Counseling Services Policies and Information

This document contains information about professional services and business policies of the Counseling Program at Spectrum Youth & Family Services. Please review it carefully as you will be asked to sign a form indicating that you understand the policies.

Description of Services

The Spectrum Counseling Program is committed to serving all persons without regard to race, color, religion, national origin, gender, gender identity, sexual orientation, age, physical disability, and marital or civil union status. Under the Americans with Disabilities Act, Spectrum will consider reasonable accommodation whenever possible for all persons. However, accommodations made must not impose undue hardship on Spectrum Youth & Family Services, in conformance with state and federal laws.

The Spectrum Counseling Program promotes and provides individuals and families with supported opportunities for growth and change. Counseling is cooperative effort between the client and counselor and may involve the discussion of material which is upsetting in nature, but in which may help you resolve your problems.

Counseling Program Services include outpatient counseling for adolescents, young adults from the ages of 14 to 26, and their families. We serve clients who are of the ages mentioned previously and/or be parents of individuals in that age range, and who meet the ASAM (American Society of Addiction Medicine) guidelines pertaining to outpatient counseling (Level One). Length of treatment is generally a minimum of 3 to 5 sessions in order to complete Informed Consent and Orientation, Screening, Assessment, Recommendations and Feedback. Further brief treatment if indicated can be an additional 5 to 20 sessions depending on the chronicity and severity of the presenting problems and client motivation. However, length of treatment is determined by ASAM criteria, and should the assessment indicate the need for a higher level of care, then a referral to those services would be made in the recommendation and feedback session.

The Spectrum Counseling Program is grounded in the Youth Development model, which is a strength-based approach, and is committed to “evidence-based best practices” as part of our overall mission. We believe that substance use and mental health issues are inherently linked and should be addressed in a comprehensive and integrated approach. We believe that individuals are connected to family groups, biological or otherwise, and that family work is an important part of counseling adolescents. The individual adolescent and young adult treatment approach is primarily based on Cognitive Behavioral Theory and family treatment is primary based on Behavioral and Contingency Management Theory. Skills training and parent education are integral components of our counseling service. Coordination with primary care/physical health care is also strongly recommended.
We provide the following services:

- Assistance in Accessing Medicaid and Assistance in Accessing Other Entitlements and Services
- Screening & Assessment for Substance Abuse and Mental Health Problems
- Individual Substance Abuse & Mental Health Counseling, Relapse Prevention, Aftercare/Recovery
- Psychiatric Evaluation & Consultation
- Urine Analysis (for Spectrum clients only)
- Educational/Vocational Services
- Coordinated Health Care through the Pearl Street Youth Clinic
- Family Counseling/ Parent Education
- Access to Spectrum Youth Shelter
- Access to All Other Spectrum Services

Program Staff
All are trained as Clinical Mental Health Counselors, Clinical Social Workers and Substance Abuse Counselors. Staff is either licensed in one or both disciples, or is in the process of becoming licensed. Spectrum is also a training site for Masters level graduate students completing internships for the Masters in Science and Masters in Social Work degree programs.

Fee and Insurance Reimbursement Information
Spectrum has funding to serve uninsured clients. Spectrum is also an approved Medicaid provider. Currently, Spectrum is an approved Blue Cross/ Blue Shield, Magellan, MVP, Aetna and CBA provider. Our staff will assist in determining your eligibility and your medical coverage options. If you are uninsured, and do not meet the qualifications for funding sources we have available, we have a sliding scale fee available upon request. If it is determined that you will be on a sliding scale fee, then you will be responsible for the designated amount each session.

The published rates are as follows: initial diagnostic evaluation is $200.00, 45-50 minute individual session is $125.00, and group counseling is $50.00 per session. Your insurance will be billed directly if we are contracted providers with your insurance company, and you are responsible for paying any co-payments at the time services are rendered.

Cancellations/Missed Appointments/Late Policy

- Please call 24 hours in advance if you need to cancel your appointment.
- Call as soon as possible before or after the appointment if there is a personal or family emergency that caused you to miss your appointment.
- If you do not call and do not show up for your appointment and you do not call within 24 hours, we cannot guarantee future appointments.
- If you are more than 15 minutes late, your therapist may need to reschedule your appointment.
- You are allowed to cancel up to three appointments per year (either with 24 hours’ notice or within 24 hours after the appointment if there is an emergency). If you have to cancel due to an extenuating circumstance, please discuss this with your counselor. If you cannot meet this standard, referrals may be made for counseling with another therapist in the community. Your year is determined by your anniversary date of your first therapy session. The purpose of this policy is to ensure the best care for you.
Consent and Agreement to the Use and Disclosure of Health Information for Treatment, Payment, or Healthcare Operations

I understand that as part of my care, Spectrum Youth & Family Services originates and maintains records which may describe my health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment. I understand that this information serves as:

- A basis for planning my care and treatment
- A means of communication among the professionals who contribute to my care
- A source of information for applying my diagnosis and information to my bill
- A means by which a third-party can verify that services billed were actually provided
- A tool for routine healthcare operations such as assessing quality and reviewing the competence of health care professionals and the services that are offered.

I have been provided with a Notice of Privacy Practices that provides a more complete description of information uses and disclosures (release of, or access to, your information). I understand that I have the right to review the notice prior to signing this consent. I understand that Spectrum reserves the right to change their notice and practices. However, prior to a material change taking effect the agency will publish an announcement of the change at every agency facility, on its website, and in the local paper. I understand that a new notice will be distributed to me.

I understand that my records are subject to confidentiality imposed by state and federal regulations. I also understand that alcohol and drug abuse client records are protected by 42CFR part 2, and that records may not be released or disclosed without my written consent unless otherwise provided for in the regulations.

I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or healthcare operations. I understand that the organization is not required to agree to the restrictions requested, however if Spectrum agrees to the requested restrictions, they are bound by our agreement.

By signing this form, I consent to the agency’s use and disclosure of protected health information about me for treatment, payment, and health care operations. I understand that I may revoke this consent in writing, except to the extent that the agency has already taken action based upon my prior consent.

Confidentiality

Your confidentiality is important. Federal (42 CFR, Part 2 for substance abuse related issues) and State laws protect the release of confidential information. No information can be disclosed to anyone outside of this practice without your written consent except in certain cases, such as the following where counselors are mandated to report to appropriate agencies or individuals:

1.) Vermont law requires counselor to report actual or suspected cases of abuse involving children and vulnerable persons including the disabled and elderly.
2.) Counselors will take appropriate actions if you are in imminent danger to yourself or others.
3.) Counselors reserve the right to disclose to appropriate personnel credible threats of violence or harm made against identifiable victims, including persons and property.
4.) On rare occasions, counselors may be required to comply with a court-ordered subpoena to testify or provide records.
5.) Counselors may need to convey medical information about you in an emergency situation.

In addition, counselors may need to relay diagnostic and treatment plan information to your insurance company in order to obtain authorization for services, payment and to comply with regulatory health care operations such as quality improvement activities.

Minors
We will discuss with you what kind of information you would like us to share with your parents. In certain cases, you may not need to have parental consent for mental health or addiction services. We will need to determine this on an individual basis, and we urge you to discuss this issue with your counselor or therapist. In certain instances, we may need to relay information to your parents in cases of emergencies (medical emergencies, suicidal issues or attempts, drug/alcohol overdoses, for example).

**Client Rights and Responsibilities**

As a client of Spectrum Youth & Family Services Counseling Program you have the following rights. Additionally, there is a list of your responsibilities that will help us to provide you with the best care we can.

**As a Spectrum Client you have the right:**

1. To basic civil and legal rights as a person served by Spectrum Youth & Family Services (SYFS) and as a citizen or resident of the United States.
2. To have these policies communicated in a way you understand.
3. To communicate in your primary language and primary mode of communication.
4. To ask questions about anything not understood.
5. To choose your counselor and to have access to the services you need, including services to ensure continuity of care.
6. To be given a SYFS Counseling Program Description as part of SYFS’ informed consent and orientation policy and procedure. This will describe the treatment approach and the admission criteria used by the program.
7. To refuse counseling, and appropriate referrals if SYFS cannot meet your needs.
8. To receive treatment according to commonly accepted professional standards regardless of race, creed, gender, age, nation of origin, political belief, disability, sexual orientation, or infectious disease.
9. To be treated with respect and dignity at all times under all circumstances.
10. To receive services in a manner responsive to your unique characteristics, needs, and abilities.
11. To request reasonable accommodation for special needs.
12. To be notified as far in advance as possible should an appointment need to be rescheduled.
13. To be informed about your condition and progress, and to be provided with information to facilitate decision making.
14. To participate in all aspects of your treatment plan, and all decisions regarding your counseling experience.
15. To not be subjected to experimental research without your express and informed consent and/or the consent of your legal guardian. If consent is given research will adhere to all SYFS, professional and governmental regulations. You and/or your legal guardian may withdraw consent at any time.
16. To voice and/or file a complaint or grievance, request re-assignment to a different provider, to recommend changes in policies or exercise of legal rights without fear of retaliation or punishment, and to receive due process with regard to the complaint/grievance. Attached you will find a copy of the SYFS Policy Regarding Grievance and Appeals.
17. To receive support in accessing and referral to self-help groups, advocacy services, legal services, and other community services as appropriate.
18. To access and review your treatment and financial records as per the federal guidelines put forth by HIPAA (Health Information Portability and Accountability Act). In addition, you will be informed of your rights in treatment as part of the informed consent procedures of the SYFS Counseling Program.
19. To have your medical record handled in a professional and confidential manner. Written and electronic records will be kept confidential, except for disclosure as required by law.
20. To stop services at any time.

**As a client of Spectrum Youth and Family Services it is your responsibility to:**

1. Be on time for all scheduled appointments. Call ahead if you will be late.
2. Cancel appointments at least 24 hours in advance if needed.
3) Be courteous to all other clients and staff.
4) Discuss your symptoms and problems with your counselor as completely and honestly as possible.
5) Participate fully in decisions regarding the services you receive.
6) Follow through on treatment recommendations, your treatment plan, and complete all take home practice exercises.
7) Ask questions about any aspect of your treatment that you do not understand or agree with.
8) Pay for services as you receive them (as applicable).
9) Attend all appointments drug and alcohol free.
10) Not carry weapons on SYFS property.
11) Inform your counselor should you choose to stop treatment.

Office of Professional Regulation

The Office of Professional Regulation provides Vermont licenses, certifications, and registrations for over 37,000 practitioners and businesses. Thirty-nine professions and occupations are supported and managed by this office. A list of professions regulated can be found at http://vtprofessionals.org

Each profession or occupation is governed by laws defining professional conduct. Consumers who have inquiries or wish to obtain a form to register a complaint may do so by calling (802) 828-2363 or by writing the Secretary of State’s Office of Professional Regulation at 26 Terrace St., Montpelier, VT 05602-2972.

Upon receipt of a complaint, an administrative review determines if the issues raised are covered by the applicable professional conduct statute. If so, a committee is assigned to investigate, collect information, and recommend action or closure to the appropriate governing body.

All complaint investigations are confidential. Should the investigation conclude with a decision for disciplinary action against a professional’s license and ability to practice, the name of the license holder will then be made public.

Disciplinary action through the Office of Professional Regulation ranges from reprimand to revocation of license but does not involve financial compensation or restoration, with some exceptions. Financial restoration can be pursued through private attorneys, small claims courts, or other available remedies.

The Vermont Statutes Online
Title 3: Executive
Chapter 5: SECRETARY OF STATE
3 V.S.A. § 129a. Unprofessional conduct
http://www.leg.state.vt.us/statutes/fullsection.cfm?Title=03&Chapter=005&Section=00129a

§ 129a. Unprofessional conduct
(a) In addition to any other provision of law, the following conduct by a licensee constitutes unprofessional conduct. When that conduct is by an applicant or person who later becomes an applicant, it may constitute grounds for denial of a license or other disciplinary action. Any one of the following items, or any combination of items, whether or not the conduct at issue was committed within or outside the state, shall constitute unprofessional conduct:
(1) Fraudulent or deceptive procurement or use of a license.
(2) Advertising that is intended or has a tendency to deceive.
(3) Failing to comply with provisions of federal or state statutes or rules governing the practice of the profession.
(4) Failing to comply with an order of the board or violating any term or condition of a license restricted by the board.
(5) Practicing the profession when medically or psychologically unfit to do so.
(6) Delegating professional responsibilities to a person whom the licensed professional knows, or has reason to know, is not qualified by training, experience, education or licensing credentials to perform them.
(7) Willfully making or filing false reports or records in the practice of the profession; willfully impeding or obstructing the proper making or filing of reports or records or willfully failing to file the proper reports or records.
(8) Failing to make available promptly to a person using professional health care services, that person's representative, succeeding health care professionals or institutions, upon written request and direction of the person using professional health care services, copies of that person's records in the possession or under the control of the licensed practitioner.
(9) Failing to retain client records for a period of seven years, unless laws specific to the profession allow for a shorter retention period. When other laws or agency rules require retention for a longer period of time, the longer retention period shall apply.
(10) Conviction of a crime related to the practice of the profession or conviction of a felony, whether or not related to the practice of the profession.
(11) Failing to report to the office a conviction of any felony or any offense related to the practice of the profession in a Vermont district court, a Vermont superior court, a federal court, or a court outside Vermont within 30 days.
(12) Exercising undue influence on or taking improper advantage of a person using professional services, or promoting the sale of services or goods in a manner which exploits a person for the financial gain of the practitioner or a third party.
(13) Performing treatments or providing services which the licensee is not qualified to perform or which are beyond the scope of the licensee's education, training, capabilities, experience, or scope of practice.
(14) Failing to report to the office within 30 days a change of name or address.
(15) Failing to exercise independent professional judgment in the performance of licensed activities when that judgment is necessary to avoid action repugnant to the obligations of the profession.
(b) Failure to practice competently by reason of any cause on a single occasion or on multiple occasions may constitute unprofessional conduct, whether actual injury to a client, patient, or customer has occurred. Failure to practice competently includes:
(1) Performance of unsafe or unacceptable patient or client care;
(2) Failure to conform to the essential standards of acceptable and prevailing practice.
(c) The burden of proof in a disciplinary action shall be on the state to show by a preponderance of the evidence that the person has engaged in unprofessional conduct.
(d) After hearing, and upon a finding of unprofessional conduct, a board or an administrative law officer may take disciplinary action against a licensee or applicant, including imposing an administrative penalty not to exceed $1,000.00 for each unprofessional conduct violation. Any money received under this subsection shall be
§ 3271. Unprofessional conduct

(a) Unprofessional conduct means the following conduct and conduct set forth in 3 V.S.A. § 129a.

1. Using dishonest or misleading advertising;
2. Misusing a title in professional activity;
3. Conduct which evidences unfitness to practice clinical mental health counseling;
4. Engaging in any sexual conduct with a client, or with the immediate family member of a client, with whom the licensee has had a professional relationship within the previous five years;
5. Harassing, intimidating, or abusing a client;
6. Entering into an additional relationship with a client, supervisee, research participant, or student that might impair the licensed clinical mental health counselor's objectivity or otherwise interfere with the clinical mental health counselor's professional obligations;
7. Independently practicing outside or beyond a clinical mental health counselor's area of training, experience, or competence without appropriate supervision.

(b) After hearing, and upon a finding of unprofessional conduct, the board may take disciplinary action against a licensed clinical mental health counselor or applicant.


§ 3210. Unprofessional conduct

(a) The following conduct and the conduct set forth in section 129a of Title 3 by a licensed social worker constitutes unprofessional conduct. When that conduct is by an applicant or a person who later becomes an applicant, it may constitute grounds for denial of a license:

1. Failing to use a correct title in professional activity;
2. Conduct which evidences unfitness to practice clinical social work;
3. Engaging in any sexual conduct with a client, or with the immediate family member of a client, with whom the licensee has had a professional relationship within the previous two years;
4. Harassing, intimidating, or abusing a client or patient;
5. Practicing outside or beyond a clinical social worker's area of training, experience or competence without appropriate supervision;
6. Engaging in conflicts of interest that interfere with the exercise of the clinical social worker's professional discretion and impartial judgment;
7. Failing to inform a client when a real or potential conflict of interest arises and to take reasonable steps to resolve the issue in a manner that makes the client's interest primary and protects the client's interest to the greatest extent possible;
8. Taking unfair advantage of any professional relationship or exploiting others to further the clinical social worker's personal, religious, political or business interests;
9. Engaging in dual or multiple relationships with a client or former client in which there is a risk of exploitation or potential harm to the client;
10. Failing to take steps to protect a client and to set clear, appropriate and culturally sensitive boundaries, in instances where dual or multiple relationships are unavoidable;
11. Failing to clarify with all parties which individuals will be considered clients and the nature of the clinical social worker's professional obligations to the various individuals who are receiving services, when a clinical social worker provides services to two or more people who have a spousal, familial or other relationship with each other;
12. Failing to clarify the clinical social worker's role with the parties involved and to take appropriate action to minimize any conflicts of interest, when the clinical social worker anticipates a conflict of interest among the individuals receiving services or anticipates having to perform in conflicting roles such as testifying in a child custody dispute or divorce proceedings involving clients.

(b) After hearing, and upon a finding of unprofessional conduct, an administrative hearing officer may take disciplinary action against a licensed clinical social worker or applicant.

Spectrum Youth and Family Services  
Policy Regarding Grievances and Appeals

Spectrum, in an effort to be compliant with the Vermont Agency of Human Services (AHS) Department of Mental Health, and Department of Health’s Division of Alcohol and Drug Abuse Programs sets out this process to receive complaints, appeals and grievances from individuals we serve, and their authorized representatives.

- Spectrum has appointed Mark Redmond, Executive Director, to receive and be responsible for grievances including, but not limited to, the quality of care or service provided, aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the beneficiary’s basic rights.

- All complaints received by us will be directed to this individual for proper processing and handling.

Our grievance policy:
1. Complaints, grievances, and/or appeals may filed verbally or in writing consistent with policies and procedures provided by the Agency of Human Services;
2. The complaint, grievance or appeal will be immediately forwarded to Mark Redmond, and will be logged into the appropriate database;
3. Written acknowledgment of the grievance will be mailed to the complainant within 5 days of receipt of the complaint;
4. Beneficiaries or their designated representatives may withdraw their grievance orally or in writing at any time. If the grievance is withdrawn orally, the withdrawal will be acknowledged by Spectrum in writing within 5 calendar days;
5. Mark Redmond will review the complaint, grievance, or appeal for resolution;
6. All grievances must be addressed within 90 days of receipt;
7. Mark Redmond will report results of the investigation to the appropriate individuals including the individual complainant; and
8. Mark Redmond will periodically submit a summary report of activity to the designated persons (for example, Board of Directors, the Executive Committee, the Performance and Compliance Committee).

Spectrum will not take any retaliatory action against any individual who files a complaint with the agency or AHS.

Additional information is available at the following websites:

Department of Mental Health (802) 828- 3824
http://mentalhealth.vermont.gov/about/grievance

Vermont Department of Health
Division of Alcohol and Drug Abuse Programs (802) 651- 1550

Grievance Policy 9/4/2014
TOBACCO-FREE POLICY

Because we recognize the hazards caused by exposure to environmental tobacco smoke, as well as the life-threatening diseases linked to the use of all forms of tobacco, it shall be the policy of Spectrum Youth & Family Services to provide a tobacco-free environment for all employees and visitors. This policy covers the smoking of any tobacco product and the use of oral tobacco products or “spit” tobacco, and it applies to both employees and non-employee visitors of Spectrum Youth & Family Services.

Definition:

1. No use of tobacco products will be allowed within the facilities of Spectrum Youth & Family Services at any time.
   - The decision to not provide designated smoking areas outside the building will be at the discretion of management or other decision-making body.
   - No use of tobacco products is permitted within the facilities or on the property of Spectrum Youth & Family Services at any time.

2. No tobacco use in any company vehicle.
   - There will be no use of any form of tobacco in Spectrum Youth & Family Services vehicles at any time.
   - There will be no tobacco use in personal vehicles when transporting people on Spectrum Youth & Family Services authorized business.

3. Breaks
   - Supervisors will discuss the issue of taking breaks with their staff, both smokers and non-smokers. Together they will develop effective solutions that do not interfere with the productivity of the staff.

Procedure:

1. Employees will be informed of this policy through signs posted in Spectrum Youth & Family Services facilities and vehicles, newsletters, inserts in pay envelopes, the policy manual, e-mail, and/or orientation and training provided by their supervisors.

2. Visitors will be informed of this policy through signs, and it will be explained by their hosts.

3. Spectrum staff can access the Employee Assistance Program (EAP) who can help employees who want to quit tobacco by helping them access recommended cessation programs and materials. More detailed information from Human Resources regarding EAP is available.

4. Any violations of this policy will be handled through the standard disciplinary procedure.
## Adolescent Criteria: Crosswalk of Levels 0.5 through IV

<table>
<thead>
<tr>
<th>Criteria Dimensions</th>
<th>Levels of Service</th>
<th>Level 0.5 Early Intervention</th>
<th>Level I Outpatient Treatment</th>
<th>Level II Intensive Outpatient Treatment</th>
<th>Level III Medically-Monitored Intensive Inpatient Treatment</th>
<th>Level IV Medically-Managed Intensive Inpatient Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIMENSION 1: Acute Intoxication and/or Withdrawal Potential</td>
<td></td>
<td>No withdrawal risk</td>
<td>No withdrawal risk</td>
<td>Manifests no overt symptoms of withdrawal risk</td>
<td>Risk of withdrawal syndrome is present but manageable in Level III</td>
<td>Severe withdrawal risk</td>
</tr>
<tr>
<td>DIMENSION 2: Biomedical Conditions and Complications</td>
<td></td>
<td>None or very stable</td>
<td>None or very stable</td>
<td>None or, if present, does not distract from addiction treatment; manageable at Level II</td>
<td>Require medical monitoring but not intensive treatment</td>
<td>Requires 24-hour medical and nursing care</td>
</tr>
<tr>
<td>DIMENSION 3: Emotional/Behavioral Conditions and Complications</td>
<td></td>
<td>None or very stable</td>
<td>None or manageable in an outpatient structured environment</td>
<td>Mild severity; with the potential to distract from recovery efforts</td>
<td>Moderate severity; requires a 24-hour structured setting</td>
<td>Severe problems require 24-hour psychiatric care with concomitant addiction treatment</td>
</tr>
<tr>
<td>DIMENSION 4: Treatment Acceptance/Resistance</td>
<td></td>
<td>Willing to understand how current use may affect personal goals</td>
<td>Willing to cooperate but needs motivating and monitoring strategies</td>
<td>Resistance high enough to require structured program but not so high as to render outpatient treatment ineffective</td>
<td>Resistance high despite negative consequences; needs intensive motivating strategies in a 24-hour setting</td>
<td>Problems in this dimension do not qualify patient for Level IV treatment</td>
</tr>
<tr>
<td>DIMENSION 5: Relapse/Continued Use Potential</td>
<td></td>
<td>Needs understanding of, or skills to change, current use patterns</td>
<td>Able to maintain abstinence and recovery goals with minimal support</td>
<td>Intensification of addiction symptoms; high likelihood of relapse without close monitoring and support</td>
<td>Unable to control use despite active participation in less intensive care; needs 24-hour structure</td>
<td>Problems in this dimension do not qualify patient for Level IV treatment</td>
</tr>
<tr>
<td>DIMENSION 6: Recovery Environment</td>
<td></td>
<td>Social support system or significant others increase risk of personal conflict about alcohol/other drug use</td>
<td>Supportive recovery environment and/or patient has skills to cope</td>
<td>Environment unsupportive but, with structure or support, patient can cope</td>
<td>Environment dangerous for recovery, necessitation removal from the environment; logistical impediments to outpatient treatment</td>
<td>Problems in this dimension do not qualify patient for Level IV treatment</td>
</tr>
</tbody>
</table>

This overview of the Adolescent Admission Criteria is an approximate summary to illustrate the principal concepts and structure of the criteria.
**Spectrum Youth & Family Services Guide to Area Services**

**Crisis Services**

<table>
<thead>
<tr>
<th>Service</th>
<th>Contact Information</th>
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</thead>
<tbody>
<tr>
<td>Police Emergency</td>
<td>911</td>
</tr>
<tr>
<td>Crisis Services, First Call for Families, Children and Youth</td>
<td>488-7777</td>
</tr>
<tr>
<td>Adult Crisis</td>
<td>488-6400</td>
</tr>
<tr>
<td>Aids Hotline</td>
<td>1-800-342-AIDS</td>
</tr>
<tr>
<td>Alcohol AA Treatment Center 24 hour Hotline</td>
<td>1800-711-6375 or 864-9934</td>
</tr>
<tr>
<td>Alcohol Abuse 24 Hour Help line</td>
<td>1-800-222-0469</td>
</tr>
<tr>
<td>Alcohol Abuse 24-Hour Assistance and Focus of Treatment</td>
<td>1-800-787-7505</td>
</tr>
<tr>
<td>Alcohol Abuse 24 Hour Addiction Services</td>
<td>1-800-274-2042</td>
</tr>
<tr>
<td>Parent’s Assistance Line 24 Hour</td>
<td>1-800-PARENTS</td>
</tr>
<tr>
<td>Hope Works</td>
<td>863-1236</td>
</tr>
<tr>
<td>Rape Crisis Hotline</td>
<td>1-800-489-7273</td>
</tr>
<tr>
<td>STEPS TO END Domestic Violence</td>
<td>658-1996</td>
</tr>
<tr>
<td>Relief from Abuse Orders</td>
<td>1-800-540-9990</td>
</tr>
<tr>
<td>Spectrum Youth &amp; Family Services Peer Youth Outreach</td>
<td>862-5396</td>
</tr>
<tr>
<td>DCF – Family Services Division</td>
<td>863-7370</td>
</tr>
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**Shelter**

<table>
<thead>
<tr>
<th>Shelter</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td>The Landing (Spectrum) (17-22), 177 Pearl Street</td>
<td>862-5396 x 202</td>
</tr>
<tr>
<td>Burlington Emergency Shelter, (7pm-noon), 89 North St</td>
<td>862-9879</td>
</tr>
<tr>
<td>COTS Daystation (9am-5 pm enter in back), 179 So. Winooski Ave</td>
<td>862-5418</td>
</tr>
<tr>
<td>COTS Waystation (6 pm – 8am), 187 Church St</td>
<td>862-7776</td>
</tr>
<tr>
<td>COTS family shelter (adults with kids under 18), 278 Main St.</td>
<td>864-2651</td>
</tr>
<tr>
<td>Firehouse Family Shelter (24 hours)</td>
<td>862-6567</td>
</tr>
<tr>
<td>Lund Family Center</td>
<td>864-7467</td>
</tr>
<tr>
<td>VT Tenants Inc.</td>
<td>864-0099</td>
</tr>
<tr>
<td>Burlington Housing Authority</td>
<td>864-0538</td>
</tr>
<tr>
<td>HomeShare Vermont, 412 Farrell St. S. Burl</td>
<td>863-5625</td>
</tr>
</tbody>
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**Food**

<table>
<thead>
<tr>
<th>Food</th>
<th>Contact Information</th>
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</thead>
<tbody>
<tr>
<td>Chittenden County Food Shelf, 228 No. Winooski Ave.</td>
<td>658-7939</td>
</tr>
<tr>
<td>Hot Meals: Mon-Fri 7-9:30 am, Sun 7-10 am</td>
<td></td>
</tr>
<tr>
<td>Groceries distributed: Mon, Tues, Thurs, Fri 9-4, Wed 9-12</td>
<td></td>
</tr>
<tr>
<td>Small Potatoes, 38 So. Winooski Ave. Sat. 8-9 am</td>
<td>862-5010</td>
</tr>
<tr>
<td>Salvation Army, 64 Main Street Mon-Sat 5:30- 6:30 pm</td>
<td>864-6991</td>
</tr>
<tr>
<td>King Street Youth Center, 87 King Street. Sun. 6 pm</td>
<td>862-6736</td>
</tr>
<tr>
<td>Food Stamp Outreach, 191 North St.</td>
<td>863-6248</td>
</tr>
<tr>
<td>Food Stamps Dept. of Social Welfare, 1193 North Ave.</td>
<td>863-7365</td>
</tr>
<tr>
<td>Hotline for food and fuel assistance</td>
<td>1-800-287-0589</td>
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**Education or Employment Assistance**

<table>
<thead>
<tr>
<th>Education or Employment Assistance</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td>Spectrum</td>
<td>862-5396 x 312</td>
</tr>
<tr>
<td>VT Adult learning</td>
<td>1-800-322-4004</td>
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<tr>
<td>VT Student Assistance Corp., 10 E. Allen St., Winooski</td>
<td>655-9602</td>
</tr>
<tr>
<td>Youth Build (ages 16-24)</td>
<td>658-4143 x 39</td>
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<tr>
<td>Dept. of Employment &amp; Training</td>
<td>863-7676</td>
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<tr>
<td>Reach Up</td>
<td>863-7365</td>
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<tr>
<td>Vocational Rehabilitation</td>
<td>863-7500</td>
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**Transportation Assistance**

<table>
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<th>Transportation Assistance</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td>CCTA (Bus)</td>
<td>864-2282</td>
</tr>
<tr>
<td>Special Services Transportation Agency (SSTA)</td>
<td>878-1527</td>
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</table>
### Counseling Services
- Spectrum Youth & Family Services, 31 Elmwood Avenue. 862-5396 x 310
- Howard Center Drug, Alcohol, & Mental Health counseling (ages 18+) 488-6200
- Centerpoint Adolescent Treatment Services 488-7711
- Act One/ Bridge Program, 184 Pearl St. 488-6425
- STEPS TO END Domestic Violence 658-1996
- Outright Vermont/GLBT 865-9677
- VT Parent Information Center 876-5315
- Parent to Parent 764-5290
- Runaway Hotline 1-800-231-6946
- Alcoholics Anonymous 860-8382
- Vermont Cares 863-2437

### Medical Help
- Spectrum Youth Medical Clinic 652-1080
- Safe Harbor Clinic, 184 S. Winooski Ave 860-4310
- Imani Health Institute 864-2631
- VNA Family Services 658-1900
- Ambulance 911
- Poison Center 1-800-222-1222
- Community Health Center, 617 Riverside Ave. 864-6309
- Planned Parenthood, 23 Mansfield Ave. 863-6326
- Lund Family Center 864-7467
- Fletcher Allen Health Care Emergency 847-2434

### Self Help/Support Groups
- Alcoholics Anonymous 860-8382
- Al-ANON 868-8388
- Narcotics Anonymous 862-4516
- Heroin/Opiate Family/Friends and/or Support/Info Group 860-3567
- Incest Survivors 864-4513
- Hep C support Group 223-5986
- Vermont Quit Network 1-800-784-8669

### Community Services
- Police 658-2704
- Legal Aid 863-5620
- Chittenden Community Action, 191 North St. 863-6248
- Department for Children and Families 1-802-241-2100
- DCF – Economic Services Division 863-7365
- Homeless Healthcare Project, 179 So. Winooski Ave. 862-5418
- Homeless Information Line 1-800-639-8447
- Social Security, 58 Pearl St. 951-6753
- Vermont Refugee Resettlement Program 655-1963
- CVOEO Head Start 872-2819
- Daycare Resource and Referral 863-3367

### Recreation
- Burlington Boys & Girls Club 864-5263
- YMCA 862-9622
- King Street Youth Center 862-6736
- New North End Youth Center 860-4986
- Burlington Parks & Recreation 864-0123