

COMPREHENSIVE COMMUNITY MENTAL HEALTH SERVICES  
FOR CHILDREN AND THEIR FAMILIES PROGRAM

Child, Adolescent and Family Branch  
Center for Mental Health Services  
Substance Abuse and Mental Health Services Administration  
U.S. Department of Health and Human Services

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**GRANTEE PROGRESS REPORT – SUGGESTED FORMAT**

**FINAL REPORT**

Project Number: *5 SM058485*

Project Name: *Vermont Mental Health Services for Transition-Aged Youth*

Reporting Period: *October 1, 2013 - September 29, 2014*

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## **I. Goals of the Project**

Have there been any changes in the goals of the project? If so, please describe and provide a rationale for the changes in goals. *No change.*

Describe progress toward achievement of the goals as articulated in your application or based on any changes that have been made. Information about progress includes identifying milestones or critical events and any performance targets that were achieved.

**Key statewide accomplishments for this FINAL reporting period are described starting on page 10.**

Cumulative record of progress prior to this reporting period:

*The Vermont State Joint Fiscal Office agreed to allow the Vermont Department of Mental Health (DMH) to accept the federal funds for this grant program on December 19, 2008. By February 1, 2009, an Invitation for regional planning was issued to the Act 264 Local Interagency Teams (LITs); sub-grants of \$10,000 each were subsequently awarded to all twelve Agency of Human Services (AHS) regions to conduct strategic planning. Regional planning by a broad group of interagency stakeholders, youth and families has been the foundation of the State Team's approach to sustainability planning.*

*The State Youth in Transition (YIT) Outreach and Operations Team made site visits to each region and provided on-site and distance learning opportunities for the Steering Committees doing the planning to share the State Team's vision, mission, goals, and overall logic for accomplishing the desired outcome that young adults be productive and valued in their communities and free from incarceration.*

*The State YIT Outreach and Operations Team delivered a statewide training event on July 9, 2009 in collaboration with the State Court Administrator's Office to highlight the Sequential Intercept Model (SIM). The State Team also sponsored a series of conference calls about topics like allowable use of grant funds and evaluation. It hosted a webinar for the regions about Cultural and Linguistic Competence (CLC) on August 13, 2009.*

*The regions submitted their plans, which were reviewed and – sometimes after negotiations – approved by the State YIT Outreach and Operations Team. (The regional plans can be found on the corresponding regional pages of the YIT website <http://www.youth-in-transition-grant.com>.) Sub-grants for regional service implementation were then awarded by the Department of Mental Health (DMH) to the fiscal agents chosen by the regions to handle the funds and administrative duties. Regional YIT staff - including part-time peer outreach workers - were hired to do outreach and service delivery as planned. Biannual progress reports from each of the 12 regions are posted on the YIT website (<http://www.youth-in-transition-grant.com>), also summarized in compilations under Reports Archives > Regional Document Summaries. **This document reports the activities of the YIT State Operations and Outreach Team in support of the regions.***

*On March 15, 2010 the University of Vermont (UVM) Independent Review Board (IRB) announced approval of the YIT evaluation design. Amid intensive training by the YIT Evaluation Team with the regional evaluation liaisons, the evaluation began on April 1, 2010. From then through September 30, 2013, 657 youth and young adults met the Study Inclusion Checklist Criteria (SICC). This figure is certainly an under-count of the young people contacted by YIT staff in their outreach efforts. Of these 657, 536 or 82.8% of the youth and young adults agreed to be enrolled in the Common Study that provided NOMS data through the TRAC system. (For more information about the evaluation, see the YIT website evaluation pages at <http://www.youth-in-transition-grant.com>.)*

*To carry out the evaluation as specified in the original federal grant application, the Vermont Child Health Improvement Program (VCHIP) of the UVM Medical School was awarded a sub-grant by the DMH. Also as originally planned, the HowardCenter was awarded a sub-grant to oversee the Cultural and Linguistic Competence (CLC) work, and the Vermont Federation of Families for Children's Mental Health (VFFCMH) was awarded a sub-grant to deliver family and youth leadership activities.*

*All key state-level staff were hired in State FY 2009 (including the Project Director, the Youth Coordinator, the Social Marketing Coordinator, the Training/Technical Assistance (T/TA) Coordinator, the Cultural and Linguistic Competence Coordinator, and the 2 FTE evaluation staff). Permission was given by federal project officer Bethanie Parrish to split the Youth Coordinator position in half, giving one half to someone who also served as the Social Marketing Coordinator and the other half to someone who also served as the Training/Technical Assistance Coordinator. The sub-grant to the VFFCMH was revised to reflect these additional responsibilities.*

*In July, 2010 the Youth Coordinator-T/TA Coordinator left the VFFCMH to take a different job. Before leaving, she helped produce several training events in May, 2010.*

- On May 7, 2010 the VFFCMH celebrated Children's Mental Health Day/Week with the first Young Adult Voice Movement (YAVM) Conference. Over 150 young adults attended the event; nearly half of them were from the English as a Second Language (ESL) classes of Chittenden (Burlington and Winooski) High Schools. Buses and approximately 40 older adults provided transportation or other support for the young adults to attend. All the young people were able to participate in a ropes course during the day. The Conference also included workshops about CLC issues (LGBTQ; "Speak Up" about oppression), youth suicide prevention, social marketing messages, youth advocacy and community organizing, expressive arts like theater and painting, even a presentation by police about internet safety. Two members of Vermont's UVM "Active Minds" chapter gave excellent opening and closing keynote speeches. One of the Active Minds speakers was Cameron Mack. The State YIT Outreach and Operations Team later sponsored him and 4 other young adults who participated in the YAVM Conference to attend the Georgetown Training Institutes in the greater Washington, D.C. area in July, 2010.*
- The Youth Coordinator-T/TA Coordinator and the YIT Project Director organized with the Vermont Coalition of Runaway and Homeless Youth Programs (VCRHYP) a three-day training series for new YIT staff. On May 19 the YIT staff and VCRHYP staff learned about Street Outreach from James Bolas, and on May 20-21 YIT staff and supervisors*

*learned about the Transition to Independence Process (TIP) from Dr. Rusty Clark. The evaluations from the TIP workshops indicated a general desire for more hands-on training about TIP so the Project Director, the YIT Evaluation Team, and the statewide Vocational Rehabilitation (VR) Director of the JOBS Programs then began exploring with Dr. Clark how to move the regions toward TIP fidelity.*

*On September 23, 2010, the State YIT Outreach and Operations Team provided nearly 100 regional YIT staff and Steering Committee members, including young adult and family leaders, a Learning and Sharing Day about Building the Young Adult System of Care (SOC). Children's Mental Health Directors, State YIT Leadership Team members, and other key partners attended the day, which was organized to discuss the YIT Logic Model, its basis in SOC strategies, and the goals to strengthen each regional SOC and produce the desired outcomes for individual youth and young adults and their families. Each region left the day with agreement to undertake 1 or 2 action steps to improve their existing SOC.*

*On September 30, 2010, the YIT CLC Coordinator unveiled a 3-hour curriculum entitled "Towards Cultural Competency in Mental Health" to teach mental health clinicians and other front-line providers and administrators about the social construction of race and the harmful effects of racism, including health disparities. The curriculum was very well received, with evaluation results showing a gain in participant's knowledge. Go to section V of this report, below, to learn more about the curriculum and its use.*

*During the first week in October, 2010, the YIT Outreach and Operations Team received SAMHSA Federal Project Officer Bethanie Parrish and her consultation team (Marty Hydaker, Nadia Cayce, and Beth Picora) for the formal Year 2 site visit to Vermont. As officially reported, they appreciated much about the visit; they also made recommendations for the coming years of the grant. They were satisfied enough with YIT progress that the SAMHSA Center for Mental Health Services' Child, Adolescent and Family Branch subsequently decided to not conduct its usual Year 4 site visit.*

*After the Youth Coordinator-T/TA Coordinator resigned to take a different job, the VFFCMH considered how to make best use of the experience, skills, and talents of the Youth Coordinator-Social Marketing Coordinator. A re-configuration of tasks led to revised job descriptions for the Social Marketing Coordinator and for a new Young Adult Coordinator as well as to a contract for clinical technical assistance from Dr. Jody Kamon, who is also a part-time evaluator for the YIT grant. The new Young Adult Coordinator, Matt Wolf, began work on January 26, 2011.*

*The key statewide accomplishments from February 1- September 29, 2011 included:*

- Presentation of YIT findings by the YIT Evaluation Team at the annual SOC Research Conference at the University of South Florida in Tampa.*
- Production and dissemination of over 200 posters and 2,400 bookmarks to educate the public about children's mental health, saying "As a village, we can build resiliency", especially for weathering trauma. The posters and bookmarks were sent to public service agencies and advocacy organizations. In addition, the YIT Social Marketing Coordinator produced 200 postcards, one for each of Vermont's Legislators. The postcards carried messages that Children's Mental Health Matters" and to "Celebrate Children's Mental Health Week".*

- *Advocacy by the YIT Family Lead Contact through testimony to the Legislature's Joint Appropriations Committees and participation in a statewide rally held by multiple organizations to protest planned cuts to State mental health and developmental services budgets. The advocacy was effective; the planned cuts were reduced by half.*
- *Delivery of youth-driven workshops at the Sixth Annual Youth Workers' Conference in Killington, VT in May. One of the workshops was by the Franklin-Grand Isle YIT Young Adult Group about their process for discovering and developing their own leadership. Matt Wolf helped Franklin-Grand Isle YIT Coordinator Ebony Nyoni organize this workshop and later encouraged and supported the Young Adult Group to bring the content of the workshop to young people in the Hartford, Burlington & Morrisville regions.*
- *Production of the second annual Young Adult Voice Movement (YAVM) Conference with multiple workshops, this time as an overnight event on the UVM campus over Memorial Day weekend. On Friday evening 114 young people attended the event; on Saturday morning 75 attended the workshops; and on Saturday afternoon 60 attended the team-building activities. 52% identified themselves as either Asian or Black/African American.*
- *Creation of the Young Adult Leadership Award, with the first presentation of it at the YAVM Conference, followed by solicitation of nominations for other leaders for future awards. The YIT State Operations Team plans to make 4 Young Adult Leadership Awards per year and bring those 4 young people - each with a family member or other adult ally - to a national SOC conference.*
- *Two days of advanced TIP training for 82 participants from 16 organizations from throughout Vermont, on June 8 and 9, 2011 in Burlington;*
- *The State YIT Team brought 3 young adults and their families or other adult allies to the national SOC Grantees' meeting in Chicago. There the young adults - with Courtney Bridges, YIT Social Marketing Coordinator - presented a workshop entitled "If YOUth Build It, They Will Come" about designing and promoting the YAVM Conference.*
- *The CLC Coordinator brought young adult Jeetan Khadka and a second community organizer-interpretor to a CLC training event in Atlanta, GA sponsored by the National Technical Assistance Partnership in early September.*
- *An on-site TA visit to VT in September by the National Technical Assistance Partnership and Vanguard, with Leah Holmes-Bonilla and Brittany Smith as part of the Caring for Every Child's Mental Health Campaign - helped Courtney Bridges of YIT deliver a "Social Marketing 101" training event. Though Tropical Storm Irene had very recently destroyed roads, offices and homes (especially in Southern Vermont), 40 people (9 young adults) from 7 of the 12 regions attended to learn about the "who, what, when, why, and where's" of social marketing and social media.*
- *On September 30, 2011, the annual YIT Fall Learning and Sharing Day was held with the dual foci of strengthening systems of care (SOC) and family- and young adult-driven partnerships. 110 people attended from all 12 regions. Most of the regional YIT Steering Committees brought young adult leaders, and 4 brought 6 family leaders. YIT Social Marketing Coordinator Courtney Bridges contributed to the planning for the Day by thinking of the theme of a road map and creating materials (pre-printed maps, road signs, street-light-colored stickers, etc.) for each region to use to illustrate the partnerships and relationships (including with family and young adult leaders) constituting their SOC's.*

*The key statewide accomplishments from October 1, 2011- January 31, 2012 included:*

- *Because Tropical Storm Irene ruined the VFFCMH office in Waterbury at the end of August, 2011, YIT Social Marketing Coordinator Courtney launched a “We’ve Moved!” temporary marketing campaign to help families, young people, and SOC partners find the new space in Williston (same building as the Vermont Family Network, VFN). Through social media, new business cards, and other hard materials, VFFCMH was able to start over in strength.*
- *The VFFCMH partnered with the VFN and the Vermont Center for Independent Living (VCIL) to deliver a training event in Bennington for families and care-givers with young adults of transition age. The YIT Lead Family Contact, Cindy Marshall, explained the differences between the child and adult mental health systems. The VFN staff talked about services available through Developmental Disabilities, and VCIL staff discussed guardianship, Medicaid, and employment. This training is now available for other regions.*
- *On October 27, 2011 at the annual conference for the Vermont Association for Mental Health & Addiction Recovery (VAMHAR), YIT Young Adult Coordinator Matt Wolf co-presented a workshop with Jennie Schoerke, then the Project Director for the DMH Adult Division’s Transformation Grant. The workshop consisted of an overview of both projects, how they are similar in philosophy – emphasizing the importance of strengths-based and peer-delivered support – but different in the populations served and in the available services.*
- *In November, 2011, to honor the 20<sup>th</sup> year of the national Federation of Families for Children’s Mental Health and having been the first chapter of the Federation, the VFFCMH handled registration for the Federation’s 5 –day annual conference in Washington, D.C. To do so, the VFFCMH sent 11 people: 5 VFF staff, 3 VFF Board members, 1 family leader, 1 young adult peer outreach worker, and the YIT Grant Project Director – 6 of whom were directly involved with the YIT Grant.*
  - *In preparation for this event, YIT Social Marketing Coordinator Courtney Bridges created a postcard and a bumper sticker for the bags for each of the 800 registered participants at the conference. She also designed a T-shirt worn by the VFFCMH team and delivered to Vermont’s Representative and Senators on Capitol Hill.*
  - *At the conference, Mercedes Avila presented a poster illustrating the pre-post test results from participation in her CLC training.*
- *The WEST campaign and another VFFCMH youth leadership initiative were combined with a mini-grant opportunity from the Vermont Department of Health’s (VDH’s) Office of Minority Health to produce one new Request for Proposals (RFP) for up to \$2,000 per region. The RFP was announced for projects to be completed by September 30, 2012, with applications due anytime between December, 2011 and June, 2012. The goal of the projects is to assist and empower youth and young adults in transition to use their voice of experience to positively impact the system of care and their communities while strengthening their self-advocacy skills and mutual support. The activities can range from positive social opportunities and community organizing to mental health awareness campaigns.*
- *The VFFCMH staff collaborated with the VDH Office of Minority Health to plan the 2012 Young Adult Voice Movement (YAVM) Conference with the help of a more formal Executive Committee of young adults selected by their YIT groups as regional representatives. Executive Committee members met in person and/or through the use of OoVoo video-conferencing. They decided to hold another overnight conference, this time in southwestern Vermont. (The two prior conferences were held in northwestern Vermont.)*

*Key statewide accomplishments from February 1- September 30, 2012 included:*

- *In February at the Pediatric Grant Rounds of the UVM College of Medicine (COM), the YIT Evaluation Team presented data about young adults' utilization of health care.*
- *The YIT Evaluation Team presented a poster at the University of South Florida's annual research conference in March, 2012 in Tampa, Florida. The poster was about YIT involvement viewed through the perspective of the Sequential Intercept Model (SIM).*
- *In the spring of 2012, the YIT State Operations Team made its annual site visit to each of the twelve regional YIT programs, meeting with the Local Interagency Teams or Steering Committees. Evaluation findings were shared, which led to increased enrollment in the evaluation. The strengths and challenges of each program were discussed, along with upcoming State training and technical assistance opportunities.*
- *The YIT State Operations Team delivered two workshops at the 7<sup>th</sup> Annual Youth Workers' Conference held on May 17, 2012 at the Sheraton in Burlington. Mercedes Avila offered her 3-hour CLC curriculum as one track over two workshop periods. It was so well received that the Youth Workers' Conference Planning Committee decided to ask her to deliver it again at a future conference but she has not been available to do so. The other YIT workshop was delivered collaboratively by the YIT Evaluation Team and young adults from the Franklin-Grand Isle region. It was entitled "Straight Talk: What young adults have to say about trying to access Vermont's Mental Health System of Care and the quality of services offered." In this workshop Dr. Jody Kamon presented highlights from a focus group study conducted by Drs. Tom Delaney and Nancy Pandina with 86 young adults from around the state. The New Generation Youth Group from Franklin-Grand Isle added their personal experiences relevant to the findings and responded to questions from the audience.*
- *The third annual Young Adult Voice Movement Conference was held as planned with about a dozen workshops on June 1 and 2 at Castleton State College. Over 100 youth and young adults attended, with close to half of them being from minority groups.*
- *On July 10-12, 2012 National Network for Youth in Transition (NNYT) Trainers Nicole Deschenes and Coral Huntsman returned to Vermont to conduct further TIP training. On July 10 they offered Part II to the people who completed Part I in the summer of 2011, including the 7 Vermont Apprentice Trainers. Then on July 11 and 12 the NNYT Trainers supervised delivery of the Part I training by the VT Apprentice Trainers to a new cohort of over 50 front-line workers and administrators.*
- *During the week of July 22, the YIT State Operations Team attended the Georgetown System of Care Training Institutes, bringing the 4 young people who received YIT Young Adult Leadership Awards during the prior year: Katrina Hollis, a YIT Peer Outreach Worker from Bennington; Jeetan Khadka, a young adult Bhutanese refugee and then Ameri-Corps Worker who had helped deliver CLC training and formed a Diversity Rocks! youth group in Burlington; Mikah Hughes, a consumer of YIT services who became a YIT Peer Outreach Worker in the Orange/No. Windsor region; and Cheyenne Knuth, a YIT consumer who was a leader in the Franklin-Grand Isle New Generation youth advisory group. Mikah's mother and Cheyenne's aunt also attended as their adult allies. Mercedes Avila helped the national TA Partnership plan and deliver the CLC Community of Practice activities at the Institutes, where she presented about her training curriculum. Also, Courtney Bridges helped to deliver some of the Social Marketing workshops as well as finalize the ECCO awards, for*

which she again served as a national judge. The Vermont Evaluation Team won a Silver ECCO Award for its graphic presentation of results.

*Key statewide accomplishments for period (October 1, 2012 -September 30, 2013) were:*

- *The YIT Fall Learning and Sharing Day for October 24, 2012 included work the evening before with young adults who came together to plan how to facilitate the next day's event. The theme was Sustainability Of Movement Toward A Young Adult-Driven System of Care.*
- *The Executive Committee of Young Adults who helped to facilitate the YIT Fall Learning and Sharing Day were invited by the Governor's Office to, with the help of the YIT Social Marketing Coordinator, produce Vermont's contributions for the 2012 National Christmas Tree Display. The 24 ornaments produced were so appealing that they were asked to do it again for 2013.*
- *On November 1 and 2, YIT staff from 4 regions were among the 25 people attending Mental Health First Aid Training put on by the VCRHYP. One of the YIT Case Managers (Ebony Nyoni from Franklin-Grand Isle) plus JOBS and other children's mental health staff from Bennington and Washington Counties subsequently completed a week of training to become Youth Mental Health First Aid Trainers. That training was provided by SAMHSA through the Vermont Department of Health (VDH) in September, 2013 in Burlington for 30 participants from Connecticut, Maine, and Vermont.*
- *November 28 and 29 Part II TIP Training of 35 people by the VT Apprentice Trainers, who were observed and coached by the National Network for Youth in Transition (NNYT) trainers.*
- *Subsequent delivery of 3 days of TIP training in 5 regional locations (Bennington, Caledonia/So. Essex, Orange/No. Windsor, Orleans/No. Essex, and So. Windham) for 80 more people from February – November, 2013. Through this process the 7 Apprentice Trainers were observed via video-tape or Skype as they delivered each of the 9 TIP modules. Six then applied to be certified by Dr. Rusty Clark as Locally-Based TIP Trainers.*
- *The dozen programs/organizations which initially expressed interest in being certified as TIP-informed were interviewed for a second time by the YIT Evaluation Team to measure any gains in knowledge of TIP and use of its guidelines subsequent to the first interview.*
- *Another round of VFFCM and YIT mini-grants was announced and awarded to encourage youth and young adult groups to use their voice of experience to positively impact the system of care and their communities while strengthening their self-advocacy skills and mutual support. The activities which were funded (at least in part) included:*
  - *Information booth at the Bennington May Fest event.*
  - *Weekly free dinner and activity night for youth at "The Junction".*
  - *Trip to United Nations, including a pre-trip training on the UN Day of Peace and education for peace and a post-trip retreat for attendees. The Diversity Rocks! video "I AM THE WORLD" was premiered at the UN Day of Peace event, where it won first prize.*
  - *Youth Summit- with a special invitation to youth in Orange and Windsor schools.*
  - *Focus groups to generate stories written by youth for youth to be distributed to the community.*
  - *Youth Art show sponsored by the Boys and Girls Club YIT drop-in center of Rutland City.*



- *Delivery of 3 poster or workshop presentations at the National Children's Mental Health Research Conference in Tampa, Florida on March 3-6, 2013: one about the pre- and post-test results for participants in Vermont's CLC training, one about reduced criminal justice involvement for YIT participants, and one assessing the partnerships in the System of Care in Vermont based on the road maps developed at the September 30, 2011 YIT Learning and Sharing Day.*
- *After attending the Emerging Adult Track at the Research Conference, the YIT Project Director advocated with the AHS Secretary to re-activate the Senior Leadership Team for Transition-Aged Youth, to which he agreed.*
- *The YIT Spring Sharing Day (planned for March 19 but snowed out and then held) on April 24 continued to help regions identify the strengths of their work with young people and in their systems of care as the basis for advocating for sustainability.*
- *Effective April 1, 2013, YIT provided a sub-grant for the Diversity Rocks! youth/young adult group. This led to more youth-driven activities and more adult advisor support such as that provided by the new CLC Outreach Assistant for Chittenden County (Jeanine Bunzigiye, whom Mercedes Avila hired through her Cultural Research Solutions, LLC in July 2013).*
- *May 9, 2013 National Children's Mental Health Day – 2 PSAs aired, including on WCAX TV and on the VFFCMH and YIT websites, also through a table set up on Church Street in Burlington.*
- *YIT shared expenses and training slots with the Vermont Coalition of Runaway and Homeless Youth Programs (VCRHYP) and the Youth Development Program (YDP) for the MaleBox training held on May 23, 2013 at Killington, VT as a pre-conference day to the Youth Workers' Conference.*
- *The Youth Workers' Conference was held on May 24, 2013 at the Killington Grand Hotel.*
- *The Young Adult Voice Movement Conference was held on May 31 – June 1 at the University of Vermont (UVM).*
- *Quarterly Young Adult Leadership Awards were given during this year to Esther Dol, Jacques Okuka, Brittany Goodwin, and Heather Houle. Several of the current or prior awardees spoke on panels at conferences at the request of the DMH Commissioner during this reporting period.*
- *As part of sustainability planning, the National TA Partnership staff joined the statewide YIT Operations Team for its monthly meeting on June 13, 2013 via Skype and teleconference to brainstorm about the most important accomplishments of YIT.*
- *Helped the National TA Partnership deliver a webinar and teleconference on July 29 about effective strategies for working with young adults with mental health needs and criminal justice involvement (with Evaluator Dr. Jody Kamon and the Lamoille YIT Case Manager, Outreach Worker, and mentor for the Get Your Stuff Together group for young adult males).*
- *Conducted the annual site visits to all 12 regions in July to September, 2013.*
- *After meeting with senior Integrated Family Services (IFS) staff in the spring and summer, met with Agency of Human Services (AHS) Secretary Doug Racine and Department of Mental Health (DMH) Commissioner Paul Dupre on September 11 to present the outcomes of YIT and request funds (State General Funds and/or Medicaid) starting in FY2015 to replace the federal SAMHSA grant and sustain the work.*
- *All preparations for the October 1, 2013 YIT Fall Learning and Sharing Day were made during this reporting period. The theme for the Day was "Coming Full Circle" with a continued focus on sustainability – i.e., helping regions understand their data, prepare young*

adults to tell their stories, and develop materials like tri-fold storyboards and “elevator speeches” for effective advocacy.

**Key statewide accomplishments during this FINAL reporting period (October 1, 2013 - September 29, 2014) were:**

1. *The 2014 Legislature funded continuation of the YIT regional services and statewide leadership (Project Director and Young Adult Coordinator) beyond the federal grant. The Legislature decided to support YIT with an annual appropriation because of the impressive outcomes achieved by/with the 500 young people whom the regions served per year. Also, on January 31, 2014 over 65 young adults went to the Statehouse to participate in an advocacy workshop by the YIT Young Adult Coordinator and to share their personal stories with their local legislators and with the House Human Services Committee and the Senate Health and Welfare Committee. Several young adults and family members later spoke about YIT in public hearings before the House and Senate Appropriations and Joint Fiscal Committees.*
  - *Though the Legislature’s appropriation added YIT to the base (or ongoing) budget for DMH, during a subsequent budget cutting process this was changed to one-year funding. Further work may be needed with the 2015 Legislature to restore YIT to the base budget beginning in FY2016.*
2. *Six of the 7 Apprentice TIP Trainers were fully certified as Locally-Based TIP trainers. (One became too ill with cancer to continue.) Nine of the 12 organizations/programs originally interested in being certified as TIP-informed completed the necessary action planning and assessment processes. The assessment was conducted by the YIT Evaluation Team with approval from Dr. Rusty Clark. All of those 9 organizations/programs were certified as being TIP-informed. During this reporting period at least 35 more people were trained in TIP. In September, 2014 the Division of Vocational Rehabilitation (VR)’s JOBS Program took over coordination of the TIP training to ensure its sustainability beyond the end of the YIT Grant.*
3. *The YIT State Operations Team delivered a 90-minute symposium about young adult involvement and leadership, cultural and linguistic competence training, and longitudinal outcomes from YIT on March 5, 2014 at the annual Children’s Mental Health Research Conference put on by the University of South Florida in Tampa. (See one slide from the symposium PowerPoint in the Appendix.)*
4. *In lieu of the annual Young Adult Voice Movement Conference, a more sustainable approach to youth leadership training was offered by the Vermont Federation of Families for Children’s Mental Health (VFFCMH), which organized for May 14 a one-day Youth Leadership Academy for up to half-a-dozen young adult leaders from each of the 12 YIT advisory groups in Vermont (see Save the Date poster in Appendix). The VFFCMH brought Youth MOVE National to the event in Randolph, VT to speak with the young adult leaders about mental health issues and forming one or more Youth MOVE chapters here. Two of the advisory groups (Bennington and Chittenden) subsequently sent representatives to the Georgetown Training Institutes to learn more about Youth MOVE National.*
5. *Another round of VFFCM and YIT mini-grants was announced and awarded to encourage youth and young adult groups to use their voices of experience to positively impact the system of care and their communities while strengthening their self-advocacy*

*skills and mutual support, including to celebrate Children's Mental Health Day. The activities which were funded included:*

- *Youth Summit.*
  - *Storefront advertising the youth group and children's mental health information.*
  - *Weekly drop- in center for youth staffed by youth peer workers.*
  - *Anti-bullying dance*
  - *Public service announcement about youth substance use and abuse*
  - *"Get a Job" program for youth who do not qualify for other employment related programs*
  - *Evening of sharing by a young adult who has struggled with mental illness and found a unique path to wellness and recovery*
  - *Celebration of Holi, an Asian holiday symbolizing moving to light from darkness-used as a platform to share information about mental health and recovery.*
6. *The VFFCMH celebrated Children's Mental Health Day by setting up a table with brochures and other materials on Church Street in Burlington.*
  7. *The VFFCMH, the Vermont Coalition of Runaway and Homeless Youth Programs (VCRHYP), and the Vermont Youth Development Program (YDP) of DCF again jointly sponsored a day of training for youth workers just prior to the Youth Workers' Conference. This pre-conference day on May 22, 2014 taught front-line staff about "Thriving on the Front Lines" in their work with young people with mental health and other challenges (see information in Appendix about Bob Bertolino's training).*
  8. *The 9<sup>th</sup> Annual Working with Youth Conference was held on May 23 at the Hilton Hotel in Burlington. As in all years of the YIT Grant, YIT participated in planning and sponsoring the conference and in delivering workshops there. The State YIT Operations Team delivered a workshop about "System of Care (SOC): What the heck is it? What is mine? Why should I care?" And one regional YIT program (Franklin/Grand Isle) delivered a workshop about "Youth Social Entrepreneurship from an International Perspective".*
  9. *The final YIT quarterly Young Adult Leadership Awards were given to Isra Kassim and Benny Nduwaya, both from Diversity Rocks! in Chittenden.*
  10. *The YIT State Operations Team, along with the Children's Mental Health Director and YIT Peer Worker from one region (Bennington) and a young adult leader from another region (Chittenden), delivered Institute #8 [entitled Young Adults Driving Into New SOC Territory (in VT): A Public Health Approach] at the Georgetown Training Institutes in Maryland in July. (See the agenda for the Institute in the Appendix.) Young Adult Leadership Award winners who had not attended a prior national conference with the State YIT Operations Team went to the Georgetown Institutes as did several representatives from both the Bennington Teens for Change (T4C) and Chittenden Diversity Rocks! youth groups.*
    - *Diversity Rocks! submitted its "I AM THE WORLD" video for consideration in two ECCO categories and won in both: Gold for Media Outreach and Bronze for Audience of children, youth, and families. These awards were written up in an online news article by Seven Days; the article can be accessed at <http://www.sevendaysvt.com/LiveCulture/archives/2014/07/25/burlingtons-diversity-rocks-wins-national-awards> .*

11. *The last of the 12 regions received the YIT Cultural and Linguistic Competence (CLC) training, which was turned into a permanent course (D1: Racism and Health Disparities) available online through UVM's College of Nursing and Health Sciences.*
12. *The VFFCMH produced it first online workshop, which is interactive – giving tips to parents about what is normal adolescent behavior, what behaviors are out of the normal range, and how to get assistance with challenging behavior. The workshop or curriculum, called “Transitioning to Adulthood with Social, Emotional, and Behavioral Health Challenges: Services, Supports, and Information” can be found on the home page of the VFFCMH’s website: <http://www.vffcmh.org> .*

Describe efforts to complete Strategic Planning requirements, including Logic Model, Cultural and Linguistic Competence Plan, Social Marketing Plan, Sustainability Plan. Identify the status of these plans (e.g., in process, completed, revised) and time lines for completion or updates.

*With the help of research and facilitation by the Lead Family Contact, in the fall of 2009 the State YIT Operations and Outreach Team drafted and disseminated to the regions for feedback a vision and mission statement. Incorporating the feedback, the statement now reads:*

*Vision:*

*Young adults in Vermont are empowered, healthy, valued, and engaged in their communities.*

*Mission:*

*Young adults, families/adult allies and community partners collaborate to develop a system of care to support transition to adulthood. The system builds upon the strengths of young adults and creates an array of specialized mental health and related services to meet their unique and changing needs. The system also fosters young adult leadership.*

*The YIT Evaluators helped the Operations and Outreach Team complete its working version of a logic model and disseminated it to the regions for feedback. The logic model was later refined in preparation for the September 23, 2010 Learning and Sharing Day to more clearly mention goals for strengthening regional SOCs. One of the goals is for SOC partners to gain CLC. Another is for local communities (including young adults) to change their perceptions of young adults and of mental health issues, reducing stigma. A third (of seven) is for the State to support and sustain regional services for young adults. The logic model builds on SOC strategies like interagency planning as the foundation for achieving these goals and the desired outcomes for individual youth, young adults, and their families (like productivity in their communities and freedom from incarceration). The logic model is the basis for ongoing action planning.*

*The logic model and action plans have all been considered working drafts so are changed as needed and posted on the website, <http://www.youth-in-transition-grant.com>. The “Legos” – for the “building” theme of the Sept. 23, 2010 Learning and Sharing Day – version of the summary of the logic model is in the Reports Archives>YIT Grant Related Documents, as are the logic model overview and details and the sustainability action plan. The action plan for CLC is under Reports Archives>Cultural and Linguistic Competence Reports, and the action plan for Social Marketing is on the Social Marketing page.*

Services for Children who have Serious Emotional Disturbance

Please check if you are primarily delivering services to youth who meet the following criteria or who are involved in the following systems:

<input type="checkbox"/> Young Children (Birth-5)	<input type="checkbox"/> Juvenile Justice	<input type="checkbox"/> Primary Care
X Transition Age Youth	<input type="checkbox"/> School Based	<input type="checkbox"/> Developmental Disability
<input type="checkbox"/> Child Welfare	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> GLBTQI
<input type="checkbox"/> Other _____		

Indicate the number of children newly enrolled in services **this period** (Note: Include children who have been enrolled even if they are no longer receiving services): *The consistent method of collecting this information was through enrollment in the YIT Evaluation Team’s Common Study, which gathered the required NOMS data for young adults enrolled in services and reported that data through the TRAC system. Data collection for TRAC ended on October 31, 2013; the final data was reported in the prior progress report. **Though young people continue to be enrolled in services [through the end of the grant (September 29, 2014) and beyond], we no longer have a system for collecting consistent data about them. This is being addressed through changes to the progress reporting requirements for the sustained program.***

Indicate the total number of children served **to date** (Note: Include both currently enrolled children and children who are no longer receiving services): *From April 1, 2010 – October 31, 2013 at least 536 young people received YIT case management or other services in which they were enrolled. This total does not include the many other youth and young adults served by YIT only through its outreach efforts and activities and not enrolled in services.*

How does your enrollment effort reflect the ethnic/racial diversity of the entire geographic area defined in your application? Describe activities/strategies you are implementing to address this issue.

*Though only approximately 5% of Vermont’s population is **non-White, 80 or 15%** of the youth and young adults aged 16-21 and enrolled in the Common Study statewide from April 1, 2010 – October 31, 2013 reported being a member of a minority population.*

*The Invitation to Communities instructed regions to reach out to and involve in their strategic planning and ongoing program implementation youth and families including those of diverse backgrounds, also to reach out to and involve representatives of cultural organizations. The YIT CLC Coordinator was very active with this outreach in the Chittenden area. She introduced representatives from other regions to CLC concepts through a webinar, on-site meetings, materials on the YIT website, and her 3-hour training curriculum. Regions responded by hiring YIT staff of greater diversity than the general population in Vermont, which is 95% White. For YIT, with approximately 15 FTEs hired in the regions, at least four (or 27%) of the positions are or have been filled by people who are Non-White: a case management position in Franklin-Grand Isle filled by a black woman; a case management position in Orange-No. Windsor filled by an Abenaki Native American man; a case management position in Chittenden filled by a woman of Asian descent (who succeeded a woman from Pakistan); a therapist position filled by*

*a Latina woman; and a Young Adult Peer Navigator position in Chittenden filled by a Bhutanese male [Jeetan Khadka] who had earlier earned a Young Adult Leadership Award from YIT. One of the YIT supervisors (in the Orange-No. Windsor region) is a Latina. In addition, several current or former staff (in Franklin-Grand Isle, Chittenden, and So. Windham) have experience as international educators. The perspectives and experiences of these YIT staff help multi-cultural youth and young adults engage with them.*

*These YIT staff and young adults whom they mentor formed with the CLC Coordinator a “Hands of Friendship” CLC Workgroup to increase awareness of CLC issues and opportunities throughout the Vermont SOC. The Workgroup held meetings in different regions, inviting regional YIT staff, Steering Committee members, and family and young adult leaders to attend. In this way, the Workgroup built a base of knowledge and support across the regions for more effective outreach to and interactions with youth, young adults, and families of diverse backgrounds. In addition to educating the regions, members of the Hands of Friendship Workgroup gave the CLC Coordinator feedback about the curriculum she developed, also delivered training at the statewide level, including at the annual Youth Workers’ Conferences and the annual YAVM Conferences.*

Have barriers to enrollment been identified and if so how are they being addressed?

*Some YIT staff felt that the process of enrolling youth/young adults in the Evaluation Common Study (with the NOMS and TRAC data) must be handled delicately to avoid any possibility that the paperwork would detract from their engagement with the young people and damage the likelihood of establishing ongoing relationships. The YIT Evaluators and Project Director addressed this issue by suggesting that staff not attempt to enroll young adults in the Common Study until they felt a firm enough connection had been made. Staff turnover naturally exacerbated this problem. In the meantime, contact with the young adults was considered a continuation of outreach that may (or may not) have been counted according to the Study Inclusion Criteria Checklist (SICC).*

*Another barrier was that when regional YIT case managers had full caseloads, they were unable to enroll other young people into either service or evaluation. The YIT State Outreach Team responded to this challenge by reminding the regions that the SOC includes other mental health case managers (e.g., JOBS workers, at least) who, while enrolling young people in case management, could also enroll them in the YIT Evaluation.*

*Enrollment into the National and Vermont Studies ended on March 31, 2013. Enrollment into the Common Study ended on October 31, 2013. Service delivery continues, even past the end of the federal grant ( 9/29/14).*

## **II. Child and Family Services/Supports**

Are there any mandated services, as identified in the Guidance for Applicants (GFA) that have not been implemented? Please identify the service(s), describe and explain the barriers, and provide information about what is being done to address.

*All mandated services were – and are still being - implemented. Case management and individualized services planning are provided by YIT staff in all regions through the community mental health center (in 7 regions) and/or through runaway and homeless youth programs (in 3 regions) or through a federally-qualified health center (1 region) or community action agency (1 region). All twelve regions have long been served by community mental health centers which provide the full range of services mandated in the GFA for children’s mental health. The community mental health centers and runaway and homeless youth programs (members of the Vermont Coalition of Runaway and Homeless Youth Programs, VCRHYP) have years of experience collaborating with each other to provide services for adolescents in each region. In some regions, the runaway and homeless youth programs were started by and/or are part of the community mental health centers.*

Describe any needs assessments (i.e., systematic approach to gathering data on the needs of a population to be served) that have been done. What was learned from the needs assessment(s)? How does the service system address basic needs, recreational services, respite care, mentoring and crisis services in addition to traditional mental health services? Describe any access barriers and how they are being addressed.

*Various statewide needs assessments were reviewed for and cited in Vermont’s original federal CMHI grant application for this Youth in Transition (YIT) project. During the subsequent regional planning process, each region identified the gap between its vision and the existing situation and resources for young adults of transition age. One common theme which emerged from the regional plans was that youth/young adults experience many barriers to accessing services to meet their basic or mental health or other needs: from knowing they have a need for service; to knowing the service exists; to transportation, eligibility, hours of service, legal ability to consent for service, lack of insurance, finding the service welcoming and appealing, etc. As a result, two-thirds of the regions decided to hire part-time Peer Navigators or Outreach Workers to engage young adults and then help them connect with the services they need through case management and individualized services planning.*

### **III. System Level Coordination/Infrastructure and Management Structure**

Identify management team members, listing participants by name, agency or constituency being represented, and their role on the team. Identify any changes in the composition of the team since the previous report.

*The Vermont Youth in Transition (YIT) grant was most closely managed by a YIT Operations Team that consisted of key personnel as required by the federal Center for Mental Health Services (CMHS). **Except for the Social Marketing Coordinator, who left for other work on January 1, 2014, the entire YIT Operations Team remained through 9/29/14:***

*13. Principle Investigator (Charlie Biss)*

- Project Director (Brenda Bean)*
- State-Local Liaison (function now performed by Charlie Biss as Director of the State Department of Mental Health’s Child, Adolescent, and Family Division, which delivers services through local community mental health centers and specialized agencies)*

- *Lead Family Contact (Cindy Marshall, now Mrs. Dustin Tabor)*
- *Lead Evaluator (Dr. Thomas Delaney)*
- *Social Marketing Coordinator (Courtney Bridges)*
- *Young Adult Coordinator (Matt Wolf)*
- *Cultural and Linguistic Competence Coordinator ([Maria] Mercedes Avila)*
- *Evaluators (part-time: Drs. Jody Kamon and Jesse Suter)*
- *Training and Technical Assistance Coordinator (function shared by Courtney Bridges and Matt Wolf, with help as needed from Jody Kamon, Cindy Tabor, Brenda Bean).*

*The Operations Team interacted with representatives from State departments interested in outreach to youth in transition and to the regions; these representatives participated in the YIT business (meetings, site visits, training events, match) as they were able to do so. These Outreach members included managers from the Departments of Vocational Rehabilitation [VR], Corrections [DOC], Labor [DOL], and Children and Families [DCF].*

What authority does the Governance Council have? Does the Governance Council approve budget and strategic plans? Are families and youth represented on the Governance Council? Do family members and youth have authority to vote on budget issues?

*The body most akin to a Governance Council is the YIT Leadership Team, an interagency group formed in 2005 by the Agency of Human Services (AHS) to respond to former Governor Jim Douglas' interest in better supporting youth of transition age. Scott Johnson, the former State-Local Liaison for the YIT grant, chaired the YIT Leadership Team until he resigned from State service in June, 2010. His AHS position was then assigned to other purposes, so Charlie Biss (YIT Principal Investigator) took over chairmanship of the YIT Leadership Team.*

*The YIT Leadership Team members are very knowledgeable; some worked closely with the YIT Operations Team and offered State outreach to the regions about planning and implementation of this project. The VFFCMH is represented on both the YIT Leadership Team and the Act 264 State Interagency Team (SIT). The Vermont Family Network (VFN, a merger of the former Vermont Parent Information Resource Center [VPIC, a PIRC] and Parent-to-Parent of Vermont) is also represented on the YIT Leadership Team, as is the VCRHYP. All representatives have equal opportunity for voice and vote on all business. Though the YIT Leadership Team (like SIT) influenced policy and budgets, it did not have authority to set policy or the budget for the AHS or any of the participating departments or organizations.*

*After Tropical Storm Irene caused flooding and closing of the State Office Complex in Waterbury, VT in late August, 2011, collaborations such as the YIT Leadership Team became much harder to sustain. Despite attempts by the YIT Operations Team and promises by the AHS Secretary's Office, the YIT Leadership Team did not meet for a couple of years. Its members affirmed the importance of having an ongoing Working Group to continue to advocate for youth and young adults of transition age and in early spring, 2014 the YIT Leadership Team was re-convened. It again provides guidance for YIT, along with other SAMHSA and AHS initiatives.*

Identify and include any new or additional public policy, including memoranda of understanding and/or legislation, developed since the last report.



*The most significant change to public policy after the original grant application was submitted was the State's response to a multi-year Medicaid deficit and to the world-wide recession of State FY2009 and subsequent Sequester. Even with Vermont's receipt of federal economic stimulus funds, hundreds of State employees and community service workers were laid off or had their jobs cut back in time (voluntary "furloughs"). The remaining workers have been hard-pressed to handle all the tasks. SOC partners at both the State and regional levels are less available for collaboration.*

*During the fall, 2010, the Vermont DMH accepted a five-year federal SAMHSA Transformation Grant to attract young adults aged 18-34 who are in need of early intervention to adult mental health services via the use of credentialed Peer Specialist and other recovery-oriented services. The Adult Mental Health and Children's Mental Health Divisions have been collaborating about how to reach out to young people. The YIT Young Adult Coordinator Matt Wolf chaired the Adult Mental Health Transformation Grant's Committee on Peer Workforce Development and served on the interview team to hire its Project Director. Then the DMH received word from SAMHSA that the Transformation Grant would be cut by 1/3, reducing its potential impact.*

*Another major public policy development was the law approved by Vermont's Governor Peter Shumlin and the Legislature in 2011 for health care reform that is above and beyond the 2010 federal Patient Protection and Affordable Care Act. The law is intended to produce by 2017 universal coverage for all Vermonters with an Essential Benefit Package (including mental health care); integrated delivery of care by medical homes and Accountable Care Organizations; use of a single administrative "pipe" or channel for billing, claims processing, and payment of uniform (capitated) rates; and a payroll (or other) tax for generating the budgeted revenues. This set of reforms may help YIT accomplish its desired outcomes for young people of improved access to medical homes/care and, possibly, employment since a benefit of the reform is said to be job creation.*

*The 2011 Legislature appropriated \$75,000 for new housing for homeless youth in the Chittenden region, through Spectrum (a YIT sub-contractor with the HowardCenter).*

*The 2011 Legislature also expanded the Vermont Medicaid program to pay for services for income-eligible legal immigrant children and pregnant women regardless of how long they have been in the United States. Federal Medicaid requires service for this population only after they have been in the United States for five years. Linda Li, then the YIT Case Manager for minority populations in the Chittenden region, initially brought the need for this policy to the attention of State Senator Ann Pugh, who was also her Master's Program instructor.*

*The 2012 Legislature approved another expansion to Medicaid so that pregnant and post-partum women of any age can receive full dental care; this will benefit many transition-aged women.*

*The 2012 Legislature extended juvenile/family court jurisdiction to 6 months past a youth's 18<sup>th</sup> birthday. This improves the odds that a State's Attorney will decide to prosecute a 16 or 17 year-old in juvenile rather than criminal court. The advocacy organization "Voices for Vermont's Children supported this bill because research and evidence show that young people*

*prosecuted as juveniles are much more likely to receive the services necessary for their rehabilitation and are much less likely to reoffend.”*

*On August 29, 2011 flooding from Tropical Storm Irene destroyed huge sections of the Vermont landscape – e.g., re-routing rivers; washing out roads, bridges, and homes; and causing the Vermont State Office Complex, including the Vermont State Hospital, in Waterbury to be abandoned. Governor Shumlin’s Administration responded to this catastrophe on many fronts. For months following the storm, the Field Services Directors and other AHS staff spent much of their time helping residents and/or the 1,500 State employees who had been displaced find new offices and homes. This prompted promulgation of the first telecommuting “TeleWork” policy by the State Agency of Administration in February, 2012.*

*Also, since homelessness and the need for affordable housing were already at critical levels before the storm, the added dislocation led the AHS to, on August 22, 2012, promulgate a new policy to “promote greater housing stability for all persons served by the” AHS and its sub-grantees and contractors. The policy addresses homelessness prevention and rapid re-housing, outreach, emergency shelter, supportive services (case management/housing case management), transitional and supportive housing, and affordable housing. It allows “unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless” to be eligible for homeless services under specific conditions.*

*The destruction of the State Hospital offered opportunity for – as Governor Shumlin wrote in his “Legislative Checklist: a Record of Results” – “strengthening Vermont’s mental health system, shifting care from an obsolete institution-based system to a more individual-focused, community-based system.” Operating funds and positions from the State Hospital were directed toward operating the community mental health system. The 2012 Legislature passed Act 79 “relating to reforming Vermont’s mental health system...by offering a continuum of community and peer services, as well as a range of acute inpatient beds throughout the state. This system of care shall be designed to provide flexible and recovery-oriented treatment opportunities....It is also the intent of the general assembly that the AHS services fully integrate all mental health services with all substance abuse, public health, and health care reform initiatives, consistent with the goals of parity.” According to the Governor, “Under the new law, acute in-patient care will be provided at the Brattleboro Retreat, the Rutland Regional Medical Center and Fletcher Allen Health Care in Burlington, as well as a new 25 bed secure facility to be located near the Central Vermont Hospital in Berlin. In addition, services that enable individuals to remain in their communities will be increased, local emergency services expanded, and support for effective programs helping those with mental health conditions strengthened.” Montpelier Legislative Representative Mary Hooper, who serves on the Mental Health Oversight Committee, said about this change to the entire system of care: “After years of cutting mental health services, some funding has been restored” (for State FY2013). However, 80 State Hospital employees lost their jobs. Ground breaking for the new State Hospital took place on 1/9/13; it opened in July, 2014.*

*The 2013 Legislature invested in education in ways designed to help lower-income students of transition age:*

- *Increased the flexible pathways to high school graduation for students, including personalized learning plans for every student; internships, career and technical education, work-based and virtual learning.*
- *Doubled (by adding \$800,000) the State's support for the Vermont Dual Enrollment Program, which offers students affordable access to college courses (no more than 2) and credits while still in high school.*
- *Added \$2.5 million of tuition support for higher education (via UVM, Vermont State Colleges, and the Vermont Student Assistance Corporation).*

*The Legislature also decriminalized the possession of up to one ounce of marijuana and up to five grams of hashish, allowing law enforcement and the courts to refocus their limited resources toward cracking down on highly addictive prescription opiates and heroin. This will help youth and young adults as well as older adults avoid the criminal justice system.*

*Governor Peter Shumlin's January 8, 2014 "State of the State" speech was dedicated to the risks facing Vermont from increasing heroin trafficking here. And in its January 15, 2014 Annual Report to the General Assembly, the Green Mountain Care Board in charge of state health care reform acknowledged that "Vermonters' unmet needs for mental health and substance abuse services have moved front and center on the public stage" so it "intends to dedicate additional time and attention to this piece of our state's fragmented health care system."*

*The 2014 Legislature approved expanded funding for substance abuse treatment at regional opioid treatment centers (through the Office of Alcohol and Drug Abuse Programs) and for Reach-Up clients (through the Department for Children and Families, DCF), also for rapid assessment of the need for substance abuse and/or mental health treatment for people brought to court (through the Department of Corrections, DOC). All of this will benefit many young people and their families.*

*The 2014 Legislature expanded the DCF Reach -Up program by adding an additional year of eligibility for financial assistance (Vermont's version of TANF), including for child care (with 100% paid). This greatly helps poor parents (many of transition age) with young children.*

*The 2014 Legislature expanded access to public pre-kindergarten by making it available to all children aged 3 or 4, not just those considered at-risk for not succeeding in school. Although the public pre-kindergarten will be available only 10 hours per week, it will help many parents (including those of transition age) and young children.*

*The 2014 Legislature also funded continuation of YIT regional services and statewide leadership (Project Director and Young Adult Coordinator) beyond the federal grant. The Legislature decided to support YIT with an annual appropriation because of the impressive outcomes achieved by/with the 500 young people whom the regions served per year. (The outcomes include an estimated \$908,600 in cost savings to Corrections, Mental Health, and other budgets from the first year of service alone.) These outcomes occurred as a result of young people aged 16-21 gaining skills and a "lot of hope" from the caring relationships they formed with each other, peer workers, case managers, and through individualized services and*

***community group activities. Over 65 of them skillfully expressed that hope on January 31, 2014 by going to the Statehouse to share their personal stories with their local legislators and with the House Human Services Committee and the Senate Health and Welfare Committee. Several young adults and family members subsequently spoke about YIT in public hearings before the House and Senate Appropriations and Joint Fiscal Committees. Though the Legislature's appropriation added YIT to the base (or ongoing) budget for DMH, during a subsequent budget cutting process this was changed to one-year funding. Further work may be needed with the 2015 Legislature to restore YIT to the base budget beginning in FY2016.***

List any optional services (as suggested but not mandated in the GFA) being provided. How are these services being funded, managed and supervised?

*The original grant application explained that in the process of strategic planning, each region would decide what evidence-based practice it intends to pursue. As a result of the needs assessment done for the strategic planning, all regions felt that improving the access of young adults to services/supports is the most important priority. Half the regions identified TIP (Transition to Independence Process) as the evidence-supported practice that could best help them do this. Subsequently, in May, 2010, all regions were offered – and at least one person from each region attended – an introductory TIP training. And in June, 2011, 82 people from 16 organizations or programs throughout Vermont participated in a 2-day advanced TIP training with Dr. Rusty Clark, Joseph Solomita, and Nichole Deschenes from the National Network on Youth Transition (NNYT). 12 of those organizations/programs committed to becoming certified by NNYT as TIP-informed, and they did the necessary action planning. Also 7 people applied and were accepted as Apprentices for becoming certified as locally (e.g., VT) -based TIP trainers. The Apprentice Trainers include members of the YIT State Outreach and Operations Team as well as regional mental health (JOBS and other) workers. They function as an implementation team for TIP in Vermont. The Apprentice Trainers trained 73 people in Part I (Days 1 and 2) of TIP on July 11-12, 2012 and another 80 people in 5 regions from February – October, 2013.*

***During this reporting period, 6 of the 7 Apprentice Trainers were fully certified as Locally-Based TIP trainers. (One became too ill with cancer to continue.) Nine of the 12 organizations/programs originally interested in being certified as TIP-informed completed the necessary action planning and assessment processes. The assessment was conducted by the YIT Evaluation Team with approval from Dr. Rusty Clark. All 9 organizations/programs were certified as being TIP-informed. Also during this reporting period at least 35 more people were trained in TIP. TIP training continues past the end of the YIT Grant; in September, 2014 the Division of Vocational Rehabilitation (VR)'s JOBS Program took over coordination of the TIP training to ensure its sustainability.***

Describe linkages with universities, research projects, media, or other entities not directly involved in providing services to the enrolled population.

*The YIT evaluation was planned and conducted by VCHIP, part of UVM Medical School.*

Describe any other linkages that have been instituted that address the development of infrastructure in your community. Infrastructure includes governance, workforce development,

youth and family involvement and financing strategies.

*Members of the YIT Leadership Team sponsor an annual Youth Workers' Conference for workforce development. The Conference has been held nine years under direction of the VCRHYP. The May 15, 2009 Conference highlighted the YIT grant by using young adult Ross Szabo of the National Mental Health Speaker's Bureau as the lunch-time speaker and by offering two workshops about the regional YIT planning. On May 21, 2010, the Youth Workers' Conference featured the YIT work by hosting three workshops by Dr. Hewitt (Rusty) Clark about the TIP System.*

*For the May 20, 2011 Youth Workers' Conference, YIT offered a workshop entitled "Recruiting Young Adults as Leaders" about developing youth leadership by helping young people recognize and build upon their already existing leadership skills. The workshop was designed and delivered by Hands of Friendship members from the Franklin-Grand Isle region, with help from Matt Wolf, the YIT Young Adult Coordinator. Also, YIT Social Marketing Coordinator Courtney Bridges helped to deliver a workshop about substance abuse. That workshop featured a video created by the Young Adult Advisory Team (YAAT) for the VT SPF-SIG Grant, with young adults telling their own stories about substance abuse, its treatment, and the importance of prevention.*

*The YIT State Operations Team delivered two workshops at the 7<sup>th</sup> Annual Youth Worker's Conference held on May 17, 2012 at the Sheraton Hotel in Burlington. Mercedes Avila offered her 3-hour CLC curriculum as one track over two workshop periods. (It was so well received that the Youth Workers' Conference Planning Committee asked her to deliver it again in the future but she has not been available to do so.) The other YIT workshop was delivered collaboratively by the YIT Evaluation Team and young adults from the Franklin-Grand Isle region. It was entitled "Straight Talk: What young adults have to say about trying to access Vermont's Mental Health System of Care and the quality of services offered." In this workshop Dr. Jody Kamon presented highlights from a focus group study conducted by Drs. Tom Delaney and Nancy Pandina with 86 young adults from around the state. The New Generation Youth Group from Franklin-Grand Isle added their personal experiences relevant to the findings and responded to questions from the audience. In addition, the Orange-No. Windsor regional YIT program delivered a workshop about resiliency: one presenter was Mikah Hughes, whom the YIT State Operations Team selected in 2012 to receive its 3rd Young Adult Leadership Award.*

***For the May 23, 2014 Youth Workers' Conference, the State YIT Operations Team delivered a workshop about "System of Care (SOC): What the heck is it? What is mine? Why should I care?" And one regional YIT program (Franklin/Grand Isle) delivered a workshop about "Youth Social Entrepreneurship from an International Perspective".***

*YIT Young Adult Coordinator Matt Wolf has made a unique contribution to Vermont's development of a peer outreach workforce for mental health by meeting with the YIT peer workers and finding out from them what works(or not) for orientation, supervision, and ongoing training. He summarized and shared this knowledge not only with YIT but also with the DMH Adult Mental Health Transformation Grant Committee on Peer Workforce Development, which then asked him to serve as Chair. As Chair, Matt helped the Committee – composed of providers, peers, and stakeholders from around the state - agree on a peer support model to be used by the*

*Mental Health Transformation Grant statewide. Matt made reference to the TIP Model several times throughout this process and agreed with the group when they settled on a model that mirrors TIP in almost every way. The Committee selected a combination of Wellness Recovery Action Planning (WRAP) and Intentional Peer Support (IPS) as their evidence-based practice(s) to move the Transformation Grant forward. This combination of models is very similar to the evidence-supported TIP Model that the YIT grant uses. WRAP, IPS, and TIP are all strength based, client/consumer directed, goal (not deficit) oriented, and work with consumers on planning their personal futures based on their own stated goals, interests & needs.*

## **V. Cultural and Linguistic Competence**

Describe the composition of your population with regard to gender, cultural/ethnic diversity, sexual orientation, etc... Is this description different from that which you identified in your application? How are you addressing the needs of the population being served?

*Approximately 5% of Vermont's population is non-White; one percent may have Limited English Proficiency (LEP, primarily refugees). Transition-aged youth have their own culture, especially related to use of technology, media, and music. Most youth who receive public services are of low income, so poverty is an important cultural variable to address. Lesbian, gay, bisexual, trans-gendered, and questioning (LGBTQ) youth are especially vulnerable to suicide.*

*This description is not different from the original grant application; what is different is the collaboration which has occurred between Vermont's SAMHSA grants for YIT and for suicide prevention. The half-time CLC Coordinator for YIT also worked as an evaluator for one Suicide Prevention grant until it ended on September 30, 2011. The YIT Social Marketing Coordinator served on the advisory board for that Suicide Prevention grant. In 2013 Vermont received another SAMHSA grant for Youth Suicide Prevention (YSP). This time, a YIT evaluator is also serving as the YSP evaluator, and the YIT Young Adult Coordinator is on the YSP advisory board. These over-lapping roles have resulted in enhanced awareness of the state-level YIT staff about the urgency for reducing the stigma of mental illness and receiving mental health treatment for young adults and their families. This urgency informed their training and social marketing efforts. The CLC Coordinator developed and still delivers a training curriculum which highlights the oppression and stigma caused by racism, while the Social Marketing Coordinator developed a campaign called WEST (We Eliminate Stigma Together). Following a pilot test of WEST in the high schools in the Washington County region, it was reformatted to focus on the stigma related to just being a young person (beyond having mental health issues) and was then administered – with the help of VFFCMH and YIT mini-grants - through the YIT young adult groups statewide.*

*The goals of the CLC Coordinator Mercedes Avila's curriculum "Towards Cultural Competency in Mental Health" are to train mental health and other service providers to:*

- *Increase self-awareness of racial, ethnic and class biases.*
- *Define cultural and linguistic competency and become familiar with the stages (or continuum) of cultural competency.*
- *Explain how cultural beliefs shape clinical encounters.*

- Understand the impact culturally competent services can have in the clinical outcomes of refugees and/or immigrant consumers.
- Discuss the implications of demographic trends for health disparities.

*Mercedes' 3-hour CLC training includes small and large group discussions in response to a Power-point and video presentation. She administers pre- and post-training surveys to measure increases in knowledge from and satisfaction with the training. Over 36% of the 569 participants who completed both the pre and post training surveys at one of the 34 CLC training events Mercedes delivered in 10 of Vermont's 12 regions from October 2010 through August 2013 indicated that prior to attending the training, they had either no or little exposure to any type of Diversity, Cultural Competency or Multicultural Training. Prior to attending the training, 76.1% of the participants believed that race identification was based on blood, skin, ancestry, genes, or all of these characteristics together. After attending the trainings, 93.7% of the participants understood that none of these characteristics are the basis for racial identification and consequently*

*"Race has no genetic basis. Not one characteristic, trait or even gene distinguishes all the members of one so-called race from all the members of another so-called race".*

*"Skin color really is only skin deep. The genes for skin color have nothing to do with genes for hair form, eye shape, blood type, musical talent, athletic ability or forms of intelligence. Knowing someone's skin color doesn't necessarily tell you anything else about them." (Ten Things You Should Know About Race, Race the Power of and Illusion).*

*With help from the YIT Evaluation Team, Mercedes measured statistically significant ( $p < .01$ ) increases in knowledge from pre- to post-training in a number of areas including participants' ability to eliminate their own prejudices or assumptions about clients. Other areas in which participants demonstrated substantial gains included about organizational cultural competence, racial and health disparities (including the income disparities of racially diverse families), and comfort level with the topic.*

*Mercedes presented an earlier version of this research as a poster at the 22<sup>nd</sup> national Federation of Families for Children's Mental Health conference in November, 2011. She presented an updated version at the 26<sup>th</sup> Annual Research Conference for Children's Mental Health at the University of South Florida in Tampa, Florida in March, 2013, and **again at the 27<sup>th</sup> Conference in Tampa in March, 2014.***

*Other places where she has disseminated the results of her broad-based CLC work include:*

- *International Conference on Science in Society in November, 2012 in Berkeley, California, where she presented a paper about "Addressing Health Disparities through Cultural and Linguistic Competency Training." In February, 2013 she submitted an article with the same title to the Journal of Cultural Diversity: An Interdisciplinary Journal, and in March, 2013 presented a poster about this topic at the 26<sup>th</sup> Annual Research Conference for Children's Mental Health at Southern Florida University in Tampa, Florida.*
- *National conference of the Association of University Centers on Disability, where in December, 2012 in Washington, D.C. she presented a poster on "Considering Culture in the Screening and Assessment of Children with Developmental Concerns." Mercedes had*

*conducted a literature review/research about resources available to work with English Language Learners (ELL) with Autism Spectrum Disorders (ASD) or other Developmental Disabilities (DD). She collaborated with the Massachusetts Early Act Team to add refugee-specific stories to their educational materials about this topic. All of these resources have been made available to service providers electronically and/or via CD.*

- *At this conference Mercedes also presented about CLC organizational self-assessment in leadership training programs.*
- *Furthermore, she submitted a proposal which was accepted for presentation at the 2013 annual conference of the National Federation of Families for Children's Mental Health. Subsequently, on November 15, 2013 she and Esther Doh (a young Burmese woman, one of the winners of a YIT Young Adult Leadership Award), Fatuma Bulle (a young Bantu mother) and Jeanine Buzigiye (a Congolese woman who works as a part-time Community Advocate for Mercedes, especially with Diversity Rocks!) delivered a workshop there entitled "Cultural and Linguistic Competency: Understanding the Importance of Stories in Serving Refugee and Immigrant Populations."*

*The CLC Coordinator created a video that is now part of the CLC trainings. The video, entitled "Institutional Oppression: A History of US", describes the historical trauma suffered by many groups in this country, the current consequences of these trauma, and what needs to be done to change these issues moving forward.*

*Because of the effectiveness of her training and word-of-mouth referrals, Mercedes Avila conducted one or two training events per month in Vermont and was even asked to present to SOC sites outside Vermont. (During this reporting period, she delivered at least 12 training events for 418 people; the list of these events is on p. 47 and below.)*

**CLC training events:** *During Federal FY2014, the following organizations hosted CLC training for their staff, statewide members, and/or for community partners – 418 people:*

- *HowardCenter Developmental Services – Burlington, Vermont - 32 participants*
- *Pathways □ Burlington, Vermont - 12 participants*
- *Region 11 - Clara Martin - Randolph, Vermont - 22 participants*
- *Region 12 – Newport – Newport, Vermont - 6 participants*
- *Vermont Legal Aid - Burlington, Vermont - 36 participants*
- *Saint Michael's College – Burlington, Vermont - 24 participants*
- *Vermont Department of Health CHSN – Burlington, Vermont - 24 participants*
- *Vermont Pediatric Palliative Care Conference – Montpelier, Vermont - 50 participants*
- *Vermont Association for Mental Health and Addiction Recovery (VAMHAR) – Montpelier, Vermont - 100 participants*
- *Recovery Network Grant – Burlington, Vermont - 22 participants*
- *Vermont Bar Association's State Conference – Montpelier, Vermont - 40 participants*
- *Pediatric Grand Rounds – Burlington, Vermont - 50 participants.*

*All 12 service regions and a cumulative total of at least 1,118 people (mostly service providers) received this training (including about health disparities) during the entire grant period.*



*Two mental health agencies/regions incorporated her CLC training as part of the required professional development training for newly-hired staff as well as for current employees. One of these mental health agencies (United Counseling Service [UCS] of Bennington) relied upon Mercedes to train at least 84 employees through 5 different events. UCS also conducted a CLC organizational self-assessment and appointed a Cultural Diversity Coordinator for the agency.*

*Mercedes' CLC training has been turned into a permanent ongoing 3-credit "Racism and Health Disparities" graduate class (now offered online) at UVM for the College of Nursing and Health Services, reaching more than 200 students per year.*

***The CLC trainings also continue to be offered through 3 other SAMHSA grants/initiatives:***

- SAMHSA's Screening Brief Intervention and Referral to Treatment (SBIRT) grant.***
- SAMHSA's Targeted Capacity Expansion Peer-to-Peer grant. This grant was recently awarded to the Vermont Recovery Network for the Pathways to Recovery program.***
- SAMHSA's Mental Health Transformation grant.***

***During FFY2014, Dr. Mercedes Avila and YIT Evaluator Dr. Jody Kamon held 4 focus groups with male and female young people (approximately 40 participants) from refugee or minority communities to learn what they think about and how they cope with mental health and substance use problems in their communities. The focus groups sought to hear what young people think about the services available in the broader community to help with these types of problems. Drs. Avila and Kamon also conducted focus groups with parents of the young people. The data is being analyzed. Results/findings will be disseminated back to communities and to the Department of Mental Health in 2015 to inform current and future direction in serving and working with diverse and/or underrepresented communities.***

*The CLC Coordinator uses what she has learned in part to provide consultation, including for the design and implementation of grade-appropriate cultural and linguistic competency modules related to Vermont's Health Careers Opportunities Pipeline (HCOP) grant. This Maternal Child Health (MCH) grant seeks to achieve the following goals:*

- Goal #1: Increase the numbers of students from rural or underserved communities, who are economically or educationally disadvantaged, exploring a career in health care.*
- Goal #2: Increase the opportunities for economically or educationally disadvantaged Vermont students to follow a pathway to the successful completion of a post-secondary certification or degree in a health career.*
- Goal #3: Improve quality of care by helping to ensure a culturally competent and diverse health care workforce for Vermont.*

*Mercedes encouraged 11<sup>th</sup> graders served through YIT and other programs to apply for the available education – a summer residential experience called College Quest - to begin a health-care career. She researched, developed, and presented a 12-hour CLC training delivered over 3 days to the summer students (27 in 2012 and 24 in 2013) about "disparities in the U.S. and what young people can do to prevent and stop reproducing inequalities." From this she distilled 5-hours of training about the same topic for the Champlain Valley Area Health Education Center's (CVAHEC's) College Quest staff.*

*The CLC Coordinator has provided other support and consultation for the CVAHEC, such as in updating earlier versions of its “Cultural Competency for Health Care Providers Manual.” (The latest version is in the Resources section of the CVAHEC website: [www.cvahec.org](http://www.cvahec.org).) Earlier versions were used for the first and second round of Medical Interpreters’ training delivered in the spring and fall of 2011, when some of the interpreters trained were YIT workers Mercedes Avila and Linda Li. Interpreter Guylaine Daoust became the instructor after accompanying Mercedes to training in Atlanta. Mercedes then served on a workgroup with the HowardCenter, the Vermont Refugee Resettlement Program (VRRP), and the Connecting Cultures program of Fletcher Allen Health Care to plan Mental Health Interpreting training for those already trained as Medical Interpreters. She used YIT funds to send Cathleen Kelley of Connecting Cultures to a 4-day pilot training in San Francisco, California in June, 2013 of “Healing Voices: Interpreting for Survivors of Torture, War Trauma and Sexual Violence.”*

*Other organizations for which the YIT CLC Coordinator has provided support and consultation include at least the:*

- *Vermont Coalition of Runaway and Homeless Youth Programs (VCRHYP, for help with a grant application for continuation of its Street Outreach Programs – not awarded).*
- *Community Health and Learning (CHL, for help with a grant application to renew its Youth Suicide Prevention work – awarded, as mentioned above on page 22). For CHL she also helped prepare a webinar about “Cultural Considerations in Suicide Prevention” which was delivered to providers statewide.*
- *Vermont Department of Health’s (VCH’s) Office of Minority Health, serving on its advisory board and collaborating to address youth suicide and youth leadership within the refugee community, especially in Chittenden County, plus disproportionate minority representation in the juvenile justice system (with Vermont’s Juvenile Justice and Delinquency Prevention Specialist).*
- *University of Vermont’s College of Medicine (COM, using YIT funds to support two medical students to do CLC research at Fletcher Allen Hospital’s Immigrant Clinic).*

***Dr. Avila is now Assistant Professor of Pediatrics at the University of Vermont’s College of Medicine; and Multicultural Director for the Leadership Education in Neurodevelopmental Disabilities (VT-LEND) program at UVM’s College of Medicine. From these and earlier positions at UVM she has been able to help former refugee community members and students enter health and mental health careers and graduate programs at the University of Vermont. As a consequence of her advocacy, in the fall of 2014:***

- ***One Somali Bantu female started undergraduate Medical Laboratory Radiation Sciences (MLRS) studies at UVM.***
- ***One Congolese female started a Nursing undergraduate degree at UVM.***
- ***Three Bhutanese community members became policy fellows in the VT-LEND program at UVM’s College of Medicine.***
- ***One Somali Bantu mother is a family fellow in the VT-LEND program at UVM’s College of Medicine.***

- *A Burmese young lady (former YIT Young Adult Leadership Awardee) was hired as Program Coordinator for the VT-LEND program at UVM's College of Medicine. She has applied to the new Master's Degree in Public Health at UVM.*
- *A disability advocate from Ghana was accepted into the PhD program at UVM. She will be relocating to the US in 2016.*
- *30% to 40% of trainees and fellows at the VT-LEND program are now from racially/ethnically diverse backgrounds. The VT-LEND program was a 100% white/non-Hispanic program for almost 15 years.*

*Drs. Avila and Kamon wrote a book chapter about CLC data for a book in Diversity and Inclusion in Higher Education published in the fall, 2014. The chapter is entitled "Building Cultural and Linguistic Competence in Medical and Mental Health Education."*

*At the invitation of the National Center for Cultural Competence, Mercedes co-led the 2014 Georgetown University National Training Institutes CLC Pre-Institute: "Addressing the Complex and Pernicious Problem of Disparities: Achieving Equity in Children's Mental Health Care."*

*She consults with the National TA Network for Children's Behavioral Health, for which she is developing a checklist/rubric and associated manual to help System of Care communities evaluate and select CLC trainings for their sites.*

Describe efforts being made for staff of the site to reflect the diversity of the site community and any staff changes since the last period's report due to these efforts.

*Please refer back to page 13-14 of this report for the information about enrolling young adults with diverse backgrounds in services and the hiring of diverse staff in the regions. When the Chittenden region first experienced staff turn-over in its part-time YIT-JOBS case management position devoted to cultural outreach, a woman of Asian descent (Linda Li) was hired. This helped to address an important disparity in health care access. According to Dr. John Pandiani's Vermont Mental Health Performance Indicator Project, in State FY2010, "The representation of Asian/Pacific Islander youth in Vermont's Children's Mental Health caseload... was 60% lower than their representation in the general population (0.6% of service recipients vs. 1.6% of the general population)". Subsequent to Linda Li's hiring, more Asians were referred to YIT services. The final Evaluation Team dashboard of indicators showed that 3% of the young people enrolled in the YIT Common Study (which includes the TRAC data) were Asian.*

*Also, like the young adults served through this grant, all state-level YIT staff with Young Adult Coordination functions have had personal and/or family experience of one kind or another with behavioral health treatment/needs. And, like the small number of Vermont immigrants and refugees, our CLC Coordinator, Mercedes Avila, a Latina from Argentina, has personal experience of living where her culture and language are not evident or shared.*

Share examples of efforts being made to include diverse populations in site activities (i.e.: appropriate translation of material, etc...)

*Before regional YIT staff were hired, the state-level Young Adult Coordinators for YIT reached out to young adult consumers in the regions who may be interested in assuming leadership roles. To stimulate collaborative efforts, the Young Adult Coordinators and/or the CLC Coordinator met with representatives from the Abenaki Self-Help Association, Outright Vermont, the Association of Africans Living in Vermont, the Bosnia and Herzegovina Family and Youth Association, the Young Adult Advisory Team (YAAT) for the SPF-SIG grant from the federal Center for Substance Abuse Prevention (CSAP), Vermont Psychiatric Survivors, Another Way (a self-help recovery center which later became a pilot site for the DMH Adult Mental Health Transformation Grant), the Youth Development Council for the Vermont State Department for Children and Families (DCF), the Association of Teen Centers, the VCRHYP, and others.*

*These efforts resulted in a strong turn-out (about 200 people) for the 2010 Young Adult Voice Movement (YAVM) Conference and in ongoing relationships. To illustrate, the YIT Social Marketing Coordinator subsequently joined the YAAT. The DCF Director of the Youth Development Program (YDP) and the Youth Development Council's Coordinator led a youth-involvement discussion group at the YIT September 23, 2010 Learning and Sharing Day, then invited all interested YIT regional staff and young adult leaders to attend a November 10, 2010 training for the leaders of regional foster care groups. Thus, about half of the YIT regions participated in training led by the National Resource Center for Youth Services, a contractor for the foster care system.*

*The State YIT Operations and Outreach Team took 5 young adults who were leaders at the 1<sup>st</sup> YAVM Conference to the Georgetown Training Institutes in the greater Washington, D.C. area in July, 2010. These young adults advised their regional YIT Steering Committees and/or spoke at statewide or regional YIT events. One is transgender, two (including Katrina Hollis) are transition-age single mothers who are beneficiaries of social services, one is Asian with a physical disability, and one is part of an extended family that suffered trauma from the war in Bosnia. (The last is a leader in the Bosnia and Herzegovina Family and Youth Association.)*

*As mentioned on page 14 of this report, the CLC Coordinator established a CLC Advisory or Workgroup called "Hands of Friendship". It evolved to include all the YIT workers with culturally diverse backgrounds plus young adult leaders whom they brought to the meetings.*

*One of the young adults (Jeetan Khadka) is a Bhutanese male refugee who attended the 2010 YAVM Conference, then decided to become a social worker. Toward that end, he began working for AmeriCorps, placed first in the school district from which he graduated, then in the City of Burlington. He and other YIT staff and young adults gave input to the design of the May, 2011 YAVM Conference. They also joined Social Marketing Coordinator Courtney Bridges in presenting a workshop entitled "If YOUth Build It, They Will Come" at the SOC Grantees' meeting in Chicago, Illinois in July, 2011 about how to put on a youth-driven conference. In December, 2011 the YIT State Operations Team honored Jeetan with a Young Adult Leadership Award.*

*While in Chicago, the YIT State Operations Team learned from Jeetan about a group he helped start through the Vermont Refugee Resettlement Project (VRRP) for youth and young adults. The group – which named itself Diversity Rocks! after the theme of the 2011 YIT YAVM Conference – includes about 50 young people who meet together twice a month to support each other and address a range of issues related to the entire refugee/immigrant population in Burlington. Many of the group members have attended the YAVM Conferences. Jeetan explained that the young people would like more say in running Diversity Rocks!, and they need resources. As a result, Mercedes Avila and Matt Wolf worked with the regional Chittenden YIT case manager Linda Li to increase support for the group, including applying for funds from the Vermont Department of Health’s Minority Health Office. Though that application was not funded, the HowardCenter staff continued to work with the VRRP and with Diversity Rocks! to empower its youth leadership. The HowardCenter contracted with a focus group facilitator to help the young people discover as a group how they would like to govern themselves and what they would like to accomplish. This led to their production of a strategic plan for Diversity Rocks! and to funding by the YIT State Operations Team to carry out that plan beginning 4/1/13.*

Share examples of how services and supports are culturally and linguistically appropriate for your population.

*The use of peers to promote positive behavior change is an evidence-supported practice appropriate for youth and young adults. Nine of the 12 regions planned (either originally or subsequently) to hire peer navigators or outreach workers to engage young adults and help them connect with needed services and supports. One region intended to do this through a funding partnership between the community mental health center and the runaway and homeless youth program. Though that partnership faltered over administrative details related to the use of Medicaid, the community mental health center itself later hired 2 part-time peer outreach workers to serve transition-aged youth via fee-for-service Medicaid. Eight other regions used the YIT grant funding to hire peer outreach workers.*

*Starting in State FY2012, the VFFCMH contracted with the Bennington region (through United Counseling Services, UCS) to add hours to its peer outreach worker position so Katrina Hollis – who received the first YIT Young Adult Leadership Award - could assist the YIT Young Adult Coordinator Matt Wolf in delivering technical assistance statewide. With Matt, Katrina visited the YIT young adult advisory groups throughout Vermont and shared her experience of organizing Teens for Change (T4C). (This is first described in a document which compiled the progress reports of the 12 regions for the time period from January to June, 2011. It and the regional progress reports can be found in the Report Archives sections of the YIT website: <http://www.youth-in-transition-grant.com>.)*

What barriers have been identified in this effort and how are they being addressed?

*The Invitation to Communities for regional planning required the involvement of families, youth, and community-based cultural organizations. While most regions sought input from youth for the YIT planning, few sought input from cultural organizations or groups. During the process of approving the regional plans, the State YIT Operations and Outreach Team*

*specifically instructed each region to further expand its outreach to diverse populations. The two most populous regions were specifically asked to consider hiring minority staff into their YIT positions; one did so, along with two other regions.*

*One of the barriers in hiring peer outreach workers is that the funds for the regional plans are not sufficient to support multiple full-time positions. Full-time YIT case managers were hired in each region, but the peer outreach worker positions are part-time. The pool of young people interested in part-time positions is limited, especially since they must provide private means of transportation to do the outreach work. Some may also have personal (and/or family) prejudice about mental illness and treatment so avoid applying for peer outreach work. Those who do apply and are hired tend to leave after a short while to go to college or full-time employment, so turn-over is high.*

*Another barrier to the hiring of peer outreach workers may be organizational. One region which planned to hire YIT peer outreach workers delayed doing so because of problems associated with the performance and supervision of a peer worker in another program there. A couple of other agencies later experienced problems with the performance and supervision of peer workers. In December, 2010 the YIT Project Director held a meeting of the supervisors of peer outreach workers for reflective conversation about the challenges involved with their supervision. Dr. Jody Kamon provided clinical TA by preparing for and facilitating the conversation. The supervisors appreciated the opportunity to share their experiences and requested ongoing regular meetings, some with the peer outreach workers and some with just each other. They also asked for feedback from the peer outreach workers about what is most important to their success. This led YIT Young Adult Coordinator Matt Wolf to meet with the peer outreach workers to seek their wisdom about hiring, orienting, and training peer outreach workers. Matt summarized and shared this knowledge not only with YIT but also with the DMH Adult Mental Health Transformation Grant Committee on Peer Workforce Development, which then asked him to serve as Chair. Since then, the regions have hired more YIT peer workers.*

## **V. Family Involvement**

Describe how family members are driving the implementation of the cooperative agreement activities (i.e., governance body, systems planning, budget development, policy development, service planning, education and training, national and local evaluation, social marketing and planning for sustainability).

*The VFFCMH is deeply involved with the YIT grant. Through a sub-grant from the DMH to the VFFCMH, the Federation is charged with hiring and supervising the Lead Family Contact and the Young Adult Coordinator(s) as well as with encouraging family and youth involvement in the YIT regional planning and implementation. The Federation's regional staff (peer navigators for parents with disabilities) participated in the YIT planning; however, those positions were terminated on June 30, 2010 with the ending of another federal grant (a 360 grant from the federal Administration on Disabilities). Therefore, VFFCMH has not had regional staff to contribute to regional YIT implementation except in the Washington region, which contracted with the VFFCMH to hire the former parent peer navigator to lead that region's SOC work for this grant. The VFFCMH Assistant Director supervises the Washington County SOC Team Leader.*

*The VFFCMH sub-grant for YIT from DMH includes the contract with the Project Director for the statewide grant, also the Social Marketing Coordinator and the training and technical assistance functions. The Lead Family Contact supervises the Young Adult Coordinator and the Social Marketing Coordinator. All of these staff are members of the State YIT Operations and Outreach Team and the YIT Leadership Team.*

Have barriers to family involvement been identified? If so, how are they being addressed?

*The focus of this grant on transition-aged youth highlights developmental tension about who is “driving” the system of care: families or youth/young adults or both. The YIT Operations and Outreach Team decided to aim for a “youth-driven” rather than a “youth-guided” system of care. The VFFCMH believes that “family-driven” cannot be minimized within the “youth – driven” movement. It is developmentally appropriate to support and build up both family and youth at the same time. The goal and challenge is to support families and young adults to work together in partnership with each other to achieve a “Family and Young Adult-Driven” SOC.*

*The VFFCMH organized a day of family and individual leadership training on September 16, 2010. Planning for the day was done with a collaborative team convened by the UVM Center for Disability and Community Inclusion. This partnership with other family leadership organizations (including the VFN) and self-advocacy organizations fostered respect for each other’s points of view. Specifically, self-advocates saw that families want the skills and knowledge to support and empower their young adults to do self-advocacy. About 80 people attended and heard Sandra Spencer, Executive Director of the national Federation of Families for Children’s Mental Health, give the keynote speech. The VFFCMH presented a panel of three families; the panel was well received and provoked many questions.*

*The VFFCMH teamed up again with the VFN a week later for the September 23, 2010 YIT Learning and Sharing Day to facilitate discussion groups about family support for young adults. The sharing by regions touched on both concerns and what works.*

*For the September 30, 2011 Learning and Sharing Day, YIT again focused on helping regions move down the road toward having a family and young adult-driven SOC. This time the VFFCMH Lead Family Contact organized a panel of YIT staff and family and young adult representatives from Bennington, Caledonia/South Essex, Chittenden, and Orange/South Windsor to present what they have been doing to:*

- 1. Help young adults identify adult allies within and beyond their families.*
- 2. Develop relationships with the families/adult allies in addition to relationships with the young adults.*
- 3. Help the families/adult allies support their young adults, and*
- 4. Engage the families/adult allies in developing the regional SOC.*

*This panel, too, was well received and stimulated much thinking, including about how close the regional SOCs are to being family- and young adult-driven. One of the presenters on this panel, Kat Rose, had accompanied her young adult daughter (who later became a YIT peer outreach worker) and the YIT State Operations Team to the national SOC Grantees’ meeting in Chicago in July, 2011. Kat also directs the Bradford Teen Association.*



*The VFFCMH has learned that young adults need a lot of structure and supervision to tackle the ambiguities and handle the frustrations of SOC work; several regional YIT supervisors have noticed a similar dynamic. The VFFCMH dealt with this challenge by hiring an Administrative Assistant to divert some work from the Lead Family Contact so she could give more attention to supervision and to the design and delivery of family support and leadership training. This helped until Tropical Storm Irene and the wide-spread flooding of August 28, 2011. Following that event and the September re-location of the VFFCMH offices to Williston from Waterbury, the VFFCMH had to hire a different Administrative Assistant plus re-structure its relationship from employee to contractor for the staff person focused on family support and leadership training.*

*With the help of the YIT Social Marketing Coordinator and as part of one [“Your Voice Matters”] of the 4 YIT social marketing sets of activities, the VFFCMH logo and brochure were updated. The VFFCMH website (see <http://www.vffcmh.org> ) was revised to let families know about the wide range of leadership opportunities available to them. And due to the move of the VFFCMH office caused by Tropical Storm Irene, other social marketing was needed in September, 2011 to tell families, young people, and community partners where to find the new location. The VFFCMH is now in the same building in Blair Park, Williston as the Vermont Family Network (VFN), which has facilitated collaboration between the two family advocacy organizations.*

*For example, in late 2011, the VFFCMH and VFN partnered with the Vermont Center for Independent Living (VCIL) to deliver a 2 hour training event in Bennington for families and care-givers with young adults of transition age. The YIT Lead Family Contact, Cindy Marshall, explained the differences between the child and adult mental health systems. The VFN staff talked about services available through Developmental Disabilities, and VCIL staff discussed guardianship, Medicaid, and employment. This training is now available for other regions, too, including through Webinar.*

*In November, 2011, to honor the 20<sup>th</sup> year of the national Federation of Families for Children’s Mental Health and having been the first chapter of the Federation, the VFFCMH handled registration for the Federation’s 5-day annual conference in Washington D.C. To do so, the VFFCMH sent 11 people: 5 VFF staff, 3 VFF Board members, 1 family leader, 1 young adult peer outreach worker, and the YIT Grant Project Director - 6 of whom were directly involved with the YIT Grant. In preparation for this VFFCMH presence, YIT Social Marketing Coordinator Courtney Bridges created a postcard and a bumper sticker for the conference bags for each of the 800 registered participants at the conference. She also designed a T-shirt worn by the VFFCMH registration team and delivered to Vermont’s Representative and Senators on Capitol Hill.*

*From February 1- September 30, 2012, barriers to family involvement were addressed as follows:*

- To recognize the effectiveness of one region in involving and empowering YIT parents – 2 of whom have attended national SOC meetings with the YIT State Outreach Team – the VFFCMH Lead Family Contact created an award for Excellence in Youth & Family Empowerment. In April, 2012, during the YIT State Outreach Team’s on-site visit to the*



*Orange-No. Windsor region, the award was presented to YIT case manager Mark Mitchell of the Clara Martin Center.*

- *On September 12, 2012, the VFFCMH hosted a family leadership conference featuring the Terrasi sisters (Gina and Patricia) who authored the book “Shut Up About Your Perfect Kids.” The 80 people who attended this “Who is in the Driver’s Seat? Family Driven Principles in Vermont” conference participated in 2 of the 3 workshops:*
  1. *Family Driven, Family Centered, Family Voice and Choice: What’s the Difference?*
  2. *Who’s Taking Care of You? Caring for the Caregiver*
  3. *The many paths to a career in Peer Support.*

*From October 1, 2012 – September 30, 2013, barriers to family involvement were addressed as follows:*

- *The Lead Family Contact and Young Adult Coordinator presented a workshop on Family and Young Adult-Driven Principles at the November, 2012 annual conference of the Vermont Association of Mental Health & Addiction Recovery (VAMHAR).*
- *In the spring of 2013, the VFFCMH provided its “Surviving and Thriving in the Mental Health Maze” training for families in the Bennington and So. Windsor regions.*
- *In addition to the work done by the Lead Family Contact and Young Adult Coordinator with regional YIT staff & the families associated with particular youth and young adults being served, they worked together to advocate in state and national discussions about peer workers that the definition of “peer” should include both transition-aged youth and family members with lived experience of illness and recovery.*
  - *This led to their membership in the advisory body for Vermont’s new BRSS-TACS grant that is seeking – among other goals - to solidify funding to support all peer services. This advisory body meets twice a month and has initially focused on developing peer support as a billable service under both private and state medical insurance programs.*
  - *The YIT Lead Family Contact serves on the Agency of Human Services (AHS) Integrated Family Services’ (IFS’) Implementation Team where she advocates that IFS include Family to Family and Young Adult Peer supports, starting with its pilot in Addison County.*
  - *In addition, the VFFCMH Executive Director and Assistant Director remain strong advocates for family and young-adult driven care through participation in a wide range of non-YIT activities and meetings related to the children’s mental health SOC.*
- *The first three people in Vermont to be nationally certified as Parent Support Providers through the national Federation of Families for Children’s Mental Health’s (FFCMH’s) Certification Commission for Family Support - an independent program of the FFCMH – were VFFCMH Executive Director Kathy Holsopple, Assistant Director (and YIT Grant Lead Family Contact) Cindy Marshall, and Training Consultant Joy Prior. The VFFCMH Lead Family Contact also encouraged 2 regional LIT Parent Representatives to become certified. (Some Act 264 Local Interagency Team [LIT] parent representatives serve on their region’s YIT Steering Committee.)*

*From October 1, 2013 – September 29, 2014, barriers to family involvement were addressed by the VFFCMH producing its first online workshop, which is interactive – giving tips to parents about what is normal adolescent behavior, what behaviors are out of the normal range, and how to get assistance with challenging behavior. The workshop, or curriculum, called “Transitioning to Adulthood with Social, Emotional, and Behavioral Health Challenges: Services, Supports, and Information” can be found on the home page of the VFFCMH’s website: <http://www.vffcmh.org> .*

## **VI. Youth Involvement**

Describe how youth are involved in the implementation of the grant activities (i.e., governance body, systems planning, budget development, policy development, service planning, education and training, national and local evaluation, social marketing and planning for sustainability).

*A workshop delivered by Ross Szabo (young adult from the National Mental Health Speakers Bureau) at the May 15, 2009 Youth Workers Conference gathered input from transition-aged youth to advise representatives from the regional teams and from the YIT Leadership and Operations and Outreach Teams about what might be most helpful for their peers with serious emotional disturbance (SED). Subsequently, hundreds of youth were involved in giving input to the regional strategic planning. Some regions had young adults co-facilitate the planning meetings and/or focus groups and help to write the plan. In one region (Bennington), young adults were paid through Department of Labor (DOL) Summer Youth Employment and other funds to be the primary researchers and writers for the plan.*

*The then Young Adult Coordinator/Training and Technical Assistance Coordinator summarized what was learned about youth involvement through the regional planning efforts in an article written for – and published in - the February, 2010 issue of the Common Ground newsletter of the New England Commissioners of Child Welfare. Also, at the Evaluation Team’s invitation, the Young Adult Coordinators gave a presentation to VCHIP about tokenism and youth. They later gave a similar presentation about meaningful youth involvement in Individualized Education Planning (IEP) to the statewide VR Transition Coordinators.*

*The Social Marketing Coordinator created a YIT Facebook page for young adults interested in networking around mental health issues. The Young Adult Coordinators produced a brochure to encourage youth and young adults to contact them. They supplemented the regional planning in Chittenden by interviewing youth in the State’s Woodside Juvenile Detention and Treatment Facility there. They also consulted with peer outreach worker about statewide social marketing and T/TA for YIT.*

*The 2010 YAVM Conference was planned by the Young Adult Coordinators, the CLC Coordinator, and the young adults involved with creation of the Bennington regional plan. Other young adults were also invited to help design that statewide Conference held on May 7 in Bolton in celebration of Children’s Mental Health Week/Day. The YIT case managers from each region transported young adults to the Conference, which was attended by about 150 youth and young adults, half with multi-cultural backgrounds. The Conference was such a success that the Franklin-Grand Isle region held a similar event for its youth in November, 2010 using the same*

speaker (Cameron Mack). Some of the youth/young adults (including Cameron Mack) who attended the May conference later joined the State YIT Operations Team at the Training Institutes in Washington D.C. and/or in the CLC Workgroup.

The 2011 YAVM Conference was planned by young adults associated with the “Hands of Friendship” CLC Work Group and their family members or other adult allies, supplemented with ideas shared by other young people through Facebook, and coordinated by the YIT VFFCMH staff with help from Mercedes Avila. Because this Conference was structured as an overnight event on the UVM campus over Memorial Day weekend, attendance (114 youth and young adults) was somewhat lower than in 2010. However, the Friday evening events, Saturday morning workshops, and Saturday afternoon team-building exercises generated a lot of enthusiasm and learning.

One of the Friday evening events was a performance by the “Mic Criminals” band put together by Cadoux Dzingou, a refugee from Africa living in Burlington. With the YIT State Operations Team, in July, 2011 he attended the SOC Grantees’ meeting in Chicago where he performed a solo rap for the SOC talent show. This inspired him to organize a talent show for young adults from throughout Vermont. With support from Matt Wolf, Courtney Bridges, Linda Li, and many others, the talent show was held a couple of times to help Diversity Rocks! raise funds to take its New American members to Washington, D.C. to see this nation’s government in action. In early October, 2012 over 40 young adults and adult allies made that long-awaited trip.

In 2011, with Bennington peer outreach worker and statewide YIT consultant Katrina Hollis, Matt Wolf attended young adult advisory board meetings in the Chittenden, Lamoille, and Orange-North Windsor regions to inspire them to affect change in their communities and assist with their identification of goals and planning to achieve them. He also supported the Lamoille and Orange-North Windsor regions in bringing their young adult advisory board members to the annual Franklin-Grand Isle Youth Summit in November, 2011 for sharing of ideas and approaches. In May, 2012 the Orange-North Windsor region’s YIT New Horizons group reciprocated by holding a youth summit and inviting the Franklin-Grand Isle youth (in particular) to attend. In all, 75 young people attended this regional summit, at which Matt Wolf gave the keynote speech. **Both the Franklin-Grand Isle and Orange-North Windsor regional Youth Summits have been repeated annually since they were started.**

On the weekend of June 1 and 2, 2012 the 3rd annual statewide YIT Young Adult Voice Movement (YAVM) Conference was held at Castleton State College in southern Vermont. Over 100 young people attended (including 7 from the Orange-North Windsor region that had just sponsored its own Youth Summit) all or part of this event, which was planned by an Executive Committee of young adult leaders from across the state. Guest speaker and comedian Colin Ryan spoke about his personal struggles as a young adult. The 10 workshops were substantive and delivered by young adults or youth groups. Attendees felt they learned useful information, such as how to be leaders.

The 4<sup>th</sup> Annual YAVM Conference was held on May 31-June 1, 2013, again at the University of Vermont campus in Burlington. The Social Marketing and Young Adult Coordinators supported a team of 10 youth from around the state in their planning & execution of this Conference. As

*with the earlier YAVM Conferences, the event gave youth and young adults, ages 16-21, the opportunity to meet people their age and let their voices be heard throughout social networking opportunities, workshops, leadership and team building events, and empowerment activities. There were 6 workshops, each planned and delivered by a young adult from different regions of the state: Transforming Stigma / Drum Up Your Feelings / Sexual Health for Young Adults / Vermont Chocolates for Change / Culture & Leadership / and Who you are - Expression Using Art to Help Yourself and Your Community. 163 young adults participated, and thanks to the involvement of the CLC Coordinator and Diversity Rocks!, 57% were from a racial/ethnic minority. The Vermont Department of Health's Office of Minority Health contributed funds to the YAVM Conference for a third (and final) year.*

***In FFY2014, in lieu of the annual Young Adult Voice Movement Conference, a more sustainable approach to youth leadership training was offered by the Vermont Federation of Families for Children's Mental Health (VFFCMH), which organized for May 14 a one-day Youth Leadership Academy for up to half-a-dozen young adult leaders from each of the 12 YIT advisory groups in Vermont (see Save the Date poster in Appendix). The VFFCMH brought Youth MOVE National to the event in Randolph, VT to speak with the young adult leaders about mental health issues and forming one or more Youth MOVE chapters here. Two of the advisory groups (Bennington and Chittenden) subsequently sent representatives to the Georgetown Training Institutes to learn more about Youth MOVE National.***

***At the Georgetown Training Institutes in Maryland in July, the YIT State Operations Team, along with the Children's Mental Health Director and YIT Peer Worker from one region (Bennington) and a young adult leader from another region (Chittenden), delivered Institute #8 [entitled Young Adults Driving Into New SOC Territory (in VT): A Public Health Approach]. (See the agenda for the Institute in the Appendix.) Young Adult Leadership Award winners who had not attended a prior national conference with the State YIT Operations Team went to the Georgetown Institutes, as did several representatives from both the Bennington Teens for Change (T4C) and Chittenden Diversity Rocks! youth groups.***

*As staff of the VFFCMH, the Young Adult Coordinators have represented the voices of youth in transition and their families on the following State-level advisory groups: YIT Leadership Team, Suicide Prevention, Child Trauma Grant, Justice Jurisdiction for 16-17 year-olds, Working with Youth Conference Planning, the Diversion Enhancement Advisory Project (DEAP), and the YAAT. As a statewide TA provider as well as a Bennington regional peer outreach worker, Katrina Hollis occasionally attended State YIT Operations Team meetings and brought with her some of the young adult leaders from the Bennington Teens for Change (T4C) group. Young adult leaders from the Orange-North Windsor region twice served as speakers on panels for statewide conferences at the request of the Commissioner of the Department of Mental Health.*

*Young Adult Coordinator Matt Wolf has encouraged youth from across the state to apply to become members of the statewide Children and Family Council for Prevention Programs (CFCPP), on which he represents non-profit organizations serving youth and families. The CFCPP is Vermont's Juvenile Justice and Delinquency Prevention (JJDP) Advisory Group for overseeing implementation of the federal JJDP Act. It is responsible for monitoring for disproportionate minority representation in the juvenile justice system, and it must have youth*

*with certain types of experience as Governor-appointed members. Matt will continue to support this effort and has joined a sub-committee of the CFCPP to create new avenues (like a youth sub-committee or focus forums) for getting youth to participate in the council.*

*Matt is also a member of the Governor-appointed ACT 264 Advisory Board, for which he made a presentation highlighting the leadership development aspects of YIT programming, from peer outreach workers to young adult advisory boards, including their collaboration with local teen centers. Matt emphasized that supporting young adult leadership helps youth work towards their independence and recognition as productive members of their communities. He also modeled this by having Jeetan Khadka (with Linda Li) present to the Board about the status and needs of youth immigrants/refugees in VT. The Board discussed its willingness to (at a minimum) write letters of support for program development proposals associated with this population. Subsequently, the Act 264 Board approved for its 2013 Legislative Agenda the following recommendation for the Governor, the AHS Secretary, and legislators:*

- 1. Create a statewide System of Care (SOC) plan for Transition-Age Youth (age 18-22) that builds from current, grant-based, regional systems of care to a legislatively based, Agency-mandated SOC, perhaps through an amendment to Act 264. Aspects of this plan should address:*
  - 1.1. How to ensure support and services for youth after age 18 (or age 22) since no one is responsible for tracking and supporting them.*
  - 1.2. How to reduce the numbers of child clients that become part of the Corrections population as adults after age 18.*
  - 1.3. How to meet needs for employment services – in particular, how to ensure that VR consistently provides services to youth.*
  - 1.4. How to support “at risk” youth across a variety of situations, which includes youth with developmental disabilities who are transitioning to adult life.*

***On January 31, 2014 over 65 young adults went to the Statehouse to participate in an advocacy workshop by the YIT Young Adult Coordinator and to share their personal stories with their local legislators and with the House Human Services Committee and the Senate Health and Welfare Committee. Several young adults and family members later spoke about YIT in public hearings before the House and Senate Appropriations and Joint Fiscal Committees. This led to the Legislature sustaining YIT past the end of the federal grant.***

Have barriers to youth involvement been identified? If so, how are they being addressed?

*It took more time than expected to identify and connect with young adult leadership organizations and groups in Vermont and to find youth interested in partnering with adults to lead the SOC. Adults experienced with such partnerships say it is important to nurture a cadre of youth and young adults so someone is always being prepared to take over for those who have been the role models and then “graduated” to other things. Nurturing a cadre of future leaders was not a consistent priority of the SOC before this YIT grant.*

*The YIT Leadership Team has discussed more effective ways of engaging young adults in sharing their wisdom and energy with a broad spectrum of decision-makers about multiple issues than by*

*asking them to join several groups. The regional YIT staff and young adult leaders joined the DCF Youth Development Specialists and Councils on November 10 in training about how to build youth voice. This collaboration was later strengthened by hiring Matt Wolf to be the YIT Young Adult Coordinator; he was previously a DCF Youth Development Specialist from the South Windsor-North Windham region.*

*By the time Matt Wolf joined the State YIT Team, most of the regions had hired their peer outreach workers and were beginning to establish young adult advisory boards or otherwise develop youth leadership. He was able to provide immediate on-site, hands-on technical assistance in response to their requests for leadership and self-knowledge (not career or religiously oriented) curricula and activities. Matt (along with Katrina Hollis) and the Social Marketing Coordinator worked to promote the development of 12 regional Young Adult Advisory Boards, assisting them to grow and become advisory teams for both the local & state systems of care. They used event planning to promote leadership through an informal statewide “Executive Board” - with representation from each of the 12 regional boards – to eventually, hopefully, serve as a state-level entity for youth voice in the Vermont System of Care.*

*To further stimulate interest in young adult leadership, the VFFCMH YIT staff created Young Adult Leadership Awards. They and the State YIT Operations Team agreed that yearly, four young adults leaders would be given awards and asked to join the YIT Operations Team at the next national SOC conference. At the 2011 YAVM Conference, the YIT State Operations Team gave its first Young Adult Leadership Award to Katrina Hollis, the first YIT peer outreach worker. Katrina was also highlighted at the September 30, 2011 Learning and Sharing Day where she spoke at length about the Bennington region’s Teens For Change (T4C) youth group and its community activities (like ‘giving back’ to businesses and police). In August 2011, the YIT Young Adult Coordinator sent out statewide via email the first of what became ongoing solicitations of nominations of other young adults who exhibit exemplary leadership and initiative in their own lives and who positively affect the lives of others around them. After that, the State YIT Operations Team chose eleven other people (Jeetan Khadka, Micah Hughes [Porter], Cheyenne Knuth, Carolyn Erikson, Esther Doh, Jacques Okuka, Bridget Sanchez-Yirka, Heather Houle, Brittany Goodwin, Isra Kassim, and Benny Nduwaya ) for Young Adult Leadership Awards. The first four and their adult allies (2 family members) attended the 2012 Training Institutes in Orlando, Florida with the YIT State Operations Team. They participated in the Youth Track, other workshops of interest, and in YouthMOVE activities. One joined VFFCMH staff in attending the 2012 annual conference of the National Federation of Families for Children’s Mental Health in Washington, D.C., and four attended the 2013 conference of the national Federation, where Esther Doh spoke as part of a panel presentation for a workshop about CLC organized by Mercedes Avila. **All the Young Adult Leadership Award recipients (except one, who declined) who had not attended an earlier national conference joined the YIT State Operations Team at the 2014 Georgetown Institutes.***

*Matt directly addressed the barriers young adults face in receiving services by encouraging the YIT peer outreach workers and young adult advisory groups to create regional “Living Books” to document local resources for employment, housing, education, health care, etc. Half of the regions worked on this project, and in 5 of them young adults led the effort. In Chittenden County the result is an interactive website called – thanks to branding help from the YIT Social Marketing Coordinator – “Impact Vermont” with a sneaker logo; go to <http://www.impactvt.org>.*



## VII. Social Marketing/Public Education Campaign

Has your social marketing/public education plan been completed or revised since the last report? Describe any changes.

*The YIT Operations and Outreach Team pursued a social marketing campaign that took a public health approach to reducing stigma. This campaign was broadly defined using the Vanguard template for a Social Marketing Plan; the Plan is posted on the Social Marketing page of the YIT website (<http://www.youth-in-transition-grant.com>). As an ongoing working draft, the Plan highlighted four different sets of activities:*

- 1. WEST (We Eliminate Stigma Together): modeled after and using materials adapted from the STARS project presented at the 2010 Georgetown Training Institutes and which the young adults who attended from VT liked very much. WEST encouraged young people to apply together for a small sub-grant to design and undertake an activity to reduce stigma. A pilot test of WEST in the Washington County high schools led to re-formatting it to be implemented through the YIT young adult advisory groups.*
- 2. Children's Mental Health Day/Week/Month celebration: an annual statewide conference for youth and young adults, also production and dissemination of materials promoting mental health.*
- 3. "Your Voice Matters": a variety of ways the VFFCMH informs families about the leadership opportunities available to them. The Social Marketing Coordinator Courtney Bridges updated the VFFCMH logo and brochure to attract more families and youth/young adults to this source of children's mental health support and advocacy. Then, because Tropical Storm Irene ruined the VFFCMH offices in Waterbury, Courtney launched a "We've Moved!" temporary marketing campaign to help families, young people, and SOC partners find the new space in Williston. Through social media, new business cards, and other hard materials like a new travelling tabletop exhibit, VFFCMH was able to start over in strength.*
- 4. "BringChange2Mind.org": an anti-stigma campaign of national partners. Courtney imagined convening the corresponding VT partners (e.g., NAMI-VT, VFFCMH, etc.) and other interested organizations to work together.*

Who were your targeted key audiences this period? What were your key messages and strategies and how did you select them?

- 1. The WEST campaign and the VFFCMH Statewide Family Network's youth leadership initiative were again combined. A Request for Proposals (RFP) was issued for up to \$750 per region. The intention continued to be to assist and empower youth and young adults in transition to use their voice of experience to positively impact the system of*

*care and their communities while strengthening their self-advocacy skills and mutual support. In FFY2014 the following projects were funded:*

- *Youth Summit.*
  - *Storefront advertising the youth group and children's mental health information.*
  - *Weekly drop- in center for youth staffed by youth peer workers.*
  - *Anti-bullying dance*
  - *Public service announcement about youth substance use and abuse*
  - *“Get a Job” program for youth who do not qualify for other employment related programs*
  - *Evening of sharing by a young adult who has struggled with mental illness and found a unique path to wellness and recovery*
  - *Celebration of Holi, an Asian holiday symbolizing moving to light from darkness- used as a platform to share information about mental health and recovery.*
2. *The Vermont Federation of Families for Children's Mental Health (VFFCMH) again set up and staffed a resource table to educate a couple hundred people on Church Street in downtown Burlington and celebrate Children's Mental Health Day.*

*The event was low-key compared to 2013, when the Social Marketing Coordinator had also released two Public Service Announcements (PSAs) to celebrate Children's Mental Health Awareness Month. Both PSAs were produced through a year-long partnership of the VFFCMH, the University of Vermont, and the Me2 Orchestra. One PSA focused on children's mental health; the other focused on family efforts to reduce stigma. The children's mental health video can be seen at the VFFCMH website: <http://www.vffcmh.org> in the About Us > Videos section. Both can be found at [www.youtube.com](http://www.youtube.com) using the search phrase “Mental Health Always Matters”. Both PSAs were given to state media outlets such as WPTZ, WCAX, and Fox44. The stations donated free air time whenever they had room. By June 1, 2013 the Family PSA had 211 views, and the Children's PSA had 251 views. The analytics from both YouTube videos show that by then they were viewed in at least 31 states and 10 countries.*

*Another part of the 2014 YIT celebration of Children's Health Month was the youth leadership training offered on May 14 by the Vermont Federation of Families for Children's Mental Health (VFFCMH) for up to half-a-dozen young adult leaders from each of the 12 YIT advisory groups in Vermont (see Save the Date poster in Appendix). The VFFCMH brought Youth MOVE National to the event in Randolph, VT to speak with the young adult leaders about mental health issues and forming one or more Youth MOVE chapters here.*

3. *In FFY2014 the VFFCMH issued multiple newsletter “blasts”, each to 1,000 families and other recipients.*

Share some of your campaign successes since the last report.

*By the end of the federal grant, the Youth in Transition Facebook page had 417 “Friends” and 6 sub-groups; the VFFCMH Facebook page had 642 “Friends”; and there were 322*



***Twitter followers for YIT and the VFFCMH. Over 500 brochures and other materials about YIT and the VFFCMH were distributed at conferences or other venues during FFY2014.***

What efforts have you made in planning for the next National Children's Mental Health Awareness Day?

***The YIT State Operations Team disbanded in August, 2014 as the YIT federal grant came to an end. There has been no YIT planning for the 2015 Children's Mental Health Day.***

Have barriers to the implementation of the public social marketing/ public education efforts been identified, and if so, how are they being addressed?

*In the past, Vermont's public education about children's mental health primarily consisted of educating legislators about the need for services. With the YIT Social Marketing Plan, this limited focus expanded to a much broader campaign to reduce stigma related to needing and receiving mental health services and to just being a young adult. One barrier to carrying out this campaign was lack of information about the messages most likely to make a difference with young adults. The WEST campaign and the related VFFCMH young adult leadership mini-grants (first issued in the summer of 2011) directly addressed this by encouraging youth to design their own messages and activities. Also, a diverse group of young adults gave input to the design and content of the YAVM Conferences, events intended to build leadership and advocacy among young people about the System of Care (SOC). Families were provided information through the VFFCMH website and other materials or events about leadership opportunities and how their "Voice Matters" to improve the SOC. **However, the YIT State Operations Team lost most of its ability to engage in social marketing after the YIT Social Marketing Coordinator took another job effective January 1, 2014. And though the State continued YIT past the end of the federal grant, the available funds are not sufficient to pay for social marketing.***

Has the national campaign team helped you this period and if so, how?

***The Vanguard team was helpful to the Social Marketing Coordinator throughout the YIT federal grant, beginning with guidance for drafting the YIT Social Marketing Plan. Following the Year 2 Federal site visit, the TA Partnership asked the Social Marketing Coordinator to describe her work in an article for the TA Partnership newsletter. This was uplifting for the Social Marketing Coordinator, as was serving from 2010 - 2013 on the panel of judges for the national ECCO awards. Undoubtedly, though, the biggest support occurred in September, 2011 when Leah Holmes-Bonilla of Vanguard and Brittany Smith of the National TA Partnership made a site visit to Vermont specifically to offer T/TA about social marketing and social media to an audience of YIT staff and young adults. This day of training occurred less than 2 weeks after Tropical Storm Irene and devastating floods in Vermont, but at least 40 people from 7 of the 12 regions came together at the Three Stallion Inn in Randolph to learn about these topics.***

*After that event the regional demand for consultation by the YIT Social Marketing Coordinator increased dramatically. Courtney Bridges helped over half the regions enhance their recruitment and marketing techniques by building social networking sites and branding their*

*young adult advisory groups. The branding experience included teaching, mentoring, developing, and implementing ideas surrounding, but not limited to, social networking, social media, and promotion of young adult groups. Through this experience, young adults were able to voice their opinions and rally behind a young-adult- driven anti-stigma message.*

*Courtney twice co-presented with Vanguard staff Leah Bonilla-Holmes at the Georgetown Institutes in July, 2012 a 3 hour Institute focused on “Social Media for Systems of Care”; each time over 100 people attended! She and Heather Houle (YIT Peer Worker and Young Adult Leadership Award recipient) presented with Vanguard’s Jane Tobler and Corey Chase of the National Federation of Families for Children’s Mental Health at that organization’s 2012 annual conference, speaking about the importance of social marketing to reach out to the YIT target audience. Courtney also co-presented with Jane and Corey at the National Federation’s annual conference in November, 2013.*

## **VIII. Evaluation**

Describe how the evaluation (both local and national) is being implemented. Are there any areas of concern or difficulty in implementing the evaluation? What steps are being taken to address these areas?

*Dr. Thomas Delaney, Lead Evaluator for YIT, and Dr. Jesse Suter, Dr. Jody Kamon, Kara Bissonette (who replaced Ellen Talbert) as database administrator, plus interviewer Audrey Garfield comprised the energetic, cohesive 2+ FTE Evaluation Team for this grant. They operated out of the Vermont Child Health Improvement Program (VCHIP) of the University of Vermont (UVM) Medical School.*

*The YIT Evaluation plan had three main components: the Common study, the Vermont study, and the National study that included a Services and Costs aspect. To design the studies, particularly the Common and Vermont components, the Evaluation Team conducted thorough background research; modified existing and created new data collection tools; consulted with community members and colleagues in design; and conducted extensive pilot testing. The design met the needs of both the local and national evaluations and involved receipt of data from the different agencies and institutions providing services for youth with SED (including State programs that focus on supported employment, community mental health centers, runaway and homeless youth programs, corrections, etc.). The design was adapted to accommodate each of the twelve different regional plans. It received UVM Independent Review Board (IRB) approval in March, 2010, though afterwards - in January 2011 - the IRB required some changes to the consent forms. The resulting delay caused loss of 10-15 potential evaluation subjects.*

*After the initial IRB approval was given, the evaluators trained the regional YIT staff to collect the necessary data and consent forms and – on April 1, 2010 - began data collection. Once all regions were familiar with submitting the Study Inclusion Criteria Checklist (SICC) and the Common Study, and as the six-month follow-up interviews began, the Evaluation Team also trained them to collect data for the Services and Costs part of the National study.*

*Staff turnover at the mental health and youth service agencies continually posed a challenge to increasing the number of young people in the YIT evaluation studies. There were challenges for YIT staff in partnering with other SOC workers to increase the recruitment “pools” in their communities. The Evaluation Team kept the YIT State Operations and Outreach Team and the regions informed about the status of enrollment. By the close of enrollment (October 31, 2013), only 2 or 17% of the 12 regions had attained their targets for enrollment in services (as measured by the Common Study) and in the National and VT evaluation studies. **There were 544 young people enrolled in the Common Study; of those, 185 were also enrolled in the National and 115 in the VT studies.***

*Retention of young people in the YIT studies was also challenging. Enrollment and retention in the Common Study were handled by the regional YIT staff while enrollment and retention in the National and Vermont studies were handled by the Evaluation Team. To strengthen retention in the National and Vermont studies, the Evaluation Team offered participants water bottles or reusable cups that have the YIT evaluation contact information, also sent out quarterly post card reminders to participants that they were still in a study, encouraging them to update any changed phone numbers, emails or postal addresses. Regional YIT staff did help the evaluators re-connect with young people for follow-up interviews, which continued until June, 2014.*

*In 2013 the Evaluation Team minimized the impact of Common Study enrollment and retention problems by switching many indicators used in the data reports and data briefs to those from the National and Vermont studies, both of which had follow-up rates of at least 60% from one time collection period to the next.*

*In July, 2011 during the Chicago SOC Grantees’ Meeting, the YIT Evaluation Team received a silver-level “Honoring Excellence in Evaluation” Award from the MACRO Team for the effectiveness of the VCHIP data collection tools and systems, as well as the VCHIP data management system. The MACRO Team also invited the Vermont YIT Evaluation Team to submit an article describing its work (which Dr. Tom Delaney did) in the national Evaluation Update newsletter issued for September, 2011.*

How are the results and data being disseminated, with whom, and how is it being used for policy development?

*Enrollment was one of several topics discussed with the regions during the annual site visits by the YIT State Operations and Outreach Team. The Evaluators participated in these visits along with the Principal Investigator (PI), Project Director (PD), Young Adult Coordinator, Social Marketing Coordinator, Lead Family Contact, and other members of the State Team as possible. During these visits, besides the enrollment information, the Evaluation Team produced and shared a dashboard of indicators from the Common Study.*

*The YIT dashboard was first shared with the regions in the evaluation discussion group at the September 23, 2010 Learning and Sharing Day. The statewide version was updated regularly and disseminated broadly via email to YIT staff and stakeholders. The regional versions were prepared once the regions had submitted enough data to ensure confidentiality of the results. The statewide and all 12 regional dashboards were monitored by the State YIT Operations and*

*Outreach Team and by the regional YIT Steering Committees for policy or practice implications. They were also shared with the YIT Leadership Team.*

*Six-month follow-up data from the Common Study was first shared in the dashboard at the September 30, 2011 YIT Learning and Sharing Day. For that day as for the one a year earlier, Evaluation Team Leader Tom Delaney was very involved with the interagency committee planning the event. He felt the need to help the Evaluation Team (and others) better understand each region's SOC. The YIT Social Marketing Coordinator came up with a driving and road theme for the 2011 Learning and Sharing Day. This enabled a dual focus on both family- and young adult driven-care and on SOC mapping. The planning committee created an extensive exercise to help regional YIT staff and Steering Committee members experientially define the local SOC and their roles within it. In this way, the Evaluation Team turned its research into action to ensure that technical assistance most critical to the success of YIT was delivered. (The Evaluation Team presented a poster about this mapping exercise at the 2013 National SOC for Children's Mental Health Research Conference **and a workshop using the exercise as a game at the 2014 Youth Workers' Planning Conference.**)*

*Twelve-month follow-up data from the Common Study was shared with the regions during the 2013 summer regional site visits and at the October 1, 2013 YIT Learning and Sharing Day. As in the past, the Evaluation Team was deeply involved with planning that Day, where it also shared data from the National and Vermont studies to help regions develop their sustainability messages for the communicating with decision-makers and legislators.*

*Other data being shared comes from the Department of Corrections (DOC). For YIT, DOC developed a standard quarterly report about the status of people under its supervision by age and region. The YIT Project Director distributes this via email to the AHS Field Services Directors and the Children's Mental Health Directors and others in each region. It is an important part of evaluating results of the grant. **The data shows that, by a conservative estimate, since YIT started delivering services there has been a statistically significant (at least 20%) reduction in the number of young people aged 16-21 (inclusive) under DOC supervision. Most of the reduction has been in community supervision rather than incarceration.***

*The Evaluators delivered at the 24<sup>th</sup> National SOC Research Conference in Tampa, Florida in March, 2011 a poster and a workshop about some initial YIT research. These presentations summarized: 1) findings from the Access and Barriers data collection tool relating to young adults' reported barriers and facilitators to engaging in important aspects of their lives, and 2) findings from the Young Adult Strengths Questionnaire, specifically the reliability properties of the overall tool and four scaled scores corresponding to four strengths domains. These findings were updated in a Data Brief produced in 2013.*

*On February 29, 2012 at the Pediatric Grand Rounds of the UVM College of Medicine (COM), the YIT Evaluation Team presented data about young adult's utilization of health care. These findings were updated in a Data Brief produced in 2013.*

*At the 25<sup>th</sup> National SOC Research Conference in Tampa, Florida in March, 2012, Dr. Jesse Suter presented a poster highlighting the Sequential Intercept Model to illustrate the criminal*

*justice involvement of YIT system of care youth. Subsequently, more criminal justice data was added to the YIT evaluation dashboard using population-based rates instead of the DOC raw numbers.*

*Courtney Bridges, YIT Social Marketing Coordinator, worked with the Evaluation Team to produce a young-adult-friendly data page to help engage more young adults with the program as well as share the collected information in a way that is meaningful for this target population (16-21).*

*The Evaluation Team submitted the entire dashboard including the criminal justice data and the young-adult-friendly page for ECCO recognition and in July, 2012 received a Bronze ECCO award for its Professional Outreach.*

*Additional data was presented in 2013 in the form of a Data Brief about Young Adults and Employment.*

*The Evaluation Team made two poster presentations at the March 2013 National SOC Children's Mental Health Research and Policy Conference in Tampa:*

- 1). Suter J, Kamon S and Delaney T: Are We Bending the Curve? Justice System Involvement of Young Adults in Vermont's System of Care.*
- 2). Delaney T, Kamon J and Suter J: The System of Care Roadmap: An Innovative Exercise for Understanding Partnerships among Service Providers and Programs.*

*And in the summer of 2013 the Evaluation Team produced one pictograph about changes in mental health and substance use evident from the National and Vermont studies and another pictograph about what young people in those studies said helped them from the System of Care.*

*All of this data was shared with the State Operations Team and the regions for use in their work to sustain YIT. **The Evaluation Team presented the data to the Legislature on January 31, 2014 and in subsequent committee hearings. The final version was delivered for Pediatric Grand Rounds in July, 2014 (the cover slide for the presentation is shown the Appendix).***

Have barriers to the implementation of the evaluation efforts been identified and how are they being addressed? Have you been able to work with your national evaluation liaison to address these barriers?

*The Evaluation Team initially held 4 meetings of its advisory group (the "E-Team") to get input about the evaluation design from young adults and family members who are or have been consumers of services from the Vermont SOC. The first meeting included an encouraging number of youth and young adults, but the subsequent three meetings met with only mixed results and low attendance by young adults, although participation by family members and adult allies continued to be very strong. The Evaluation Team modified how it recruited and tried to retain people for the E-Team, including holding meetings at different locations and different times of the day and holding a phone meeting. The Team explored other means of engaging young adults*

*for the YIT evaluation, like visiting the Spectrum Drop-In Center and using Face-book. These issues were discussed with MACRO representatives.*

*The YIT Evaluation Team took a new approach to hearing from young adults in early summer, 2011. The Team contracted with Dr. Nancy Pandina to conduct focus group interviews with young adults in 10 of the 12 regions to learn their opinions about what did or did not work about the services they received. (Dr. Pandina was an evaluator for Vermont's earlier Children's Mental Health Initiative grants.) She did quantitative analysis of the comments received from 82 young people from around the state and in November, 2011 produced a report entitled "YIT Focus Group Results". It can be found on the YIT website at <http://www.youth-in-transition-grant.com> under the Evaluation section; look for Evaluation Reports. The results were summarized and presented by Dr. Jody Kamon at the Youth Workers' Conference on May 17, 2012 as a workshop entitled "Straight Talk: What young adults have to say about trying to access Vermont's Mental Health System of Care and the quality of services offered."*

How has the evaluation contributed to sustainability efforts within your community?

*In September, 2009, with the DMH, the Evaluation Team conducted 2 training events for community mental health center staff around ASEBA data collection and data sharing. The purpose of the training extended beyond the YIT evaluation to ongoing operations of the State mental health system, which now requires routine use of specific validated and reliable assessment tools with many clients.*

*The distribution of DOC data helped to raise awareness about the number of young adults in jail or on probation in the regions, and affected regional design and implementation of the plans. (Local design and implementation influences "ownership" and sustainability).*

*With advice from Dr. Rusty Clark, starting in the fall of 2010 the YIT Evaluation Team took on the added task of assessing how well regions are implementing TIP. Dr. Clark approved VCHIP adaptation and use of two TIP self-assessment tools: the Self Study of TIP Implementation—Guidelines, and the Self Study of TIP Implementation—Organization and Structure. These tools were administered (the Guidelines tool as a structured interview, the Organization and Structure tool as self-report) and completed by representatives from a total of 16 Vermont SOC organizations. The YIT Evaluation Team summarized the findings and shared them back with the organizations at the June 2011 TIP training. Twelve of the 16 organizations/programs did the action planning and had their staff complete the additional training needed to be certified as TIP-informed by the National Network for Youth in Transition (NNYT). To help the 12 programs/organizations apply for this certification, in 2013 the YIT Evaluation Team administered a second round of the two TIP self-assessment tools and summarized the findings - analyzing what, if any, changes occurred from the first to the second round. Nine of the 12 organizations participated in the second assessment. **In FY2014 all 9 applied for and received certification as being TIP-informed, helping to ensure sustainability of use of TIP, an evidence-supported practice of case management with youth and young adults.***

*The YIT sustainability plan relied on the use of evaluation data to support requests for State and community funding to sustain the project after the federal grant funds end. The Evaluation Team*

*measured progress toward achievement of goals for the SOC and changes in functioning and mental health symptoms for transition-aged youth with SED.*

*The Evaluation Team helped the YIT State Operations Team prepare and present a PowerPoint slide show on September 11, 2013 for Agency of Human Services Secretary Doug Racine and Department of Mental Health Commissioner Paul Dupre about the impressive YIT outcomes and the importance of sustaining the YIT work. As a result of that presentation and prior communications, the DMH/AHS budget proposal to the Governor included the full amount of funding needed to sustain YIT in State FY2015 beyond the end of the federal grant on 9/29/14. The Legislature subsequently appropriated funds sufficient to sustain the regional services with limited state-level support that does not include CLC, social marketing, evaluation, or T/TA.*

## **IX. Technical Assistance and Training**

Describe training activities which have occurred in your community since the last report.

*The YIT State Operations and Outreach Team provided several technical assistance and training events during this reporting period (FFY2014):*

***CLC training events:*** *The following organizations hosted CLC training for their staff, statewide members, and/or for community partners – 418 people:*

- *HowardCenter Developmental Services – Burlington, Vermont - 32 participants*
- *Pathways - Burlington, Vermont - 12 participants*
- *Region 11 - Clara Martin - Randolph, Vermont - 22 participants*
- *Region 12 – Newport – Newport, Vermont - 6 participants*
- *Vermont Legal Aid - Burlington, Vermont - 36 participants*
- *Saint Michael's College – Burlington, Vermont - 24 participants*
- *Vermont Department of Health CHSN – Burlington, Vermont - 24 participants*
- *Vermont Pediatric Palliative Care Conference – Montpelier, Vermont - 50 participants*
- *Vermont Association for Mental Health and Addiction Recovery (VAMHAR) – Montpelier, Vermont - 100 participants*
- *Recovery Network Grant – Burlington, Vermont - 22 participants*
- *Vermont Bar Association's State Conference – Montpelier, Vermont - 40 participants*
- *Pediatric Grand Rounds – Burlington, Vermont - 50 participants.*

*All 12 service regions and a cumulative total of at least 1,118 people received the CLC training during the entire grant time period.*

***Other training events during this reporting period:***

*The YIT State Operations Team delivered a 90-minute symposium about young adult involvement and leadership, cultural and linguistic competence training, and longitudinal outcomes from YIT on March 5, 2014 at the annual Children's Mental Health Research Conference put on by the University of South Florida in Tampa. (See the agenda from the symposium PowerPoint in the Appendix.)*

*In lieu of the annual Young Adult Voice Movement Conference, a more sustainable approach to youth leadership training was offered by the Vermont Federation of Families for Children's Mental Health (VFFCMH), which organized for May 14 a one-day Youth Leadership Academy for up to half-a-dozen young adult leaders from each of the 12 YIT advisory groups in Vermont (see Save the Date poster in Appendix). The VFFCMH brought Youth MOVE National to the event in Randolph, VT to speak with the young adult leaders about mental health issues and forming one or more Youth MOVE chapters here. Two of the advisory groups (Bennington and Chittenden) subsequently sent representatives to the Georgetown Training Institutes to learn more about Youth MOVE National.*

*The VFFCMH, the Vermont Coalition of Runaway and Homeless Youth Programs (VCRHYP), and the Vermont Youth Development Program (YDP) of DCF again jointly sponsored a day of training for youth workers just prior to the Youth Workers' Conference. This pre-conference day on May 22, 2014 taught front-line staff about "Thriving on the Front Lines" in their work with young people with mental health and other challenges (see information in Appendix about Bob Bertolino's training).*

*The 9<sup>th</sup> Annual Working with Youth Conference was held on May 23 at the Hilton Hotel in Burlington. As in all years of the YIT Grant, YIT participated in planning and sponsoring the conference and in delivering workshops there. The State YIT Operations Team delivered a workshop about "System of Care (SOC): What the heck is it? What is mine? Why should I care?" And one regional YIT program (Franklin/Grand Isle) delivered a workshop about "Youth Social Entrepreneurship from an International Perspective".*

*The YIT State Operations Team, along with the Children's Mental Health Director and YIT Peer Worker from one region (Bennington) and a young adult leader from another region (Chittenden), delivered Institute #8 [entitled Young Adults Driving Into New SOC Territory (in VT): A Public Health Approach] at the Georgetown Training Institutes in Maryland in July. (See the agenda for the Institute in the Appendix.) Young Adult Leadership Award winners who had not attended a prior national conference with the State YIT Operations Team went to the Georgetown Institutes as did several representatives from both the Bennington Teens for Change (T4C) and Chittenden Diversity Rocks! youth groups.*

*The YIT Young Adult Coordinator developed and delivered in the summer, 2014 a workshop called "Lighting the Fire" to help JOBS workers and other service providers engage and motivate young adults who are feeling 'stuck'. He combined within this workshop elements from TIP, Nonviolent Communication, and leadership skills and principles.*

*The YIT Young Adult Coordinator developed and delivered a workshop called "Leading from the Side of the Table: Leadership in Group Dynamics" based on what he learned from the Georgetown University's National Leadership Academy. He presented this workshop for peer workers attending a Recovery Network Leadership Institute in Vermont in September, 2014 and later for YIT workers.*



*The VFFCMH produced it first online workshop, which is interactive – giving tips to parents about what is normal adolescent behavior, what behaviors are out of the normal range, and how to get assistance with challenging behavior. The workshop, or curriculum, called “Transitioning to Adulthood with Social, Emotional, and Behavioral Health Challenges: Services, Supports, and Information,” can be found on the home page of the VFFCMH’s website: <http://www.vffcmh.org>.*

How were these training activities used? Who completed these training activities? Were they effective in meeting community goals? See response to questions directly above. Also, the CLC training was extensively discussed on pages 22-23. The Evaluators’ presentations were discussed on pages 44-45. And the TIP training and certification effort was discussed on pages 4, 5, 7, 8, 10, and in most detail on pages 20 and 46. All of these events have been targeted to accomplishing and sustaining the YIT work, including reporting on results.

## **X. Sustainability**

Has your sustainability plan been developed/revised during this period? If so, please describe and provide rationale.

*A draft action plan for sustainability was formulated from the logic model. “State supports and sustains regional services for young adults” is one of the goals and the basis for the action planning for sustainability. That action plan can be found on the official YIT website (<http://www.youth-in-transition-grant.com> – under the Reports Archives > YIT Grant Related Documents.) The plan was not revised during this reporting period. **It was successfully implemented. The Legislature approved an appropriation sufficient to sustain YIT regional services throughout FY2015 past the end of the federal grant on 9/29/2014.***

Describe how you meet match requirements and how you document the use of match funds. Have you adhered to requirements of the Office of Management and Budget (OMB) Circular A-133 related to Federal Audits?

*Vermont’s grants management adheres to the OMB requirements. DMH obtains certification of match for this grant from the relevant business and program managers; the match is reported annually on the Financial Services Report (FSR) as expected, with ongoing guidance from SAMHSA’s Office of Grants Management.*

List percentages of your match funds which come from the following public or private sources in the table below:

*The information presented below is different from the information presented in the annual FSR, where only the required, minimum match is reported. The information below, instead, lists all match certified to the Department of Mental Health as State General Fund expenditures above baseline (average of FY2006 and FY2007) for youth of transition age by other State Departments in State FY2014 and the first quarter of State FY2015. The information is here listed as in-kind since the expenditures are for related programs and services, not directly for YIT.*

<u>Source</u>	<u>Percentage</u>	<u>Cash Match</u>	<u>In-Kind</u>
Child Welfare	18.93%		\$587,239
Mental Health			
Education			
Juvenile Justice	3.05%		\$94,737
Substance Abuse			
Health			
Foundations			
Other (Please Describe): -Corrections -Diversion -Reach Up -Labor	78.01%		\$2,419,613
<b>TOTAL</b>	<b>99.99%</b>		<b>\$3,101,589</b>

*This total amount is \$1,996,911 less than the \$5,098,500 million needed as match for the approved award and carry-forward for FFY2014. Given cumulative accounting for the grant awards and the match plus the over-match certified from prior years, there is still plenty of match for the expenditures made during the six-year life of the grant, as shown below.*

<b>Years of Grant Award</b>	<b>Required Match</b>	<b>Certified Match</b>	<b>Cumulative Match</b>
FFY2009	\$333,333	\$3,087,975	\$3,087,975
FFY2010	\$500,000	\$3,218,744	\$6,306,719
FFY2011	\$666,667	\$3,320,379	\$9,627,098
FFY2012	\$2,000,000	\$3,133,540	\$12,760,638
FFY2013	\$3,000,000	\$2,765,746	\$15,526,384
FFY2014	\$5,098,500 (w/carry-forward)	\$3,101,589	\$18,627,973
<b>Totals</b>	<b>\$11,598,500</b>	<b>\$18,627,973</b>	<b>\$18,627,973</b>

## **XI. Lessons Learned**

Please describe lessons learned or accomplishments your community has experienced this reporting period that you would like to share with others.

### Lessons Shared in Prior Reporting Periods:

*Building a high-performing team requires a lot of time together and trust in each other's good will to proceed through "Forming, Norming, Storming, and Performing" (Irving Shalom). The SOC Grantees' Meetings and other events (such as attendance at the annual conference of the national Federation of Families for Children's Mental Health) that count toward accomplishing the training expectation for sites provide stimulating learning opportunities combined with unstructured time for reflection and enjoying one another. This helps build common understanding, expectations, and trust. The training events also bring us face-to-face with national and other sites' experts and resources – an important way to assess what might be*

*helpful. Therefore, it is critical that participation in these meetings continue to be required.*

*This third Vermont CMHI grant may have been the most difficult in part because of the depleted economy and its impact upon State and not-for-profit budgets. It was hard for many key stakeholders to appreciate being asked to plan and implement a new project when they were also being told to cut existing programs and lay off staff. And it is hard for families to participate when they are unemployed, underemployed, and/or losing their homes and accustomed services and supports. These difficulties were further exacerbated on August 28, 2011 by Tropical Storm Irene and the associated flooding throughout Vermont, particularly in Waterbury where the State Office Complex was located. After that all AHS offices and staff were re-located, disrupting the patterns and ease of collaboration.*

*Program and Business Office staff often communicate with/about somewhat different concepts and use different language. To address questions and overcome confusion related to financial and budgeting matters, it is extremely helpful to have close collaboration between Program and Business Office staff. It is also important that both sets of collaborators have a “can-do” vs. “can’t-do” mind-set.*

*While there is genuine excitement about seeking and hearing the voices of youth and young adults, figuring out how to involve them in an ongoing way in governance is challenging. As each region sustains its own broad-based youth/young adult leadership group, **the VFFCMH continues trying to build support among young people for a Vermont Youth MOVE chapter. This may be more easily accomplished through one of the regional groups than statewide, where participation is harder to arrange due to the challenges of distance and transportation.***

Are there any other areas that you would like to work on in the future? Is there a plan in place for your community to address this/these area(s)?

***There are always many reasons to apply for new grants!***

# Today's Symposium: March 5, 2014

Children's Mental Health Research Conference  
Tampa, Florida

1. **Innovations and Young Adult Leadership for Vermont's System of Care** - Brenda Bean, Cindy Marshall & Matt Wolf
2. **Building Cultural and Linguistic Competence in a System of Care** - Dr. Mercedes Avila
3. **Longitudinal Outcomes for Young Adults in Vermont's System of Care at One Year Follow Up** - Dr. Tom Delaney & Dr. Jesse Suter

# YOUTH LEADERSHIP ACADEMY

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## ***Thriving on the Front Lines: Strengths-Based Youth Care Work***

Thursday, May 22, 2014 ♦ 8:30 am – 4:45 pm

Hilton Hotel & Conference Center, 60 Battery Street, Downtown Burlington

### **About the Presenter**

Bob Bertolino, Ph.D., is an Associate Professor of Rehabilitation Counseling at Maryville University in St. Louis, Missouri, Sr. Clinical Advisor at Youth In Need, Inc., and a Sr. Associate for the International Center for Clinical Excellence. Bob has authored or co-authored 14 books including *Thriving on the Front Lines: A Guide to Strengths-Based Youth Care Work*. Bob is a licensed marital and family therapist and professional counselor in the state of Missouri, a National Certified Counselor, a Certified Rehabilitation Counselor, a National Board Certified Clinical Hypnotherapist, and a clinical member of the American Association for Marriage and Family Therapy.



### **Training Overview**

A half-century of research demonstrates that effective Youth Care Work (YCW) is predicated on a series of characteristics that emphasize the contributions of youth and supportive others, engagement, cultural competence, and the distillation of hope. Collectively, these characteristics form a strengths-based approach—a way of thinking about and working with youth to promote greater well-being, connection to others, purpose and meaning, accomplishment, and overall quality of life. The purpose of this workshop is three-fold. First, participants will learn about the five core principles of strengths-based YCW. Next, participants will be introduced to ways of collaborating with youth to formulate a strengths-based Plan of Care. Finally, strategies to create focus in services, decrease dropout rates, and improve well-being through measurable outcomes will be explored. The material presented in this workshop is versatile, practical and will include film and video examples, brief experiential exercises, and handouts to enhance the learning experience of each participant.

### **Registration**

Cost is \$110 per participant, and includes a light breakfast, lunch, and refreshments. To register, contact Calvin Smith at (802) 229-9151 or [csmith@vcrhyp.org](mailto:csmith@vcrhyp.org)

*This event is a Pre-Conference Institute to the Working With Youth Conference sponsored by:*



**AGENDA FOR GEORGETOWN INSTITUTE #8  
YOUNG ADULTS DRIVING INTO NEW SOC TERRITORY (IN VT):  
A PUBLIC HEALTH APPROACH  
(3.5 hours, or 210 minutes)**

- 1). 20 minutes – Charlie Biss will present the public health model and its intersection with the SOC model, using YIT to illustrate how the concepts can be meshed to enhance both models, followed by Q/A.
  
- 2). 80 minutes –Lorna Mattern and Katrina Hollis will tell the story of Bennington’s young-adult-driven development of its regional Youth in Transition (YIT) plan, the roles of the Peer Outreach Workers, and Teens for Change. This will include audience assessment and planning for youth engagement and participation, as well as opportunity for Q/A.
  
- 3). 10 minute break
  
- 4). 60 minutes – Mercedes Avila, Ph.D., will discuss Cultural and Linguistic Competence (CALC) and related YIT work, using parts of her curriculum and/or other materials to engage and educate the audience, as well as opportunity for Q/A.
  
- 5). 20 minutes - Isra Kassim will tell the story about Chittenden County’s Diversity Rocks! group and the steps it has taken for young adults to learn how to govern the group and to be culturally competent with members from multiple former refugee and immigrant cultures, with time for Q/A.
  
- 6). 20 minutes – Jody Kamon, Ph.D., will review the evaluation results for young people who received case management and other services through YIT, followed by Q/A.

For copies of the PowerPoint slideshows used in this Institute, go to <http://www.youth-in-transition-grant.com> - scrolling down on the home page to Latest News.





## The Vermont Young Adult in Transition (YIT) Project: Client Outcomes One Year After Starting Services