist, 4 p.m., free.

RADIO BEAN: Queen City Hot Club (gypsy jazz), 11 a.m., free. Pete Schreier and Tim Stickle's Old Time Session, 1 p.m., free. A&T (acoustic pop), 7 p.m., free. Andrew Moon Band (folk-rock), 8:30 p.m., free. Andy and Matt's Place (folk-rock), 9:30 p.m., free. Punk Rock Night: 20 Year Old Dookie, Sex or Step (Green Day tribute), 11 p.m., free.

central

BAGITOS: Eric Friedman (folk), 11 a.m., donations.

northern

BEE'S KNEES: Rebecca Packer (folk), 11 a.m., donations. Steve Hartmann & Home Awa (finger-songwriters), 7:30 p.m., donations.

MATTERHORN: Chris Taggart (acoustic rock), 4 p.m., free.

SWEET CRUNCH BAKE SHOP: Joey Zola (folk), 10:30 a.m., free.

VERMONTALE HOUSE: Talking Doctors (rock), 9:30 a.m., free.

MON.16

burlington area

HALFLOUNGE: Family Night (rock), 10:30 p.m.

JP'S PUB: Dance Video Request Night with Melody (dance), 10 p.m., free.

MANHATTAN PIZZA & PUB: Karaoke, 9:30 p.m., free.

NECTAR'S: Metal Monday: Carnivera, Banshi, POLYPHONY, 9 p.m., free/\$5-10.

ON TAP BAR & GRILL: Open Mic with Wyke, 7 p.m., free.

RADIO BEAN: Nora Zimmely (song-songwriter), 7:30 p.m., free. Open Mic, 9 p.m., free.

RED SQUARE: Madelon (mainstage), 10 p.m., free.

RUBEN JAMES: Why Not Monday? with Dakota (hip-hop), 10 p.m., free.

central

CHARLIE O'S: Trivia Night, 8 p.m., free.

northern

BEE'S KNEES: Children's Sing Along with Lesley Grant, 10 a.m., donations.

MOOD'S PLACE: Seth Yacovone (solo acoustic blues), 8 p.m., free.



FRI.19 // THE GRAND SLAMBOVIANS (INDIE FOLK)

Slam Dancing Whether as the **GRAND SLAMBOVIANS** or their earlier mouthful of a moniker, **Gandalf Murphy** and the **Slambovian Circus of Dreams**, the Sleepy Hollow, N.Y.-based band has been rocking audiences with eclectic sounds that pull from the most exotic corners of the pop music world for more than a decade. Early next year, the band will release its major-label debut, the aptly titled *A Box of Everything*. In the meantime, catch the Slambovians at the Tupelo Music Hall in White River Junction this Friday, December 13.

TUE.17

burlington area

CLUB METRONOME: Dead Set with Cats Under the Stars (careful Dead tribute), 8 p.m., free/\$5-10.

HALFLOUNGE: Funkwagner's Tenuis Project (funk), 10 p.m., free.

LEUNG'S BISTRO & CAFE: Paul Aspell, Clyde Staats and Chris Peterman (jazz), 7 p.m., free.

MONKEY HOUSE: Karaoke, 10 p.m., free.

MONY'S OLD BRICK TAVERN: Open Mic, 6 p.m., free.

NECTAR'S: Suburban (acoustic), 7:30 p.m., free. State & Main Records Showcase: Pistol Fist, Lake Superior, Concrete Awk, Boomsling (rock), 9:30 p.m., free/\$5-10.

ON TAP BAR & GRILL: Trivia with Top Hat Entertainment, 7 p.m., free.

RADIO BEAN: Lokum (Turkish gypsy), 6:30 p.m., free. Grup Anwar (Arabic), 8:30 p.m., free. Horny-Tenk Sessions, 10 p.m., \$3.

RED SQUARE: Craig Mitchell (house), 10 p.m., free.

central

CHARLIE O'S: Karaoke, 10 p.m., free.

champlain valley

SWEET MELISSA'S: Bruce Jones (folk), 5 p.m., free. Open Mic, 7 p.m., free.

champlain valley

TWO BROTHERS TAVERN: Monster Hits Karaoke, 9 p.m., free.

northern

BEE'S KNEES: Girls Night Out (folk), 7:30 p.m., donations.

MOOD'S PLACE: The Jason Wedlock Show (trivia rock), 8 p.m., free.

WED.18

burlington area

CLUB METRONOME: Naughty & Nice: Max Cohen, Craig Mitchell, Goldston (house), 9 p.m., free/\$5-10.

THE DAILY PLANET: Paul Aspell (Americana), 8 p.m., free.

FRANNY O'S: Karaoke, 9:30 p.m., free.

HALFLOUNGE: Wanted Wednesday with DJ Craig Mitchell (house), 10 p.m., free.

central

JP'S PUB: Pub Quiz with Dave (trivia), 7 p.m., free. Karaoke with Melody, 10 p.m., free.

LEUNG'S BISTRO & CAFE: Dan Lipstak Trio (jazz), 7 p.m., free.

MANHATTAN PIZZA & PUB: Open Mic with Andy Lugs, 9:30 a.m., free.

MONKEY HOUSE: Al Moore Blues Band, 8:30 p.m., free.

NECTAR'S: What a Joke! Comedy Open Mic (standup), 7 p.m., free. Dark Side of the Mountain (Pink Floyd tribute), 9 p.m., free/\$5-10.

ON TAP BAR & GRILL: Chad Hoelter (finger-songwriter), 7 p.m., free.

RADIO BEAN: Irish Sessions, 8 p.m., free. Lotango (jazz), 6:30 p.m., free.

RED SQUARE: DJ Cred (hip-hop), 10 p.m., free. The Usual Suspects (rock), 7 p.m., free.

SKINNY PANCAKE: Josh Pandorf's Acoustic Soul Night, 8 p.m., \$5-10 donation.

central

BAGITOS: Papa Grey Board Blues, 6 p.m., donations.

SKINNY PANCAKE: Jay Elia Saves Wednesday in Montpelier (finger-songwriter), 8 p.m., \$5-10 donation.

SWEET MELISSA'S: Wine Down with D. Davis (acoustic), 5 p.m., free. Open Bluegrass Jam, 7 p.m., free.

WHAMMY BAR: Open Mic, 6:30 p.m., free.

champlain valley

ST MARY: Blues Jam, 8 p.m., free.

CITY LIMITS: Karaoke with Let It Rock Entertainment, 9 p.m., free.

ON THE ROSE BAKERY: Mark and Sophia (finger-songwriters), 7:30 p.m., donations.

TWO BROTHERS TAVERN: Trivia Night, 7 p.m., free.

northern

BEE'S KNEES: Bruce Jones (folk), 7:30 p.m., donations.

THE HUB PIZZERIA & PUB: Seth Yacovone (solo acoustic blues), 7 p.m., free.

MOOD'S PLACE: Zack Nugent (finger-songwriter), 8 p.m., free.

PARKER PHE CO.: Trivia Night, 7 p.m., free.

PIECASSO: Trivia Night, 7 p.m., free.

regional

MONDOLE: Open Mic, 8 p.m., free.

OLIVE BRADLEY'S: Completely Stranded Christmas Show (standup), 8 p.m., NA. \$9.



HowardCenter

System of
Care Planning

Help us plan services for the next three years!

You are invited to voice your opinion about the current services provided by HowardCenter to Chittenden County residents. Please consider current strengths, areas of improvement, innovations and gaps in services.

Follow the link on our website,
www.howardcenter.org, to complete the survey.



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Appendix B

Planning Surveys:

HowardCenter Agency-Wide Survey:

HowardCenter System of Care Planning Survey 2014

HowardCenter is seeking your input about services. We will use the information from this survey to set priorities for our work serving people over the next three years.

This is not the place to report a crisis. If you or someone you love is experiencing a crisis, please call:

488-7777 Child and Family Crisis (First Call)
488-6400 Adult Mental Health Crisis (Mobile Crisis)
488-6425 Substance Abuse Crisis (ACT I/Bridge)

1. I am a

- Recipient/Client
- Self-Advocate
- Family member
- Private Guardian
- State Guardian
- Shared Living Provider
- Agency Staff
- Contracted support provider (Employed by a client, family or SLP)
- Community Member
- Stakeholder

Other (please specify)

2. Which HowardCenter Service Area(s) are you responding about? (Check all that apply.)

- Developmental Services
- Child, Youth and Family Services
- Mental Health and Substance Abuse Services

Please add additional comments or details.

HowardCenter System of Care Planning Survey 2014

3. What services/supports are working well?

4. Are there services or supports provided by HowardCenter that you feel should be improved or changed?

5. Are there unmet needs you think we can address?

6. What services are essential? (What services do you think should never be reduced or eliminated?)

7. Would you like to talk with someone about the Local System of Care Plan? If so, please enter your contact information here:

Developmental Services Survey- Link emailed to all Developmental Services Staff; mailed to Clients, Families, Guardians, and Shared Living Providers:

Developmental Services Local System of Care Plan 2014

We are seeking your input for the Local System of Care Plan. We will use the information from this survey to set priorities for our work serving people with Developmental Disabilities in Chittenden County over the next three years.

1. I am a

- Recipient/Client
- Self-Advocate
- Family member
- Private Guardian
- State Guardian
- Shared Living Provider
- Agency Staff
- Contracted support provider (Employed by a client, family or SLP)
- Community Member

Other (please specify)

2. What services/supports are working well? (Check all that apply.)

- Home Supports (Includes Shared Living Program, Hourly in-home support, Group Living, Succeed Residential, and Safety Connections)
- Community Supports (Contracted supports, "Community Access" or agency staff)
- Respite Support (Respite for Shared Living Providers or Families)
- Support Coordination (Program Manager, sometimes called "case manager")
- Employment Support (Employment Consultant, Job Coach)
- Crisis Support (Daytime or after hours "On-Call" support)
- Clinical Supports (Counseling, specialized therapies, DBT, psychiatry)
- ARCH (Accessing Resources for Children)
- Flexible Family Funding (Limited funding for eligible families, not receiving "Waiver" supports)
- Intake (Process of applying for services & information and referral services)

Please add additional comments or details.

Developmental Services Local System of Care Plan 2014

3. What services/supports are not working well? (Check all that apply.)

- Home Supports (Includes Shared Living Program, Hourly in-home supports, Group Living, Succeed Residential, and Safety Connections)
- Community Supports (Contracted supports, "Community Access" or agency staff)
- Respite Support (Respite for Shared Living Providers or families)
- Support Coordination (Program Manager, sometimes called "case manager")
- Employment Support (Employment Consultant, Job Coach)
- Crisis Support (Daytime or after hours "On-Call" support)
- Clinical Supports (Counseling, specialized therapies, DBT, psychiatry)
- ARCh (Accessing Resources for Children)
- Flexible Family Funding (Limited funding for eligible families, not receiving "Waiver" supports)
- Intake (Process of applying for services & information and referral services)

Please include your comments and/or how you think services could be made better.

4. What are the current gaps in services? (Are there services you think we should offer? Are you aware of people with developmental disabilities that can't get the help they need?)

5. What services are essential? (What services do you think should never be reduced or eliminated?)

6. Would you like to talk with someone about the Local System of Care Plan? If so, please enter your contact information here:

