Leadership Team

Executive Director
Ted J. Mable, Ed.D.

Medical Director
Steve Sobel, M.D.

Behavioral Health Services Director
Stephen Broer, Psy.D.

Children, Youth & Family Services Director
Todd Bauman

Developmental Services Director
Kathleen Brown

Finance & Administration Director
Amy Putnam

Human Resources Director
Tony Treanor

Quality & Risk Management Director
Kim McClellan

Community Relations Director
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David MacCallum
Angela Poirier
Jeremy Read
Jim Tomlinson

NCSS fiscal year is July 1, 2013 through June 30, 2014.
Dear Friend,

TRANSFORMING LIVES... two words that exemplify the diverse high quality services that our staff strives to achieve with the individuals and families that we serve. They aim to make a difference in peoples’ lives while embodying the NCSS core values of Safety, Responsiveness, Compassion, and Integrity. During Fiscal 2014 numerous initiatives that relate to changes in access and delivering high quality services that promote healthy living and emotional well-being have either been implemented or moved forward which will result in a more integrated health care model in caring for the residents of Franklin and Grand Isle Counties.

Since 1958, NCSS has continued to evolve as an organization and through our Behavioral Health; Children, Youth & Family, and Developmental Services divisions we strive to provide a full range of high quality services to meet the needs of individuals struggling with emotional and behavioral problems, mental health struggles, intellectual and developmental disabilities throughout their life cycle.

Over the years as the needs of the community have changed so too have the programs and services that we make available to assist children, adolescents, adults, families and seniors. Vermont’s model of providing community mental health services continues to increase in an effort to treat people before their mental health problems become a crisis. As an example, NCSS has introduced Enhanced Crisis Stabilization Services with a mobile outreach team which includes nursing and liaison to police and probation and parole.

Our collaborative partnership to provide integrated primary care behavioral health services within the Northern Tier Center for Health (NOTCH) locations throughout Franklin and Grand Isle Counties along with the NOTCH serving primary care needs at NCSS plus, the continued implementation of the Blueprint for Health, through the Community Health Team, offers NCSS the opportunity to more closely align our services into Primary Care Providers practices.

NCSS continues to be a leader among the designated mental health agencies in Vermont rolling out the Electronic Medical Record (EMR) initiative. The EMR Clinical Committee continues to advance the process by utilizing the digital age to NCSS’ advantage in an effort to ensure that our clients receive the highest quality services.

As you browse through the pages of this 2014 annual report you’ll discover much of what make’s us proud to serve this community.

In closing, we want to also express our appreciation to the towns, companies and individuals for your continued support of NCSS. Support comes in a variety of forms ranging from annual allocations, grants, contracts, sponsorships and financial contributions. This ongoing teamwork makes a difference in TRANSFORMING LIVES of individuals and families throughout Franklin and Grand Isle Counties.

Sincerely,

Randall Messier
President, NCSS Board of Directors

Ted J. Mable, Ed.D.
NCSS Executive Director
NCSS AND NOTCH COLLABORATE ON INTEGRATED HEALTH CARE

September 1, 2013 marked the beginning of a collaborative partnership between the Northern Tier Center for Health (NOTCH), a Federally Qualified Health Center, and Northwestern Counseling & Support Services (NCSS), a designated mental health provider, to develop a more substantive integrated primary care behavioral health model based on successful pilot efforts where it had become clear to both organizations that such collaboration is essential in meeting the growing behavioral health needs of the clients we serve. Developing a stronger collaborative partnership will also support the mutual goals of both organizations in responding to pending changes in health care reform.

The NOTCH and NCSS are uniquely positioned to implement this innovative cost effective model for primary care behavioral health for those in greatest need to increase the likelihood of improved medical and behavioral health outcomes.

For years, the NOTCH has maintained a model for providing behavioral health by employing social workers who are co-located in some of their primary care locations. While there is recognized value to the social work service delivered, health care reform and the emergence of more integrated care models indicate the need to transition existing resources into a primary care behavioral health model, which involves a wider range of services and higher level of interaction with patients and providers across systems.

THE SUCCESS OF THE PILOT PROGRAM

Over the past three years the NOTCH and NCSS have implemented several successful activities which have benefitted individuals both organizations serve. Beginning in the summer of 2010 the NOTCH and NCSS were the first in Vermont to implement the 340B Pharmacy Collaboration initiative which involved NCSS transferring all of our Meds on Time patients to the NOTCH Pharmacy.

To enhance care coordination, clinical leadership from both organizations hold regularly scheduled care coordination meetings on common clients to track status and referrals.

In addition, clinical and support staff across the NOTCH participated in the first Mental Health First Aid training series for primary care providers in our region. This training series on understanding the nature of mental illness and ways to respond was also part of an implementation plan for more support in one of the NOTCH practice locations. A second Mental Health First Aid Training Series was delivered to clinical and support staff at the Enosburg NOTCH location as part of the Blueprint for Health action plan at this practice site.

Prior to the Blueprint for Health implementation in primary care practices, the NOTCH entered into a contract with NCSS for behavioral health services in their St. Albans medical office. This pilot was successful in identifying more effective ways to coordinate care and provide support to both NOTCH patients and providers in their practice setting.

When the Blueprint for Health became available following the successful scoring for National Council for Quality Assurance (NCQA), NCSS staff entered two of the NOTCH practice locations (St. Albans & Enosburg) with plans for expansion.
THE INTEGRATED PRIMARY CARE BEHAVIORAL HEALTH MODEL

Based on successful experiences with these collaborative efforts, now an integrated primary care behavioral health model that incorporates “Wellness Consultants” to service all 5 NOTCH practices is in place. This transition in practice represents a transfer from offering co-located services, where social workers are providing traditional counseling services in the same building, to a model based on direct availability of behavioral health staff to NOTCH providers where NCSS staff enter exam rooms and consult directly with providers and patients in areas related to screening, care management, brief treatment, self-management, and specialty referral.

This will enhance the capacity of the NOTCH to meet the growing behavioral health needs of their patients by implementing both a consultation and short term treatment option while also having a more direct specialty mental health referral mechanism for patients who need this level of care.

The following components have been recognized as essential in delivering integrated behavioral health services in primary care settings. Each of these components is present in the Blueprint for Health model and will be replicated at NOTCH locations in an effort to provide more comprehensive and effective service delivery. These services include screening, exam room consultation, care management, brief treatment, self management, and specialty referral (if required).

The blend of these services will allow for a more comprehensive and integrated model across all NOTCH practices. This type of integrated model allows for an opportunity to focus on specific conditions that create challenges and strains on existing resources and often can result in poor outcomes due to fragmented and uncoordinated models of service delivery. Examples of such conditions that could be a primary area of focus include... Depression & Anxiety Disorders, Substance Use Disorders, Medically Assisted Treatment (Care Management, Brief Treatment, Specialty Referral), Interventions to reduce High Emergency Department Utilization, Chronic Pain Protocol to include group and coordination with specialists, and Increasing Pediatric Behavioral Health Capacity.

The ultimate goal of this integrated care collaboration is to improve the health and wellness of the clients that are served by the NOTCH locations throughout Franklin and Grand Isle Counties. In addition, this provides an opportunity to realize savings by preventing and reducing medical and psychiatric hospitalizations and other high health care costs.

Amanda* struggled transitioning into adulthood. She developed a severe and persistent mental illness known as Bipolar disorder, which involved periods of extreme “highs” & “lows” and required multiple inpatient psychiatric hospitalizations. At that time, her only involvement with NCSS was through our crisis services. A community based plan was ultimately developed through the Community Rehabilitation & Treatment (CRT) program. Initially, her individualized plan of care involved a range of services: psychiatry, housing supports, case management, employment, and development of a Wellness Recovery Action Plan (WRAP). Over time as her illness became more manageable for her, services were adapted to meet her needs. Eventually, she did not require the supports offered through the CRT program and ultimately she worked with her providers in modifying her plan of care to include: psychiatry, outpatient therapy and periodic support from crisis services. Amanda found meaningful work, has been able to maintain her own apartment, engage in a trusting relationship with a significant other, and contribute to the Behavioral Health division’s standing committee.

* Name has been changed for confidentiality purposes.
NCSS INTEGRATING MENTAL HEALTH & PRIMARY CARE

PRIMARY CARE AT NCSS

Northwestern Counseling & Support Services (NCSS) and the Northern Tier Center for Health (NOTCH) were pleased to announce that they have partnered to bring NOTCH medical providers to the main building at NCSS to provide primary care to clients of NCSS. The program launched on March 6, 2014. Our mission is to improve access and promote efficient comprehensive care for people who experience mental health issues while still addressing their primary health care needs, no matter what door they come through! This exciting new initiative allows individuals the option to have all of their medical and mental health care under one roof. Our goals are to improve access and health outcomes for patients we serve.

HOW WILL MY CARE BE PROVIDED?

The NOTCH/NCSS team is made up of medical doctors, nurse practitioners, and nurses. Individuals are considered a NOTCH patient while at NCSS for their medical appointment.

Services include testing, labs, preventative visits, health education, and follow up prescriptions. Providers will furnish referrals, assessments, and development of a coordinated treatment plan.

The nurses are employed by Northwestern Counseling & Support Services (NCSS) and the medical provider is employed by the Northern Tier Center for Health (NOTCH). Signing a consent to treat at the primary care office allows coordination between the two organizations, which include the NCSS nurse having access to the NOTCH patient chart. They will be updating information in the NOTCH/NCSS records to allow an immediate level of communication regarding care.

Partial support for this initiative is funded by a grant from HRSA to support partnerships between Federally Qualified Health Centers & Mental Health Agencies. This service model is one more option for accessing primary care in our community.

FREQUENTLY ASKED QUESTIONS:

Will this cost me anything to receive Primary Care Provider services at NCSS?

There is no additional charge to receiving your primary physical health care at NCSS. A patients insurance provider will be billed for the service.

Why do I want to receive services here instead of at the primary care office?

Our goal is to increase access to primary care. Some patients find it is convenient to receive their mental and physical health care under one roof. If you have complicated medical and mental health issues, this could improve communication between providers.

What does integration mean?

Integration means that NOTCH and NCSS value the whole person and we recognize the importance of good physical and mental health treatment.

What if I stop seeing my NOTCH or NCSS provider?

You can continue to receive primary care without seeing a NCSS provider. Also, you can continue with your NCSS provider even if you change primary care providers.
A very important piece of legislation was signed publicly on Friday, March 21, 2014 by Governor Shumlin, and NCSS’ very own staff members, Randy Lizotte and Nicole Villemaire, shared the limelight with the Governor.

The passage of S.27 is legislation that amended Vermont statutes that referred to people with disabilities with “respectful language.” As a result, one huge change means that the word retardation is removed from Vermont statutes. Randy and Nicole are both employees on the Developmental Services Peer Services team. Randy was on the platform for the signing and was asked by the Governor to give comments on this landmark legislation as well.

The bill “gets rid of language that is both antiquated and disrespectful to people with disabilities,” Shumlin said. References to “the mentally retarded” are being changed to “people with intellectual disabilities.”

The bill, signed on World Down syndrome Day, was promoted by Green Mountain Self Advocates, an organization run by people with developmental disabilities, and which Randy Lizotte is President, began work on the project in 2010.

“This bill helps us get out the message that we must put the person first,” stated Randy Lizotte. “Like at my job, they think of me as Randy, not just a person with a disability.”
SOAR LEARNING CENTER HOSTS INDEPENDENT SCHOOLS CONFERENCE

By Jordan Cota
Middle School Teacher, Soar Learning Center

On Wednesday, August 21, 2013 twelve different schools from around the state sent their teaching staff to gather as one community. About 180 teachers met for the second time as a group, for the Conference of Therapeutic Schools, hosted by Soar Learning Center. Last year, the conference was held in Barre. The feedback made it clear that this opportunity for teachers from similar environments was a critical and rare one.

Throughout the school year and summers, there are many education and clinical based trainings and conferences open to all teachers and school staff. However, teaching in an alternative learning environment can make translating the skills and techniques from these general trainings challenging. Unlike so many trainings out there, this now annual event provides an environment where no one needs to explain the population they serve.

Justina Jennett, co-organizer of the event and educational team leader at Soar, explained “all of these schools in attendance educate the child, but we also do much more since our students have such diverse needs.” Our student population requires extensive support beyond academic programming. Our approach includes clinical and behavioral support as well as intensive home/school coordination and transportation services. Many students find success in our schools because of our ability to tailor our learning methods and materials, yet there is always room for growth and skill refinement.

The goal of the conference is to give teachers from Vermont independent schools new facets for not just teaching, but fostering the academic, emotional, and personal growth of their students. The workshops offered during the day are created in direct response to ideas and requests from the teachers. This not only makes for meaningful trainings, but ones that are filling a void for staff.

These workshops provide creative ideas for teaching and reaching students, access to print and online materials to enhance lessons, and most importantly allow teachers to connect on these subject areas and share their knowledge and experiences. NFI Clinical Director, Cara Cappareli, and conference coordinator, states that the conference brings "staff together from across the state...so that they can share ideas and be inspired by others, doing similar work. All our programs are very creative and innovative, and in different ways."

Over the course of the day, there were ten different workshops offered, five in the morning and five in the afternoon. Some of the workshops offered included:

- Building Trauma-Informed Schools
- Adventure 101 (outdoors/hands-on learning)
- Differentiated Instruction
- Google Apps for Education
- Practicing and Teaching Mindfulness with Children and Adolescence

Teachers that have attended this conference, feel that it is necessary since collaboration can begin when you first meet someone new. There is an immediate understanding of how important it is to meld the academic and therapeutic learning for each and every student. Ideas can pass from one person to the next, and then directly into the classroom.

As planning begins for next year’s conference, the therapeutic school leaders group must first thoroughly review the feedback provided from this year’s attendees. So far, the feedback has been incredibly positive and staff attending the conference noted improvements in the location and amenities, as well as the content of the workshops.

Schools in attendance included: Centerpoint, Baird School, Champlain Valley Academy, Laraway, Buffalo Mountain School, Turning Points, The Caledonia School, Cornerstone School, Ch.O.I.C.E. Academy, East Valley Academy, and Soar Learning Center.
THE IMPORTANCE OF EMPLOYMENT IN RECOVERY

Two examples of success

The NCSS Community Rehabilitation and Treatment (CRT) Employment Services Team encourages everyone receiving services to consider the role employment can have in their recovery and wellness. The Team actively supports consumers to identify, develop, and achieve their individual employment goals.

Employment is often a large part of a person’s self-identity. Working can be infinitely beneficial to an individual with a severe and persistent mental illness. Working for a competitive wage in the community provides individuals with financial security and structure, as well as a sense of belonging and purpose.

Working is an important aspect of recovery and can improve quality of life, financial resources, natural supports and self-esteem. Consumers who work may experience fewer symptoms.

The CRT Supported Employment Team offers employment services to anyone that they serve who identifies a desire to work. Two such individuals are Geoffrey McLam and Isaac Gagne. They are making a contribution through their employment while enjoying many of the life experiences and interests that we all do.

Now at the age of 42, Geoffrey McLam, has over seven years of restaurant experience.

He also has achieved certifications in Medical Transcriptions and as a Legal Assistant. As a member of the National Guard from 1996-2002 Geoff also attended Burlington College and Johnson State during the 90’s.

Geoff often informs people that he uses a ‘wellness toolbox’ whenever he experiences stress or symptoms. The wellness skills toolbox includes walking, spending time outside, writing poetry, writing music and singing, attending Peer Support, hanging out with friends, and challenging his negative thoughts.

In his spare time Geoff enjoys writing and drama. He’s created articles and poetry that have been published. Articles have appeared in Counterpoint, a peer-run journal by Vermont Psychiatric Survivors and his poetry appears on Poetry.com. As a member of the NCSS drama group Geoff has taken part in a Night of the Arts production at the Bliss Auditorium.

A former case manager of Geoff’s says the following, “Geoff is an incredible example of someone who takes personal responsibility for his wellness and it’s reflected in his life. He is involved in his community, volunteering for the Democratic party in the last election, having his poetry published in the newspaper Counterpoint, attending church, and participating in the local Peer Support movement. He is an avid newspaper reader and keeps himself abreast of current affairs. He is thoughtful and intelligent and would be a huge asset in any position he was hired.”

Isaac Gagne is 30 years old and was recently hired full-time by a local company as a Legal Assistant. As a member of the National Guard from 1996-2002 Isaac also attended Burlington College and Johnson State during the 90’s.

Isaac enjoys work as a way to keep busy. He is also very proud of the fact that he works for all of his income therefore, not receiving assistance from programs that are available to him.

A 2000 graduate of MVU Isaac has served in the National Guard and is active in the Franklin County Knights of Columbus. Isaac is a huge Boston Bruins hockey fan and enjoys basketball as well. He participates in a basketball group and counts Michael Jordan as one of his favorite players of all-time.

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MEETING NEEDS LOCALLY THROUGH COMMUNITY OUTREACH

With the closing of the Vermont State Hospital in 2011 as a result of Tropical Storm Irene plus health care reform resulting from national legislation, Northwestern Counseling & Support Services has been challenged to develop other types of service delivery models to meet new needs in the community. The services described are delivered through the Behavioral Health Division at NCSS.

COMMUNITY OUTREACH TO REDUCE HOSPITALIZATIONS & UNNECESSARY ARRESTS

Since the closing of the Vermont State hospital, there has been a tremendous need to identify other ways to serve some of our most vulnerable community members when they are in crisis. Our Acute Care Initiative has stepped up to this challenge by developing a mobile crisis team which works closely with our core crisis services. The mobile crisis team focuses on proactive outreach to individuals in crisis who might not otherwise participate in services and be hospitalized for a psychiatric condition. It is not uncommon for some individuals to have contact with law enforcement and end up in the criminal justice system when they are better served in the mental health system. This type of approach ultimately reduces costs and improves outcomes. Crisis services now work more closely with regional law enforcement in determining the best possible response to a range of challenging situations across our two county area. The mobile crisis team also has increased support with the addition of a Registered Nurse to reach out to our residential programs and address the needs of persons served who have high involvement with the emergency department at Northwestern Medical Center. The relocation of our crisis bed program to a location closer to NMC is also intended to prevent unnecessary use of the emergency department.

The acute care plan also involves ways to increase same day access to services, and enhancing our residential services by developing a clinical orientation for new staff that we believe will help with retention in high demand positions as well as create a stronger climate of teamwork within and across programs. Plus, we’re awaiting a response for a staff secure home proposal to increase our capacity to support individuals who otherwise would be hospitalized.

COMMUNITY OUTREACH IN PRIMARY CARE PRACTICES

The Integrated Health Care initiative continues to move forward at a fast pace. The Vermont Blueprint involves the formation of regional Community Health Teams, which are composed of medical and mental health providers, who provide assistance to primary care practices who meet medical home eligibility. This integrated model is proven to increase access and overall outcomes for persons serviced. In our region, mental health and substance abuse has been identified by providers as one of the most needed areas for support. Social Workers on the Blueprint Community Health Team are in most of the primary care practices with Medical Home eligibility. NCSS is also contracting with Northern Tier Center for Health (NOTCH) to provide behavioral health services in their primary care practices throughout Franklin and Grand Isle Counties. The NOTCH is a Federally Qualified Health Center and this contract represents one of the first partnerships between two organizations such as the NOTCH & NCSS. As part of this collaboration, the NOTCH & NCSS were successful in obtaining grant funding to pilot a model for delivering medical services in one of NCSS’ locations, thereby increasing choice options for patients and those who might not otherwise seek much needed medical services.

Another area of significant need in primary care is support to medical providers involved in the Blueprint’s Medically Assisted Treatment (MAT) initiative, which is designed to address the growing opiate addiction in our community. We’ve redirected one of our Licensed Drug and Alcohol Counselors and a Registered Nurse to support a primary care practice with the implementation of this new care management model. This service includes support to primary care providers who prescribe Buprenorphine, a medication to assist individuals addicted to opiates, to support recovery, and track progress based on a specific protocol. Related to the MAT initiative is planning to implement more outreach options to provide services to patients served by Northwestern Medical Center’s Pain Clinic.

The outreach services described here are intended to meet a variety of emerging needs across the communities NCSS serves. Developing outcomes to describe the impact of these efforts will be most exciting and a subject for future discussions and model refinements.
**NCSS ENHANCED COMMUNITY SERVICES**

The Mental Health Oversight Committee expressed interest in how Act 79 implementation was progressing to enhance community services since the closing of the Vermont State Hospital. Following testimony by Department of Mental Health Commissioner, Paul Dupre, and Deputy Commissioner, Frank Reed, Steve Broer from Northwestern Counseling & Support Services and Bernard Norman from Northeast Kingdom Mental Health provided testimony. NCSS has implemented several programs and services to address the increased demands.

- **Moved our Crisis Bed program** (Bay View) closer to Northwestern Medical Center and redefined program as a “Crisis Care Center” to encourage after hours crisis contact rather than emergency department contacts.
- **Increased Access** through the development of same day short term treatment access for outpatient clients not in crisis. Plus, development of an access coordinator position to streamline referrals and facilitate more effective transitions from hospitals.
- **Mobile Outreach Team** to provide crisis outreach and care management outreach to support initiative goals to reduce hospitalizations, high emergency department utilization, decrease suicides, and unnecessary arrests and incarcerations. This team also works closely with law enforcement throughout our region and recently hired a mobile nurse to increase capacity in our residential programs and decrease emergency department utilization.
- **On-Call Intensive Support Service** to respond to more intensive needs in our residential programs (Therapeutic Residence & Bay View Crisis Bed) and other settings to meet initiative objectives.
- **Program Evaluation** to track impact on hospital diversion, types of outreach activities, interactions with law enforcement, and other outcomes. In addition to state outcome reporting requirements, this program has also developed a Results Based Accountability approach to its evaluation process.

**ACUTE CARE PLAN**

The Behavioral Health Division is working to develop stronger capacity in areas of outreach through our Mobile Crisis Team, which involves proactive outreach with individuals who are risks of hospitalization, high emergency department utilization and higher level of interaction with law enforcement. We have also developed a same day access option for those will non-emergent needs as well as on call additional staffing for individuals in our other programs. Development of more systematic screening and tracking of referrals through our Access Coordinator has also been very effective in meeting needs. We anticipate additional staffing to support law enforcement as our model develops.

Related to Acute Care Plan goals, we learned Northwestern Medical Center reached their target of reducing unnecessary Emergency Department visits by 5% this past year. This is good news for all providers who are held accountable for overutilization of the Emergency Department. We intend to continue to develop our efforts in this area with Northwestern Medical Center.

**CREATIVE WORKFORCE SOLUTIONS**

*An initiative of VocRehab Vermont*

Brandon is a young man with Down syndrome. He was referred to VocRehab and NCSS when he was transitioning from High School and needed assistance in finding employment. Brandon needed on-the-job supports; and with a connection NCSS had with a local convenience store in St. Albans, he was hired to work one day a week for 2 hours a day, with the support of a job coach. Brandon worked there for 3 years.

When Brandon and his family heard that Walmart would be opening in St. Albans, Brandon decided he wanted to apply for a job there. Through an established connection with Walmart through Chris Brock from Creative Workforce Solutions, Brandon attended an informational meeting for job seekers. In partnership with VocRehab and NCSS, Brandon did indeed apply there and was hired for 2 hours a week.

Brandon is now working at Walmart 16 hours a week, and he has been able to utilize the skills he learned from his previous employment to master many new tasks for his job at Walmart.

Brandon loves his job at Walmart and very much looks forward to going to work every day. His relationship with and support from his co-workers at Walmart are fantastic!

With Brandon’s can-do attitude and his wonderful support from his family Brandon will continue to grow!
Life hasn’t always been easy for 35 month old Theo*. On the day of his birth, Theo suffered a blood clot which caused an Ischemic Embolic Stroke and seizure. He spent 8 days in the Neonatal Intensive Care Unit at Fletcher Allen Health Care (FAHC). Theo has been given a diagnosis of Cerebral Palsy and Epilepsy.

Because of Theo’s complicated birth, he was referred to Northwestern Counseling & Support Services’ Children’s Integrated Services-Early Intervention program. He was only 11 months old. At that time, most areas of his development were compromised. He had yet to reach many developmental milestones with his left side motor skills of particular delay.

When Theo began services at NCSS, he was assigned to a team of professionals who took an integrated approach to early intervention. He was seen weekly at home by both a physical therapist, as well as an occupational therapist. He was also visited in the home by a Developmental Educator from NCSS. At that time, Theo was being followed by a team including a specialist from FAHC, as well as Boston’s Children’s Hospital.

Theo has made a great deal of progress while receiving integrated wraparound services. Services have helped him achieve his goals and have paved a path for pre-school. Early intervention has certainly been a critical factor in Theo’s learning. His progress is due to the strong partnership of not only the professionals, but more importantly the active participation of Theo’s parents. Although the road has not been an easy one, Theo’s parents have taken on the roles of “accidental advocates” with a great deal of commitment to their child.

Soon, Theo will begin attending preschool. While the future is uncertain, with Theo’s strong will and support from his team of professionals and loving parents, he will surely be able to overcome anything.

* Name has been changed for confidentiality purposes.

NCSS SELECTED TO PARTICIPATE IN TRAUMA INFORMED CARE MODEL

During fiscal year 2014 NCSS was selected by the National Council for Behavioral Health to participate in a national model for increasing the capacity of organizations to provided Trauma Informed Care.

All three service divisions (Behavioral Health, Children’s & Developmental Services) will be involved in the initiative. Initial activities involve participation in a national kick-off webinar and briefing of expectations in a two day meeting. The organization offering this capacity building initiative is the National Council for Behavioral Health.

EXPECTED OUTCOMES

- This year-long Learning Community is based on more than 120 organizations who have participated in three national Trauma Informed Care learning communities by the National Council in 2011, 2012, 2013.
- Participants have been able to create safer environments, address staff self-care, provide trauma sensitive services, and avoid retraumatization of those they serve.
- Learning community helps to transform organizational culture through critical policy and practice changes, implement evidenced based practices, expand consumer and peer support roles, and partner with diverse human and social service agencies to provide community wide trauma awareness and training.

DID YOU KNOW...

- 66% of people in substance abuse treatment report childhood abuse or neglect.
- 70% of adults in the U.S. have experienced some type of traumatic events at least once in their lives. That’s 223.4 million people.
- In public mental health settings, over 90% of clients have experienced trauma.
- We need to presume that the clients we serve have a history of traumatic stress and exercise “universal precautions” by creating systems of care which are trauma-informed. (Hodas, 2005)
THE GREENHOUSE AND GROWING HEALTHY LIFESTYLES

By Jordan Cota,
Middle School Teacher, Soar Learning Center

The group of staff and students participating in ‘Growing Healthy Lifestyles’ was busy during the fall of 2013. They’ve been working on a variety of group activities and also cooking well-balanced meals. Thanks must go to the Schweitzer Fellowship through UVM, Billy Thompson and Sarah Johnson, medical students from UVM, and Claire Thompson, vocational coordinator at Soar, who all help make this group happen.

Five students from grades six through high school have been staying after school at least once or twice a month to participate in the group. Staff also stay to help out with the group and make sure students have rides home.

During the fall, students enjoyed one activity where they had piles of sugar cubes in front of them. As tempting as this may have been, they were not for eating. The group was shown a variety of foods from different food groups and had to guess how much sugar was in each by making a pile of sugar cubes to represent the amount. While being surprised at how much sugar is in even healthy foods such as fruit, this activity led to a great discussion about caloric intake, getting and using energy from our foods, and what to look for in foods besides sugar content.

In another meeting, students discussed the different food groups and how we can put each of those groups on our dinner plate each night. Students were given paper plates and then asked to draw their own meal, with the challenge of including all of the food groups. This was a great introduction to a task they’ve faced each month. Every month the students in the group are given the chance to create a dinner menu, and each month one of the meals is selected and the group cooks that meal. The team of staff and students work together in the kitchen, then sit down to discuss what’s on the table, and finally they enjoy their hard work.

One of the meals they devoured was venison with peppers and onions, rice, and apple slices. Another afternoon they cooked pork chops as the main course, and one other week the meal was homemade veggie burgers, rice, corn, and applesauce. The students have taken great pride in creating these menus, cooking the food themselves, and then setting the table and sitting down like a family to eat.

Students have also learned about canning and how to best use the food from gardens. Although healthy eating is a focus, fun is squeezed in there too. At the end of October, Billy and Sarah brought some very creative snack activities for the group. Using cheese and pretzels, students made a snack that looked like broomsticks. They then used carrot sticks and almonds to make a delicacy that resembled fingers. Finally, from apples slices, marshmallows, and peanut butter, a creation was made that looked just like a mouth.

Our medical students, that we are privileged enough to work with, visited Soar through the end of April, when unfortunately the grant ended. However, due to their leadership, the group will continue and the students that participated this year, will hopefully become leaders for the group next year.

Another exciting piece to this grant and our time working with Billy and Sarah, is the development of our greenhouse. It will be a 14‘x 20’ structure, and will sit right next to the sugarhouse. The slab has already been poured. Claire Thompson has worked extremely hard to help make this happen. Through her strong community partnerships; much time, energy, equipment, and money has been donated by our generous community members and local businesses.

There will be many formal thanks to be given to all of the people and businesses that are helping make our greenhouse dream a reality. In the meantime, please know the generosity is greatly appreciated and means so much to the school.

Billy and Sarah are 2nd year medical students. Billy grew up in northwestern Vermont while Sarah is from Minnesota. The two met while working at the National Institute of Health in D.C., completing research. After this year, they are hoping to do their four year residency in Washington D.C. We are very grateful to have had this opportunity to work with both of these amazingly dedicated students and look forward to the rest of this year with them.
SUMMER PROGRAMS... CHANGING LIVES!

SOAR LEARNING CENTER’S ELEMENTARY SUMMER PROGRAM AND WATERSHED PROGRAM  
By Jordan Cota  
Middle School Teacher, Soar Learning Center

The summer of 2013 flew by, as it often does, but at Soar, some students literally flew. Between the Elementary Summer Program and the Watershed Program, there were few idle moments during the month of July.

The Elementary Summer Program focused on four different themed weeks. The first week looked at identifying and making healthy foods, as well as how food can hold healing properties. Students travelled to Hannaford where they learned about the ‘guiding stars’ that are visible on the price tag of items. These stars let customers know how healthy an item is and allows for comparisons and hopefully healthier choices.

Students also visited the Ronald McDonald House in Burlington. Here, families can stay and receive home-cooked meals while their children receive treatment or recover at Fletcher Allen. Two groups of Soar elementary students visited the Ronald McDonald House and each group made a meal for the families. One group made a chicken-broccoli braid which was very well received. Students got a firsthand look at how much a meal can mean, especially when you are far from home.

During the other weeks, students went to a Lake Monster’s game, visited several state parks, went to Lake Champlain Maritime Museum, and enjoyed a day at the Jay Peak Pump House water park. The elementary program also took on Northern Lights Rock and Ice ropes course. The students and staff tackled a rock wall, zip line, and a variety of elements that were five stories up in the air. Not only was this an activity where trust and support were important, but it also gave students and staff the opportunity to work together and build some memories.

The Watershed Program had great attendance this year. It was such a large group that they often broke into two groups for their activities, which also allowed for better skill learning and application. Almost all of the students earned their credit and a half towards this school year (1/2 credit science, 1/2 credit physical education, and 1/2 credit vocational studies). While the Watershed Program focuses a great deal on aquatic activities, life, and conservation, it also provides students many opportunities to build cooperative learning and problem solving skills. Students participated in many activities and visited a variety of locations this summer.

One site that was of particular interest was the Georgia Mountain Wind Turbines. Not only do these turbines stand out among our hills and mountains, but they are also often the topic of debate in the news and media. Students were able to take a tour of the site and see these turbines up close, instead of from the interstate. Standing at the base of the several hundred foot towers definitely gave the students a new perspective. They also were able to gain a deeper understanding of how these work and what they do in terms of power and providing an alternative energy source.

Another significant day was when the students visited the Melosira, which is the University of Vermont’s research boat for Lake Champlain. Not only do students work with our lake frequently in science classes, but several of them knew the University of Vermont students and staff aboard the vessel. These students had previously worked with the Melosira staff during the Watershed Alliance Program. While on the Melosira, students got a firsthand look at plankton and zebra mussels from the lake. They learned about the effects of these mussels on our lake habitat and also the efforts being made to prevent their spreading. Students assisted in water quality testing, understanding these results, and some even got a chance to drive the boat.

Students also took to the trees this summer. From a research boat on the lake, to Arbor Trek at Smuggler’s Notch, students took to challenging their team work abilities and also their personal limits. This was one of the trips that made the top of the list for many students and staff. Program coordinator, Paul Brown, felt this trip not only pushed students personally to new levels of growth, but helped them as a whole, respect one another’s many triumphs that day. Many of the days in between the larger trips, students from the Watershed Program could be found in Fairfax and the St. Albans Town Forest. They worked tirelessly clearing and maintaining trails for public use.

Thank you to all the Soar staff and students, as well as our community partners, that helped make this summer a busy, yet successful one.
Our staff and children involved in our summer program created this card for businesses as a thank you to them. The fishing day was a hit for our kids, what a way to relax and chill during the summer!

**NCSS SCHOOL BASED AUTISM SUMMER PROGRAM**

*By Dana Postemski, MA, BCBA; School Based Autism Program Team Leader*

The School Based Autism Program completed their extended school year programming with students enrolled in the prior school year’s Behavior Interventionist (BI) services. The primary goal with summer services is to partner with schools to help support extended school year needs for students on the autism spectrum or with other developmental delays that are in need of services; in efforts to prevent regression of skills. Goals of programming begin with maintaining academic skills while generalizing learned skills out into the community. Other perks to programming are living skills and social skills activities embedded daily. Activities range every summer, but the biggest hit this year again was the Jay Peak Water Park trip. Other days the kids enjoyed were ice skating at Jay Peak, fishing day, lunches out (kids got a certain dollar amount to assure they had the money for what they wanted, ordered their own food, paid, etc… in efforts to support families with community dining), arts and crafts day, fun day and so many more things it is hard to list!

We want to thank all of the public schools in Franklin and Grand Isle Counties that had children participate in the summer program. Our families, kids and staff always look forward to the summer and really got a lot out of it. Some of our kids made some good friends that understand each other in ways other peers could not. Also it is important to thank the kids, the BI’s and consulting staff that made this summer program the best we have had ever! Everyone really came together and worked hard to make the summer program a hit.

Parents really liked some of the changes we made this year like providing a picture visual schedule to all families to preteach the outings and what their child’s day may be like. We also got feedback from parents indicating they appreciated including their kiddo in every activity and modifying for each child’s needs to be successful. We appreciate feedback on programming and will continue to support schools and families in any way we can; making necessary modifications to each teams needs. We appreciate and thank our community for accepting all of our clients and for welcoming us into their businesses; we have a large group and businesses were so accommodating to our needs. Thank you so much everyone for making our program such a success this summer!

**CAMP RAINBOW’S 7TH YEAR!**

*By Tina Cross, Camp Coordination Assistant*

In Camp Rainbow’s 7th season, children diagnosed with autism spectrum disorders and other intellectual disabilities enjoyed six days of summer camp fun. 27 campers romped, played, learned and began friendships as they were supported by their own dedicated volunteer. Camp Rainbow was again supported by a generous grant from the Franklin-Grand Isle United Way.

Camp Rainbow is held at Georgia Beach and each camp day has a different theme focused on 5 core areas: communication skills, social skills, academic skills, sensory experiences, and motor skills. Exciting themes include Music Makers, Rainbow Olympics, Holidays, Community Safety Day, Symphony of Senses and Farm Day.

On Community Day the Amcare Ambulance Company, Georgia Fire Department, Franklin County Sheriff and VT State Police joined us. In emergency situations many children, especially those with intellectual disabilities, run from community helpers. Visiting with these important agencies can promote trust and lessen this fear.

Camp Rainbow’s day begins with a song filled hayride along scenic Lake Champlain. The morning program is structured with activities to challenge, stimulate, and encourage success. Campers “earn” tokens for participation in activities and positive social interactions with their peers. The campers are able to “purchase” items at the token store at the end of camp day! Afternoons are “free time” when kids enjoy swimming, games and making scrapbooks with their volunteers.

Scrapbooks are treasured mementos that campers bring home at the end of camp session.

Not enough can be said about the wonderful local high school students who have committed to 6 Fridays of camp to support our campers. These volunteers attended an 8 hour training on autism spectrum disorders and other intellectual disabilities, communication, and strategies to support the unique needs of the campers. The relationship formed between volunteer and camper is a delight to witness. Volunteers leave camp with a sense of pride and enhanced self-esteem, carrying with them knowledge, work experience, and assist in battling stigma that many children with disabilities face.

Many thanks to all the agencies, volunteers, parents, campers, and caring individuals who helped Camp Rainbow with another joyful and successful camp year!

Campers engage in activities ranging from hayrides to art projects.
MENTAL HEALTH FIRST AID
ADDED TO FEDERAL REGISTRY
OF EVIDENCE-BASED PROGRAMS

Washington DC (July 18, 2013)—The federal government this week added Mental Health First Aid to the Substance Abuse and Mental Health Services Administration’s National Registry of Evidence-based Programs and Practices (NREPP), a searchable database of mental health and substance abuse interventions to help the public find programs and practices that may best meet their needs and learn how to implement them in their communities. All interventions in the registry have been independently assessed and rated for quality of research and readiness for dissemination.

“The National Council and our partners—the states of Maryland and Missouri—brought Mental Health First Aid to the U.S. in 2008 because of the evidence supporting its effectiveness,” said Linda Rosenberg, President and CEO of the National Council for Behavioral Health. Mental Health First Aid USA was adapted from the original program created in Australia in 2001. The program is now in more than 20 countries and every state in the U.S.

“Inclusion in NREPP affirms what we hear every day from people with mental illnesses and addictions and those who want to help them—the program succeeds in elevating knowledge about mental illnesses, increasing comfort in talking to people in distress and crisis; and understanding that help is available and treatment is effective,” added Rosenberg, who reiterated that the National Council is committed to ongoing evaluation studies and continuous quality improvement for Mental Health First Aid.

Mental Health First Aid is an in-person training designed for anyone to learn about mental illnesses and addictions, including risk factors and warning signs. Similar to CPR, participants learn a 5-step action plan to help people who are developing a mental health problem or in crisis. It is a low-cost, high-impact program that emphasizes the concept of neighbors helping neighbors.

Studies have found that people trained in Mental Health First Aid reduce negative perceptions and attitudes about people with mental illness and addictions. Mental Health First Aiders have more confidence in helping others and a greater likelihood of advising people to seek professional help. “People often don’t seek care for their addictions and mental illnesses because they don’t know where to go or what to do. Mental Health First Aid gives them local resources and points them in the right direction,” Rosenberg explained.

The training is intended for people from all walks of life, including social and human services agency staff; law enforcement and corrections officers; nursing home staff; outreach workers; volunteers; school staff, counselors, and nurses; clergy and members of faith communities; employers and human resources professionals; and families.

NCSS has been offering Mental Health First Aid to the community, organizations, and businesses since 2010. Typically, community sessions are held during the fall each year.

In June 2014 NCSS began to offer a Youth Mental Health First Aid course designed primarily for adults who regularly interact with young people. NOTCH Camp Counselors were involved in the first training. NCSS has plans to expand on this initiative in the next year.

TRANSCENDING LIVES

“Thank you for your help! I’m happy I did decide to get help from NCSS. I’m doing a lot better”

- 2013 Client Satisfaction Survey

VERMONT

MENTAL HEALTH FIRST AID

YOUTH MENTAL HEALTH FIRST AID

In June 2014 NCSS began to offer a Youth Mental Health First Aid course designed primarily for adults who regularly interact with young people. NOTCH Camp Counselors were involved in the first training. NCSS has plans to expand on this initiative in the next year.
RECOGNITION & AWARDS

COMMUNITY REHABILITATION AND TREATMENT (CRT) EMPLOYMENT SERVICES PROGRAM

The NCSS CRT Employment Services Team exceeded state expectations and placed the Agency in a quality position when compared to other Designated Agencies in the State. Under the leadership of Jennifer Hauptman, Employment Services Coordinator and Samantha Sweet, Clinical Program Manager the team provided support to a greater number of individuals with severe and persistent mental illness in finding and maintaining competitive employment.

AGENCY REVIEW BY VERMONT DEPARTMENT OF MENTAL HEALTH

During fiscal year 2014 members of the Vermont Department of Mental Health’s Quality Management Team met with leadership, staff, peers, and family members to review NCSS programs and clinical records. Susan Onderwyzer, Director of Mental Health Operations, noted that the team was favorably impressed with many aspects of the work that NCSS is doing in providing mental health services in Franklin and Grand Isle Counties. They also commend the staff for their energy, creativity, and dedication to providing high quality services for several vulnerable populations.

Additional statements made by the Quality Management Team members include:

- “Staff are allowed to follow their best ideas”
- “You have created a culture of helping”
- “A happy staff results in good work and you have very happy staff”
- “There is a strong emphasis on communication and overall air of trust amongst the team”
- “Outpatient is receptive and welcoming”
- “Leadership has taken the time to remember what is important and why we’re here”

TRANSITIONING LIVES

SENATOR SANDERS VISITS FAMILY CENTER

On January 21, 2014 the NCSS Family Center hosted a site visit from Senator Sanders. His visit included interviews with several Clients as well as staff and NCSS Leadership. The discussion focused on the challenges facing the young people of our community with a special emphasis on substance use. Several youth spoke about their struggles with addictions and the need for more preventative services.

CULTURAL AND LINGUISTIC COMPETENCY TRAINING HELD AT NCSS

Attendees broaden understanding of differences and cultural practices

On August 16, 2013 a Cultural and Linguistic Competency training session was held at the NCSS Family Center. Staff, community partners, and members of the community interacted as Mercedes Avila, MED, presented an insightful look at how individuals from different cultures can collaborate each day for the betterment of our community.

Mercedes Avila, MED, is the Cultural and Linguistic Competence Coordinator for the Vermont Child Mental Health Initiative (CMHI) SAMHSA-funded cooperative agreement and provides leadership in the development, implementation and monitoring of policies, procedures and services for transition aged youth to assure cultural and linguistic competence. The training provided the attendees with a clearer understanding of diversity in these areas: increase self-awareness of racial, ethnic and class biases; define cultural and linguistic competency and become familiar with the stages of cultural competency (or continuum); explain how cultural beliefs shape encounters; understand the impact culturally competent services can have in the clinical outcomes of refugee and/or immigrant consumers; and, discuss the implications of demographic trends for health disparities.

This training was sponsored by Northwestern Counseling & Support Services, Youth in Transition Program.
FINANCIAL DATA
Budgeted agency revenue and expenses

JULY 1, 2013 - JUNE 30, 2014

BUDGETED REVENUE

- Children, Youth & Family Services $13,420,530, 38.90%
- Administration $5,373, 0.02%
- Behavioral Health Services $5,630,513, 16.32%
- Crisis Services $1,337,714, 3.88%
- Developmental Services $14,103,770, 40.88%

TOTAL $34,497,900, 100.00%

BUDGETED EXPENSES

- Children, Youth & Family Services $12,853,139, 37.49%
- Administration $57, 0.00%
- Behavioral Health Services $5,701,500, 16.63%
- Crisis Services $1,294,210, 3.78%
- Developmental Services $14,431,952, 42.10%

TOTAL $34,280,858, 100.00%

TRANSFORMING LIVES

NEXT STEP
SELF ADVOCATES

Randy, self-advocate extraordinaire and president of Green Mountain Self-Advocates, works part time for Northwestern Counseling & Support Services, where he coordinates self-advocacy activities and serves as an ally to the Next Step Self-Advocacy group, the local self-advocacy group; co-facilitates the Learning for Living Program, teaching independent living skills; provides peer advocacy to people who receive developmental disabilities services when they attend their team meetings, and acts as a mediator. “Working at NCSS gives me a sense of purpose and I feel that I belong. Having a disability myself, I understand different learning styles and different perspectives. People with disabilities are capable of working beyond a cleaning capacity. There is a lot of talent out there that is not being used. Providing peer mentorship is the way that services are heading.”
Ted Mable, Ed.D., Executive Director of NCSS is pleased to announce the appointment of Kim McClellan as the Director of Quality & Risk Management effective July 15, 2013. Ms. McClellan comes to NCSS from Lamoille County Mental Health Services where she most recently served as Chief Operating Officer and Human Resources Director. Prior to that she held the position of Compliance Officer, for three years, and in addition several other interim positions within the agency. Ms. McClellan brings skills in compliance, health & safety, and overall agency operations.

She also chaired many committees within Lamoille County Mental Health Services, including the Health & Safety Committee, Community Rehabilitation and Treatment (CRT) Supported Employment Steering Committee, and Electronic Medical Records (EMR) Committee to name a few.

At NCSS, as Director of Quality & Risk Management Kim provides management and oversight to quality improvement processes, risk management assessment and on-going initiatives for the reduction of risk, risk management, national CARF accreditation, and health and safety administration.

Ms. McClellan recently earned her Master’s Degree in Business Administration focusing on Sustainability and Leadership from Green Mountain College, which will help to continue the success of NCSS’ Outcomes and Results Based Accountability. Prior to her master’s degree she earned a Bachelor of Arts Degree in Psychology from Johnson State College.

Kim McClellan, Director of Quality & Risk Management

A sample of services provided by NCSS

Children, Youth & Family Services

Family and Home-Based Services
- Family Assessment and Support
- Intensive Family-Based Services
- Parent Education Program

School-Based Services
- Collaborative Achievement Team (CAT Program)
- School-Based Autism Program
- School-Based Clinician Program

Adolescent Services
- Substance Abuse Assessment & Treatment
- Transitional Living Program
- Adolescent Treatment Court
- JOBS Program
- Youth in Transition Program

Community-Based Services
- Respite
- Therapeutic Case Management

Soar Learning Center
- Alternative Education and Day Treatment Program

Behavioral Health Services

Psychiatric Evaluation and Consultations to all Three Service Divisions and Community Health Providers Crisis Services
- 24 Hour Emergency and Crisis Stabilization
- Adult Crisis Bed Program

Outpatient Counseling for Children, Adolescents and Adults
- Individual, Couples and Family Counseling
- Dialectical Behavior Therapy Program for Teens and Adults
- Elder Outreach Services

Community Rehabilitation and Treatment (CRT) Services
- Recovery and Peer Support
- Therapeutic Residence and Transitional Housing
- Community Support Team
- Intensive Case Management Team
- Employment Services Team
- Co-occurring Services (Mental Health and Substance Use)

Parent Child Center Services
- Early Intervention Services including Developmental Screening
- Children’s Integrated Services
- Early Childhood and Family Mental Health Services
- Family and Childcare Support Services
- Alburgh Parent Child Center
- Reach-Up
- Learning Together
- Family Support

Developmental Services

Children & Family Services
Alternative Education Program
Adult Services, including Life Skill Classes and Continuing Education
Seniors Services
Employment Services
Residential and Support Services
Unique Adaptive Music and Arts (Program for Adaptive & Expressive Arts - PAEA)

24 Hour Crisis Services
Bridge Program
Autism Case Management
Camp Rainbow
Deaf and Hard of Hearing Services
American Sign Language (ASL) Instruction
Traumatic Brain Injury Program (TBI)
Emergency Respite Services
Offender Program
Dialectical Behavior Therapy Support Team
Clinical Counseling & Support Team
Choices for Care Program
Academy of Learning
HERE FOR YOU

Our Office Locations

Main Office
107 Fisher Pond Road
St. Albans, VT 05478
(802) 524-6554

Soar Learning Center
178 McGinn Drive
St. Albans Bay, VT 05481
(802) 527-7514

Residential Site
22 Upper Welden Street
St. Albans, VT 05478
(802) 524-0568

The Family Center
130 Fisher Pond Road
St. Albans, VT 05478
(802) 524-6554

St. Albans House
60 Lake Street, Suite 100
St. Albans, VT 05478
(802) 524-6554

Bay View
6 Home Health Circle
St. Albans, VT 05478
(802) 524-5863

Alburgh Parent Child Center
22 Lake Street
Alburgh, VT 05440
(802) 796-3013

Academy of Learning
27 Lower Newton Street
St. Albans, VT 05478
(802) 782-8694

Residential Site
174 North Main Street
St. Albans, VT 05478
(802) 524-2421

Join us online

learn more about our services at www.ncssinc.org

Serving Franklin & Grand Isle Counties

NORTHWESTERN COUNSELING
& SUPPORT SERVICES

a great place to work,
a great place to receive care.

For copies of this Annual Report, please call NCSS Community Relations,
524-6555 ext. 6414. You may also request a detailed financial report.

Proud to be a partner with these outstanding organizations

NCSS is recognized with the highest level of accreditation from the Commission on Accreditation of Rehabilitation Facilities