

Washington County Youth Service Bureau/  
Boys & Girls Club



Client Handbook

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# Healthy Youth Program / Washington County Youth Service Bureau (HYP/WCYSB)

## Notice of Privacy Practices

This notice describes how treatment related information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

If you have any questions about this notice, please contact Bert Klavens:  
**phone:** 802 229 9151 **email:** bklavens@wcysb.org

### **WHO WILL FOLLOW THIS NOTICE**

- Any health care professional authorized to enter information into your health record.
- All divisions and programs of HYP/WCYSB
- Any volunteer we allow to help you while you are receiving services from the HYP/WCYSB.
- All HYP/WCYSB employees, staff and other personnel. Staff may share health information with each other for treatment, payment or operations purposes as described in this notice.
- funding sources including Medicaid, insurers or ADAP who periodically conduct reviews to monitor standards, treatment, and documentation.

### **OUR PLEDGE REGARDING HEALTH INFORMATION**

We understand that health information about you and your health is personal. We are committed to protecting your privacy and health information about you. We create a record of the care and services you receive at HYP/WCYSB. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records connected to your care by HYP/WCYSB, whether created by HYP/WCYSB personnel or provided by other health care professionals. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of this health information.

### **We are required by law to:**

- Make sure that health information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to health information about you;
- Follow the terms of the notice that is currently in effect; and
- Comply with any state or federal law that is more stringent or provides you greater rights than this Notice.

## **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. Remember that most releases of protected health information require a written release signed by you, the client.

**For Treatment:** We may use or disclose your health information to other HYP/WCYSB personnel (clinicians, case managers, interns and other staff) as part of providing you with treatment or services. In most cases sharing your information with people outside of HYP/WCYSB who are involved in your care - such as a referring agency, doctor or psychiatrist - will require a written release signed by you, the client. Also, in most communications with parents or guardians related to provision of treatment requires a written release, as well.

**For Payment:** We may use and disclose health information about you so that the treatment and services you receive at the Agency may be approved by, billed to, and payment collected from a third party such as an insurance company. For example, we may need to give your health plan information about counseling you received at HYP/WCYSB so your health plan will pay us or reimburse you for a counseling session. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the service/treatment.

**For Health Care Operations:** We may use and disclose health information about you for HYP/WCYSB operations. These uses and disclosures are necessary to run the program and agency and make sure that all individuals receiving services from us receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in serving you. We may also combine health information about many consumers to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to other HYP/WCYSB personnel for review and learning purposes.

**HYP/WCYSB:** is a Vermont Agency of Alcohol and Drug Abuse Programs Preferred Provider and is obligated under our contract with them to provide certain services. As a result; that agency may access health information related to these contracted services for the purpose of obtaining treatment for clients, making payment or for its oversight and monitoring operations.

**Appointment Reminders and Other Contacts:** You will be asked to provide consent to allow us to use your contact information to contact you as needed as part of providing you with treatment services. This contact may include phone calls, texts, emails or mail based on the specific consent you have provided.

**Referral to Other Treatment Services:** With your written consent we may use and disclose information about you in order to determine eligibility for or make referrals to other treatment services as well as other health-related benefits or services.

**Fundraising Activities:** Should the need arise where information about you or your participation is desired for fundraising activities, the Agency would obtain your authorization. No information would be released for this purpose without your authorization.

**Research:** Under extremely limited circumstances, we may use and disclose health information for research purposes. We will always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the Agency.

**As Required by Law:** We will disclose medical information about you when required to do so by federal, state or local law. In Vermont, this would include: instances where child abuse or neglect, or abuse, neglect or exploitation of vulnerable adults is involved.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

## **SPECIAL SITUATIONS**

**Public Health Risks:** We may disclose health information about you for public health activities.

These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report deaths;
- To notify an individual who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

**Health Oversight Activities:** We may disclose health information to a health oversight agency, such as the Vermont Department of Development & Mental Health Services, for activities authorized by law. These oversight activities include, but are not limited to, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Legal Proceedings and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order.

**Public Health Officials and Funeral Home Directors:** We may release information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information to funeral directors thereby permitting them to carry out their duties.

## **USES OF HEALTH INFORMATION WITH WRITTEN RELEASE**

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the services that we provided to you.

### **ACCESS TO YOUR INFORMATION**

*Any assistance (physical, communicative, etc.) you need to exercise your rights will be provided to you by HYP/WCYSB*

The HIPPA Privacy Rule and VT law ensure that clients have the right to access their health care records. A formal request to review records held by the Washington County Youth Service Bureau/Boys & Girls Club shall be honored upon receipt of a signed copy of the necessary form. Records can be reviewed in person at our office at 38 Elm Street in Montpelier, or copies of records can be requested. If you are requesting to view records in person, contact the Executive Director at [\(802\) 229-9151](tel:8022299151) and we will arrange a time and space for you to review records privately. All records are the property of the Washington County Youth Service Bureau/Boys & Girls Club and originals must remain on the premises while being reviewed.

Copies of specific sections or the entire record may be requested. The requester shall be charged a rate of .25 per side for copied material and the cost of postage, if the individual making the request asks for the records to be mailed. The WCYSB shall fill requests for copies of records within 30 business days of receiving the request. Should there be a reason that the request is not being honored, that information will be supplied within that same time frame.

The WCYSB reserves the right to ask for identification before making any records available for review.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice:** You will be provided a paper copy of this notice upon request.

**Security of Health Information:** Due to the nature of community based human service practices, Agency representatives may possess individually identifiable information beyond the physical security of the Agency. In these cases, Agency representatives will ensure the security and confidentiality of the information in a manner that meets Agency policy and State and Federal Law.

## **Social Media & Digital Communications**

Information on how we plan to interact with you through voice, text messages, emails, and other forms of digital communications.

Part of your counselor's job is maintaining the confidentiality of your information, including your connection to HYP. You are also responsible for being careful with how you share information and not sending messages that might disclose private information (like your Social Security Number). You are also responsible for making sure we have your current contact information. Because certain ways of communicating do not guarantee your privacy, they are never appropriate for connecting with your counselor, including social media (Facebook, Instagram, Twitter, Snapchat, etc). To ensure confidentiality, HYP staff will not solicit friendships of clients on social media, nor accept any requests for connection.

### **How do I contact my counselor?**

Your counselor can be reached during non holiday business hours (M-F 8:30-5) Your clinician will return communication promptly but it may not be immediately.

**Phone-** any HYP counselor can be reached through the YSB mainline (229-9151)

**Email-** any HYP counselor can be reached through their email for non urgent matters

**Texting-** You can sign up to have text appointment reminders and scheduling options with your counselor, this is not required and you can opt out at any time by texting STOP. There may be charges on your phone plan for messaging and data that apply. Apps are used to keep your conversations secure, but you should never text private information.

We do *not* provide emergency counseling. If you are in crisis and cannot reach your counselor call one of the following providers:

**General emergencies:** call 911

**Mental Health emergencies:** WCMH screeners 229-0591

**Runaway & Family Conflict:** WCYSB Country Roads Program 229-9151 (24 hours)

### **CHANGES TO THIS NOTICE**

*We reserve the right to change this notice and to make the changes effective for health information we already have. We will post a copy of the current notice at HYP/WCYSB and online at [wcysb.org](http://wcysb.org) prior to the change taking effect. We will publish an announcement which will contain the effective date.*

# Client Rights

- 1) You have the right to treatment without regard to race, religion, sex, ethnic background, age, sexual orientation, disability, ability to pay, HIV status or any other non clinical reason.
- 2) You have the right to privacy and confidentiality in your treatment. Information from your client record will not be released without your prior consent, except in the emergency/legal situations outlined previously in privacy practices.
- 3) You have the right to receive professional, committed and qualified services.
- 4) You have the right to be treated with dignity and respect and be free from physical, chemical and mental abuse.
- 5) You have the right to receive services in a language you understand.
- 6) You have the right to be informed about all agency policies which affect the course of your treatment experience.
- 7) You have the right to have our fee policy explained to your satisfaction.
- 8) You have the right to be provided an individualized treatment plan and to participate in the decisions which will establish your treatment goals.
- 9) You have the right to access your own client records.
- 10) You have the right to refuse treatment without compromising your access to the organization's services to the extent permitted by law, and to be informed of the consequences of this refusal. However, the staff reserves the right to discontinue treatment should the extent of your refusal make reasonable and responsible treatment impossible.
- 11) You have the right to continuity of care. As long as you remain eligible for services, you will not be discharged or transferred except for therapeutic reasons, for your personal .welfare, or for the welfare of others. Should your transfer or discharge become necessary, you will be given reasons and plan, as well as reasonable advance notice, unless an emergency situation exists.
- 12) You have the right to give informed consent prior to the use of audio-visual recording techniques.
- 13) You have the right to question any aspect of our treatment experience. You have the right to voice opinions, recommendations, and grievances in relation to our policies and services without fear of restraint, interference, coercion, discrimination or reprisal.

# Mandated Clients

- Clients mandated for treatment may face external pressure to change their habits of use. HYP will work with all clients, regardless of mandate status to complete goals that are personally valuable. Mandate expectations and/or consequences are not enforced by HYP.
- For clients with DUI charges. For signed treatment completion forms, clients must demonstrate the ability to abstain from use during treatment as evidenced by UAs. The length of treatment is at the discretion and recommendation of the clinician; recommendations from IDRPs are minimum standards.

# Healthy Youth Program

## **Philosophy**

The Healthy Youth Program (HYP) of the Washington County Youth Service Bureau/Boys & Girls Club operates based on the belief that young people have a strong and resilient potential for personal growth, and that when provided with the needed supports, can move from destructive or unhealthy patterns of behavior towards health and well-being. HYP works to help youth build healthy, happy and productive lives by reducing or eliminating the harm caused by substance misuse and cultivating behaviors, skills and knowledge that support wellness.

## **Our Approach**

- Youth Focused Programming which recognizes the unique needs of young people.
- Relationship Focused to help individuals set and accomplish their own goals while addressing problem areas that may be driving unhealthy behaviors.
- Support Systems - outpatient treatment services to help adolescents remain within their existing support systems (family, school, work, peers).
- Varied and Flexible Strategies help address individual youth needs and help to develop unique approaches to achieve success
- Best Practice and Research Based Approaches are used to inform treatment including Motivational Enhancement, Person Centered Theory, Exercise Programs, and Mindfulness.

## **Eligibility Criteria**

HYP serves clients between ages 12 and 25 who have a substance use diagnosis. Clients must be appropriately served by outpatient level of care as determined by clinical assessment of ASAM criteria.

### **Admission priority will be given to the following groups of clients**

- Pregnant intravenous drug users
- Pregnant substance users
- Intravenous drug users

# **HYP Clinical Services Outline**

## **Assessment and Screenings**

Comprehensive assessments are provided to all clients who are seeking treatment services. Initial assessments on average take about 1.5 hours to complete. At the follow-up appointment treatment recommendations will be discussed and if treatment is recommended a counselor will be assigned to you.

## **Individual Counseling**

Counseling sessions are usually 50 minutes in length and may take place at the HYP/WCYSB office in Montpelier or at a variety of community sites. Sessions may take place one to three times a week depending on treatment needs. The schedule and frequency of treatment is determined collaboratively by the client and counselor as part of their Plan of Care.

## **Group Counseling**

Group counseling may periodically become available to clients.

## **Case Management**

Case management services are also available to assist clients as part of their treatment. These services can include coordination of care with family members or referring agencies, referral to other services both within WCYSB and in the community, transportation to treatment related appointments and assistance with insurance issues. Some clients may be eligible for more intensive case management through our Extended Support Services (ESS) program.

## **Drug Testing**

HYP offers comprehensive urinalysis drug testing for adolescents and young adults. Testing is provided at the time of assessment and during treatment depending on clinical recommendations and is only available on site at our Montpelier office.

# COMMUNITY BASED SERVICES

As geographic access to treatment services is often a significant obstacle, HYP/WCYSB strives to make treatment services accessible throughout Washington County.

**Schools:** We have entered into collaborative agreement with a number of area schools which allow us to provide our services on site during the school day. Clients who are interested in receiving services from HYP/WCYSB at their school can make this known to HYP/WCYSB at any time during treatment.

**Community Locations:** As with school based services, clients who are interested in receiving services from HYP/WCYSB in their communities, can also make this known to HYP/WCYSB during intake or treatment.

As we do not have agreements to provide school based services or the availability of appropriate community based locations in all Washington County communities, we may not be able to satisfy all requests for community based treatment services. Additionally, due to travel and scheduling considerations, community based services might only be available at certain times or on certain days. Details regarding provision of these services can be discussed and arranged with either HYP/WCYSB centralized intake or your assigned counselor.

Drug testing (urinalysis) services are not available in community locations and if needed must be administered at the HYP/WCYSB office. This may be completed at a separate appointment if necessary.

# WCYSB CODE OF CONDUCT

**An agency employee is expected to conduct him/herself at all times in a manner befitting their status as an employee of WCYSB/BGC. She/he shall refrain from any action and avoid any kind of public pronouncement that reflects adversely upon WCYSB/BGC. The following guidelines are provided as illustrations of standards of conduct and are not intended to be comprehensive. None of the following are intended to interfere with Section 7 of the National Labor Relations Act. The following behaviors are viewed by the Washington County Youth Service Bureau as unprofessional.**

1. Negligence, carelessness or inconsiderate treatment of agency equipment and client files
2. Theft, misappropriation or unauthorized use of property, documents, records or funds belonging to the agency or any employee or client of the agency.
3. Divulging confidential information, of any kind, to any unauthorized person(s) without an official need to know.
4. Deliberately obtaining unauthorized confidential information pertaining to clients or employees.
5. Changing or falsifying agency records including personnel and pay sheets, including time sheets, without authorization.
6. Changing or falsifying client records without written notation of approval from the client.
7. Taking or giving bribes of any nature or value as an inducement to obtain special treatment or secure information.
8. Use of agency vehicles or other equipment for unauthorized and/or personal reasons.
9. Illegal conduct, creating a disturbance on Company premises or creating discord with clients.
10. Use of abusive language.
11. Rude, un-business like behavior, on or off agency premises which adversely affects agency services, operations, property, reputation or goodwill in the community.
12. Insubordination or refusing to follow instructions from a supervisor or manager.
13. Refusal to perform assigned job duties.
14. Failure to observe scheduled work hours, failure to contact a supervisor or manager in the event of an illness or unscheduled absence, failure to report to work when scheduled; unauthorized or excessive use of sick leave or other leave time.
15. Sleeping, loitering or otherwise abusing work hours by engaging in activities not related to work during non-scheduled break times.
16. Use of personal social media during business hours beyond occasional use during breaks.
17. Use or possession of alcohol or illegal use or possession of an identified controlled substance under state, federal or local laws. This prohibition is not intended to cover prescribed medicines used by the bearer of the prescription.
18. Use of controlled substances with youth receiving services from the agency.

## **Gifts and Gratuities**

Employees of WCYSB/BGC are prohibited from accepting gifts, money (loans), services, and gratuities from program clients or from persons performing services under contract to WCYSB/BGC or otherwise in a position to benefit from an employee's actions.

## **Mandatory Self Disclosure**

Should an employee, contracted worker, intern, volunteer, national service member, or board member employee or volunteer be charged with a criminal or civil offense at any time during their involvement with agency programming, he/she must disclose this charge to his/her Supervisor within five days of being charged with the offense. This information must be passed to the Executive Director who shall determine appropriate action depending on the nature and severity of the offense. Failure to disclose information within the proper time frame shall result in disciplinary action up to and including immediate termination.

## **Moving violations**

Agency insurance rates are directly impacted by the driving records of staff authorized under the policy. The obligation to self-report extends to moving violations, even violations that occur outside of work hours in personal vehicles for any staff member authorized to drive agency vehicles.

# **CONSUMER FEE INFORMATION**

Upon intake, a fee arrangement will be determined based upon program assignment, insurance information and income. If you need assistance applying for or obtaining health insurance we can assist you.

The following charges are associated with the services noted. These charges are subject to change. This is our standard fee scale and does not take into consideration insurance coverage or annual income:

**Individual Therapy - \$105.00/hr.**

**Group Therapy - \$50.00/hr.**

**Assessment and Psychosocial Evaluation - \$185.00**

**Urinalysis (UA)** costs vary based on tests administered. These fees are established by the testing lab, Dominion Diagnostics and may be clarified or negotiated with them.

It is requested that each session be paid for on the day of the session. Front office staff can accept your payment and provide you with a receipt. If you are having difficulty making payments, the centralized intake staff can assist you with exploring other options.

The Washington County Youth Service Bureau/Boys & Girls Club is a private, non-profit organization that has assisted young people and families since 1974. Our work is supported by private, local, state and federal grants, Medicaid and other insurance, donations, and fundraising. Most of our services are free. For those requiring payment, we accept most insurances and Medicaid, and offer a sliding fee scale. **No one is turned away because they cannot pay.**

# CONSUMER COMPLAINT/GRIEVANCE

**Grievance procedures:** If you feel that your rights are being violated or have another complaint about the services you receive, you may file a formal grievance in writing to the Executive Director. If you wish to file a grievance or simply want more information on the procedure, you can ask a Counselor for assistance and to supply you with a copy of the "**Client Grievance Procedure.**"

**Complaints:** You may complain to WCYSB and the Secretary of the United States Department of Health & Human Services if you believe that your privacy rights have been violated under HIPAA. If you believe that we have violated your privacy rights you may file a complaint with the Secretary of the Department of Health and Human Services. You will not be retaliated against for filing such a complaint. Violation of the Confidentiality Law by a treatment program is a crime. Suspected violations of the Confidentiality Law may be reported to the United States attorney in the district where the violation occurs. For further information, contact the Washington County Youth Service Bureau/ Boys and Girls Club.

## **Other Vermont oversight entities with whom you may register complaints or concerns regarding your HYP/WCYSB services**

**Vermont Health Department,  
Division of Alcohol and Drug Abuse  
Programs**  
108 Cherry Street  
Burlington, VT 05401  
802-651-1550

**Department of Vermont Health Access**  
NOB 1 South  
280 State Drive  
Waterbury, VT 05671-1010  
802-879-5900

**Agency of Human Services,  
Department of Mental Health**  
280 State Drive, NOB 2 North  
Waterbury, VT 05671-2010  
802-241-0090  
Vermont Secretary of State,

**Office of Professional Regulation**  
89 Main Street, 3rd Floor  
Montpelier, VT 05620-3402  
802-828-2390  
Agency of Human Services,

**Department for Children and Families**  
280 State Drive, HC 1 North  
Waterbury, VT 05671-1080  
Child Abuse & Neglect Hotline: 1-800-649-5285

# **SMOKE AND DRUG FREE ENVIRONMENT**

## **Purpose:**

To encourage sensitivity toward youth and young adults who are trying to quit smoking and to encourage youth, young adults and their support networks to consider the positive health benefits of ceasing tobacco use.

## **Scope:**

The Montpelier Office of the Washington County Youth Service Bureau/Boys & Girls Club, The Basement Teen Center, agency vehicles and staff vehicles used in transport of agency clients.

## **Policy:**

The Montpelier office and the Basement Teen Center of the Washington County Youth Service Bureau are designated tobacco free environments. Smoking or any form of tobacco use is prohibited by staff and guests, including program participants in all identified facilities and vehicles.

It is the policy of the WCYSB to discourage visitors, guests and participants to possess tobacco products while on agency facilities. In effort to support individuals who are trying to quit, visitors, guests and program participants, who have tobacco products in their possession are asked to keep products out of sight while on agency property and/or engaged in agency programming. This policy applies to tobacco products, substitutes, and paraphernalia as defined in 7 V.S.A. § 1001.

## **Procedure:**

As of July 1<sup>st</sup>, 2015 all visitors, guests and program participants of WCYSB programs occurring at the named facilities are prohibited from using tobacco products.

All visitors and guests, including program participants, will be informed of the tobacco-free policies by formal notices or signs conspicuously posted at or around the entrance way of the building or program which is being visited. Each visitor shall be given a copy of the tobacco-free policy available upon request, or immediately following their inquiry, if other than in person.

Employees who encounter a visitor, guest or program participant who is violating the tobacco policy are encouraged to politely explain the policy to the visitor in a respectful and private manner. Visitors who are found to have brought tobacco products on to agency property are to be politely reminded of the policy and encouraged to conceal the product while on agency property. Staff members are encouraged to explain that the policy exists to support staff and visitors that are trying to quit.

It is not the intent of this policy to use tobacco as a reason not to provide services. No individual may be denied services on the grounds of violation of this policy.

Whenever possible, the facility will provide notice in advance of the tobacco-free policies to any individual or group intending to access a facility, program or property for any purpose.

Any visitor, guest or program participant interested in ceasing their tobacco use is encouraged to speak to a program staff member, or to a member of the Healthy Youth Program Team for a variety of support resources.

# ALCOHOL, DRUGS AND YOUR PREGNANCY

It is best for you and your baby if you don't drink, take drugs, or smoke during pregnancy.

If you can't stop, then reduce the amount you use is the next best step.

If you would like to talk confidentially about your drinking or drug use during pregnancy, or if you would like to stop, please call the HYP/ WCYSB. We can provide you with consultation, education and treatment

When you are pregnant, everything you do with your body affects your baby.

Research shows that substance use during pregnancy can cause significant harm to your baby and potential life long complications including: miscarriage, stillbirth, infant death, physical abnormalities, delivery complications, brain damage, long term cognitive and behavioral challenges.

As mandated reporters, we may be obligated to report substance use during pregnancy to DCF.

# **RESOURCES**

## **Washington County Youth Service Bureau/Boys & Girls Club**

Runaway, family & individual counseling, Drug & Alcohol counseling,  
Transitional Living Program, Teen Center,

24/7 emergency answering service **229-9151**

**Vermont Center for Substance Abuse: 223-4156**

**Children & Youth Services (Individual counseling) 229-0586**

**Community Action Food Shelf (Food bank) 479-1053**

**D.C.F.S (Financial, food services, health care insurance) 479-1041**

### **Medical Services:**

**CVMC Express Care: 371-4239 Central VT Medical Center: 371-4100**

### **Peoples Health & Wellness Clinic**

**(Health care for the uninsured or under-insured) 479-1229**

**Planned Parenthood: 476-6696**

**Department of Labor: 476-2619**

**Adult Basic Education/High School Diploma: 476-4588**

**Circle: 1-877-543-9498**

**Child Abuse Services: 479-4260**

**Vermont Lawyer Referral: 1-800-639-7036**

**Mental Health Screeners: 229-0591**

**Community Connections: 223-3456**

**Capital Community Justice Center: 223-9606**

**Greater Community Justice Center: 476-0276**

# Mission Statement

The mission of the Washington County Youth Service Bureau/Boys & Girls Club is to provide a wide range of innovative and effective programs that empower and enrich the lives of youth and families in Washington County and to provide leadership and support to other youth programs throughout Vermont.

## BOARD OF DIRECTORS

David Batchelder  
**Chairman**

*Retired Principal*  
Barre City Elementary/Middle School

Judy Brassard  
**Treasurer/Secretary**

*Corrections Program Supervisor*  
Barre Department of Corrections

Bob Sheil

*Retired-Supervising Attorney*  
Juvenile Defenders Office

Earl Kooperkamp

Pastor  
Church of the Good Shepherd

Suzanne Legare Belcher

Training Coordinator  
Child Welfare Training Partnership UVM

Maria Conti-Reilly

Special Ed/Reading & Writing Support  
Northfield Middle & High School

Nellie Marvel

Development Associate  
Democracy for America