

# 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

Project Number: **5 SM058485**

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

Reporting Period: ***September 30, 2011- January 31, 2012***

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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.

### 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. (The "Invitation to Communities" can be found on the Regions and Communities page of the official YIT website, <http://www.youth-in-transition-grant.com>.) Regional planning by a broad group of interagency stakeholders, youth and families is 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 and are doing outreach and service delivery as planned. 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 on the main regional page. ***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 December 31, 2011, 418 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 the 418, 333 or 79% of the youth and young adults agreed to be enrolled in the Common Study that provides NOMS data through the TRAC system. (For more enrollment information, see Attachment A. 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 serves 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 the 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. (A brief write-up of the above training events and lots of pictures can be found on the Training and Technical Assistance page of the YIT website at <http://www.youth-in-transition-grant.com>.)*

*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 time from February 1- September 29, 2011 was very productive for the YIT Grant. The key statewide accomplishments during those 8 months 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 has since 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. For State FY2012, 3 of the 4 young people have been selected so far.*
  - *Two days of advanced TIP training for 82 participants from 16 organizations from throughout Vermont, in June 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 2 young adults 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 helping 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.*

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 are all 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 on the home page. The logic model overview and details, also the sustainability action plan, are on the State Team page, while the action plan for CLC is on the Cultural Competence page and the action plan for Social Marketing on a 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
<input checked="" type="checkbox"/> 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 is through enrollment in the YIT Evaluation Team’s Common Study, which gathers the required NOMS data for young adults enrolled in services and reports that data through the TRAC system. 37 – 57% Males; 28 – 43% Females; 65 -100% Total in Evaluation “Common Study” from October 1 – December 31, 2011.*



Indicate the total number of children served **to date** (Note: Include both currently enrolled children and children who are no longer receiving services): 195 – 59% Males; 138 – 41% Females; 333 -100% Total in Evaluation “Common Study” from April 1, 2010 – December 31, 2011.

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 approximately 5% of Vermont’s population is non-White, **45 or 13%** of the youth and young adults aged 16-21 and enrolled in the Common Study statewide from April 1, 2010 – December 31, 2011 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 has been 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 have 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 three (or 20%) are Non-White: a black woman in Franklin-Grand Isle, a Native American man in Orange-No. Windsor, and a woman of Asian descent (who filled the part-time job left by a woman from Pakistan, who needed full-time work) in Chittenden. 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 are mentoring have 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 holds meetings in different regions, inviting regional YIT staff, Steering Committee members, and family and young adult leaders to attend. In this way, the Workgroup is building 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 have developed and delivered training at the statewide level, including at the Youth Workers’ Conference and the YAVM Conference.*

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

*Some YIT staff feel 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 will detract from their engagement with the young people and damage the likelihood of establishing ongoing relationships. The YIT Evaluators and Project Director have addressed this issue by suggesting that staff not attempt to enroll young adults in the Common Study until they feel a firm enough connection has been made. Staff turnover naturally exacerbates this problem. In the meantime, contact with the young adults is considered*

*a continuation of outreach that may (or may not) be counted according to the Study Inclusion Criteria Checklist (SICC).*

*Another barrier has been that when regional YIT case managers have full caseloads, they are unable to enroll other young people into either service or evaluation. The YIT State Outreach Team has 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.*

## **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 are being implemented. Case management and individualized services planning are provided by YIT staff in all regions through either the community mental health center (in 8 regions) and/or through runaway and homeless youth programs (in 4 regions). 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 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 is most closely managed by a YIT Operations and Outreach Team that consists of key personnel as required by the federal Center for Mental Health Services (CMHS):*

- *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)*
- *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 now shared by Courtney Bridges and Matt Wolf, with help as needed from Jody Kamon, Cindy Marshall, and Brenda Bean).*

*The Operations and Outreach Team also includes representatives from State departments interested in outreach to youth in transition and to the regions; these representatives participate in the YIT business (meetings, site visits, training events, match) as they are able to do so. These Outreach members include 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 several years ago 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, which functions in an advisory capacity for the grant, as does the Act 264 State Interagency Team (SIT). Recent conversations indicate others may be willing to serve as Co-Chairs of the YIT Leadership Team in the near future.*

*The VFFCMH is represented on both the YIT Leadership Team and the 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 Vermont Coalition of Runaway and Homeless Youth Programs (VCRHYP). All representatives have equal opportunity for voice and vote on all business. Though both the YIT Leadership Team and the SIT influence policy and budgets, they do not have authority to set policy or the budget for the AHS or any of the participating departments or organizations. However, the members are very knowledgeable; some have joined the Operations and Outreach Team and offer State outreach to the regions about planning and implementation of this project.*

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 since the original grant application was submitted is the State's response to a multi-year Medicaid deficit and to the world-wide recession of State FY2009. Even with Vermont's receipt of federal economic stimulus funds, hundreds of State employees and community service workers lost their jobs. Budget cuts continue to happen in FY2012; State employees are being encouraged to volunteer for furlough (e.g., unpaid) days. The remaining workers are hard-pressed to handle all the tasks. SOC partners at both the State and regional levels are less available for collaboration.*

*Another major public policy development is the law approved by Vermont's Governor Peter Shumlin and the Legislature in 2011 to study how to further cut costs through significant health care reform that is above and beyond the 2010 federal Patient Protection and Affordable Care Act. Over the next several years, the law is intended to produce: 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.*

*An important policy promulgated by the Legislature in 2011 was expansion of 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, now 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 2011 Legislature appropriated \$75,000 for new housing for homeless youth in the Chittenden region, through Spectrum (a YIT contractor with the HowardCenter).*

*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.*

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). 13 of those organizations have now committed to becoming certified by NNYT as TIP-informed, and they are doing the necessary action planning. Also 7 people have applied to become certified as locally (e.g., VT) -based TIP trainers. Applicants include members of the YIT State Outreach and Operations Team as well as regional mental health (JOBS and other) workers.*

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 is being conducted by VCHIP, part of the 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 the past six 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.*

*Planning is currently underway for the May 17, 2012 Youth Workers' Conference. YIT will be delivering a 2-session workshop about cultural and linguistic competence (CLC) and another workshop to roll out the results of the YIT Evaluation Team's research (via focus groups statewide) with young adults about what they consider to be effective help. In addition, the Orange-No. Windsor regional YIT program will be delivering a workshop about resiliency; one of the presenters will be Micah Porter, whom the YIT State Operations Team just selected to receive its third Young Adult Leadership Award.*

*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 Mode that the YIT grant uses. They are both 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 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 the Suicide Prevention grant until it ended on September 30, 2011. The YIT Social Marketing Coordinator served on the advisory board for the Suicide Prevention grant. These over-lapping roles*

*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 is delivering 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 is now being administered 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. With help from the YIT Evaluation Team, Mercedes has 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 demonstrate substantial increases in knowledge include about income disparities of racially diverse families, race identification, genetic variation, and genetic similarity of groups.*

*Analyses of pre and post training data showed that prior to attending the CLC trainings, almost 34% of the 200 participants who completed the pre and post training surveys indicated that they had had none to little exposure to any type of Diversity, Cultural Competency or Multicultural Training. Additionally, and prior to attending the trainings, 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 now understand 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).*

*During this reporting period, Mercedes presented this research as a poster at the 22<sup>nd</sup> national Federation of Families for Children's Mental Health conference in November, 2011.*

*By the end of December, 2011 the CLC Coordinator had delivered at least 21 CLC training events for over 363 participants in five of the 12 regions since the start of the YIT Grant. Because of the effectiveness of her training and word-of-mouth referrals, Mercedes Avila is now conducting one or two training events per month in Vermont and has even been asked to deliver it to SOC sites outside Vermont. (See the list of CLC training events held during this reporting period on p.31.) Two mental health agencies/regions are considering incorporating CLC as part of the required professional development training for newly-hired staff as well as for current employees.*

*Mercedes' CLC training is now embedded as a session entitled "Racism and Health Disparities" within the UVM graduate class # CSD311, a Communication Sciences and Disorders Interdisciplinary Seminar in Neurodevelopmental Disabilities.*

*As part of the CLC trainings and at other events - participants, agencies, and communities receive from Mercedes a CD which she compiled with over 100 evidence-based CLC-related resources/materials about the following topics:*

- *Child Welfare*
- *Culture, Race and Ethnicity*
- *Faith and Race*
- *Health Care*
- *Immigrants*
- *Interpreters and Cultural Brokers*
- *Juvenile Justice System*
- *LGBTQI-2S*
- *Mental Health Providers*
- *Migrant Farm Workers*
- *Native Americans*
- *Policy and Community Building Strategies*
- *Poverty*
- *Refugees*
- *Rural Populations*
- *Schools*
- *Screenings*
- *Self-Assessments*
- *Supporting Families*
- *Youth Development and Empowerment*

*In addition, a second resource with local, state, and national CLC- related websites is distributed at the CLC trainings. Both resources, the CLC CD index and the CLC- related websites document, are available on the Vermont Youth In Transition website through:*

*[http://youth-in-transition-grant.com/uploads/CLC\\_Related\\_Websites.pdf](http://youth-in-transition-grant.com/uploads/CLC_Related_Websites.pdf)*

*[http://youth-in-transition-grant.com/uploads/CLC\\_Resources\\_CD\\_Index.pdf](http://youth-in-transition-grant.com/uploads/CLC_Resources_CD_Index.pdf)*

*The following Lambda Legal materials are also distributed at the trainings:*

- *Toolkit: Getting Down to Basics: Lesbian, gay, bisexual, transgender and questioning ("LGBTQ") young people are in America's child welfare and juvenile justice systems in disproportionate numbers. Like all young people in care, they have the right to be safe and protected. All too often, however, they are misunderstood and mistreated, leading to an increased risk of negative outcomes. This tool kit offers practical tips and information to ensure that LGBTQ young people in care receive the support and services they deserve. Developed in partnership by the Child Welfare League of America (CWLA) and Lambda Legal, the tool kit gives guidance on an array of issues affecting LGBTQ youth and the adults and organizations who provide them with out-of-home care.*
- *Toolkit: Out of the margins: A Report on Regional Listening Forums Highlighting the Experiences of Lesbian, Gay, Bisexual, Transgender, and Questioning Youth in Care 06/29/2006*
- *Toolkit: Out, Safe, and Respected: Your rights at school 10/11/2008*  
*This kit is designed to help you know your rights at school and make sure they're respected, and to give you concrete ideas about how you can make a difference in your school and community. You have the right to be who you are. You have the right to be out, safe and respected at school.*
- *Toolkit: Bending the Mold: An Action Kit for Transgender Students 06/11/2009*

*All Lambda Legal publications can be accessed or ordered free-of-charge from their website: <http://www.lambdalegal.org/publications/toolkits>*

*Mercedes learned about all of these resources by attending national trainings such as:*

- *The Connecting Circles of Care Historical Trauma and Native Americans Training of Trainers in July 2011; she is now a trainer for this curriculum.*
- *The Georgetown University Leadership Academy to Address Disparities in Mental Health Care in New Mexico in August 2011.*
- *The TA Partnership sponsored CLC training in September 2011 which featured the evidence-based California Brief Multicultural Competencies Scale (CBMCS) and was presented by Dr. Gloria Morrow in Atlanta (<http://www.gloriamorrow.com/>). The YIT CLC Coordinator attended this introductory training with Jeetan Khadka (the second YIT Young Adult Leadership Award recipient) and Guylaine Daoust (a community trainer and interpreter). Mercedes had already trained Jeetan to deliver a modified version of her 3-hour curriculum at the 2011 Young Adult Voice Movement (YAVM) Conference. In January, 2012 she attended the training for trainers of the CBMCS curriculum.*

*The CLC Coordinator has also 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). The results of her study will be shared at an event that will take place in the summer of 2012 and then made available to service providers electronically and/or via CD.*

*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 new 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 is encouraging 11<sup>th</sup> graders served through YIT and other programs to apply for the available education to begin a health-care career.*

*During this reporting period the CLC coordinator provided support and consultation to the Champlain Valley Area Health Education Center (CVAHEC) to update its "Cultural Competency for Health Care Providers Manual", which was used for the first round of Medical Interpreters' training delivered in the spring, 2011. The manual is on the CVAHEC website: [www.cvahec.org](http://www.cvahec.org); click on Cultural Competency and find the manual below the picture of the interpreters who were trained in the spring, 2011 (including YIT workers Mercedes Avila and Linda Li plus Guylaine Daoust, who subsequently became the instructor for the next class). The updated version of the manual was used for the second class of interpreters trained in October, 2011.*

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 the bottom of page 6 and top of page 7 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 experienced staff turn-over in its part-time YIT-JOBS position devoted to cultural outreach, a woman of Asian descent (Linda Li) was hired. This is helping 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 are being referred to YIT services. The most recent Evaluation Team dashboard of indicators (see **Appendix B**) shows that at least 3% of the young people now enrolled in the YIT Common Study (which includes the TRAC data) are 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 YAAT for the SPF-SIG grant from the federal Center for Substance Abuse Prevention (CSAP), Vermont Psychiatric Survivors, Another Way (self-help recovery center), the Youth Development Council for the DCF, the Association of Teen Centers, the VCRHYP, and others.*

*These efforts resulted in a strong turn-out (about 200 people) for the 2010 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 have advised their regional YIT Steering Committees and/or spoken at statewide or regional YIT events. One is transgender, two (including Katrina Hollis) are single mothers of transition-age 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 7 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 bring 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 (see the press release about this in Appendix D).*

*While in Chicago, the YIT State Operations Team learned from Jeetan about a group started through the Vermont Refugee Resettlement Project 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 broader 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 now 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 helping Jeetan apply for funds from the Vermont Department of Health's Minority Health Office to hire a Young Adult Coordinator.*

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.*

*The VFFCMH has contracted with the Bennington region (through United Counseling Services, UCS) to add hours to their peer outreach worker position so Katrina Hollis – who received the first YIT Young Adult Leadership Award - can assist the YIT Young Adult Coordinator Matt Wolf in delivering technical assistance statewide. With Matt, Katrina is now visiting the YIT young adult advisory groups throughout Vermont and sharing her experience of organizing Teens for Change (T4C). (This is described in an associated document which compiles the progress reports of the 12 regions for the time period from January to June, 2011. See the main regional page on 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 as implementation gets underway. 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.*

## **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 others’ 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 their families and adult allies.*
- 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 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.*

*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 and re-structure its relationship from employee to contractor for the staff person focused on family support and leadership training. This person was in the process of creating a course for parents called “Surviving the Transition to Adulthood”; the course is still being formed.*

*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.*

*During this reporting period, the VFFCMH and VFN partnered with 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. (See Attachment D, a graphic developed by YIT Social Marketing Coordinator Courtney Bridges to show the differences between the Child and Adult Mental Health populations and services.) 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.*

*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 - 5 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. (See pictures of all three types of Social Marketing materials in Attachment F.)*

*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, including the AHS Integrated Family Services (IFS) initiative.*

## **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 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 IEP planning 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). As described on page 17, 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. During this reporting period, Matt Wolf, Courtney Bridges, and Linda Li have been supporting Cadoux in his efforts to plan the show.*

*Also during this reporting period – 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.*

*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. Now that Katrina Hollis is a statewide TA provider as well as a Bennington regional peer outreach worker, she attends some State YIT Operations Team meetings. As other young adults from the regions become active YIT leaders, they may be invited to join these or other State-level advisory groups.*

*For example, during this reporting period, Matt Wolf 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, and it must have youth with certain types of experience as Governor-appointed members. Though Matt assisted three youth in talking with the CFCPP's JJDP Specialist, none of those conversations resulted in an application to join the CFCPP. 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) for getting youth to participate in this (very adult) council.*

*During this reporting period, Matt Wolf – who is a member of the Governor-appointed ACT 264 Advisory Board – was asked to make a presentation to that Board about the YIT grant. He highlighted 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 (with Linda Li) present to the Board about the status and needs of youth immigrants/refugees in VT. The Board later discussed its willingness to (at a minimum) write letters of support for program development proposals associated with this population.*

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 religious oriented) curricula and activities.*

*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 will be given awards and will be 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 will be 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. Since then, the State YIT Operations Team has chosen two other people (Jeetan Khadka and Micah Porter) for Young Adult Leadership Awards.*

*Matt has been directly addressing 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 the local resources for employment, housing, education, health care, etc. Half of the regions are working on this project, and in 5 of them, young adults are leading the effort. Matt is supplementing their efforts through a VFFCMH contract with Project Harmony to make the Living Book an online resource for transition-aged youth throughout Vermont.*

## **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 is pursuing a social marketing campaign that takes a public health approach to reducing stigma. This campaign is 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>).*

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

*As part of the overall Plan, the Social Marketing Coordinator is leading 4 different sets of activities:*

- 1. WEST (We Eliminate Stigma Together): modeled after and using materials adapted from the STARS project that was highlighted at the 2010 Georgetown Training Institutes and which the young adults who attended from VT liked very much. WEST encourages 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 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.*
- 4. "BringChange2Mind.org": an anti-stigma campaign of national partners. The corresponding VT partners (e.g., NAMI-VT, VFFCMH, etc.) and other interested organizations may be convened to consider what to do here to promote mental health.*

Share some of your campaign successes since the last report.

- 1. During this report period, the WEST campaign and another VFFCMH youth leadership initiative were combined with a new mini-grant opportunity from the Vermont Department of Health's (VDH's) Office of Minority Health. This Request for Proposals (RFP) for up to \$2,000 per region was announced for projects to be completed by September 30, 2012, with applications due anytime between December, 2011 and June, 2012. (See the RFP and application in Appendix D.) 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. So far, YIT staff has helped 6 regional young adult groups plan to apply.*

2. *The YIT CLC and Young Adult Coordinator(s) collaborated with the Vermont Department of Health (VDH) to produce the 2011 YAVM Conference. This was possible because the VDH received a multi-year federal grant which includes a budget of \$10,000 for a conference to improve the health of youth/young adults with minority backgrounds. VDH has agreed to support the YAVM Conference again in 2012. This time it is being planned by a more formal Executive Committee of young adults who have been selected by their regional YIT groups to seek out and represent their voices in the process. During this reporting period, the Executive Committee met three times, with some young people participating in person and others via OoVoo video-conferencing. They decided to hold another overnight conference, this time on June 1 and 2 at Castleton State College in southwestern Vermont. (The prior two conferences were held in northwestern Vermont.)*
  
3. *Because Tropical Storm Irene ruined the Vermont Federation of Families for Children's Mental Health (VFFCMH) office 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, VFFCMH was able to start over in strength.*

*Also, in response to regions' complaints about email overload, Courtney developed what is known as 'Bean's Blog' (<http://beansblogyit.blogspot.com>) to help the YIT Project Director share resources, announcements, events, etc. in a way that all can access whenever they please.*

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

*The YAVM Movement Conference is the central YIT celebration of Children's Mental Health Day/Week/Month even though the conference might not occur during Children's Mental Health Week or on Children's Mental Health Day.*

*The YIT Social Marketing Coordinator created a Facebook account with two sub-groups, one about the YIT Grant in general and another specifically about the YAVM Conference. In addition to other planning for the YAVM Conference, Courtney invited young people to submit ideas for the Conference via Facebook. She actively checks and updates the pages, which now has 269 "friends", steadily added with no end in sight!*

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 has been 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 is lack of information about the messages most likely to make a difference with young adults. The WEST campaign and the related but not-YIT-funded*

*VFFCMH young adult leadership mini-grants (first issued in the summer of 2011) directly address this by encouraging youth to design their own messages and activities. A more diverse group of young adults is now giving input to the design and content of the YAVM Conference, an event intended to build leadership and advocacy among young people about the SOC. And families are being provided information through the VFFCMH website about leadership opportunities and how their “Voice Matters” to improve the SOC.*

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

*The Vanguard team was helpful to the Social Marketing Coordinator in 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 being asked to serve in 2011 (like in 2010) 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.*

*Since then the regional demand for consultation by the YIT Social Marketing Coordinator has increased dramatically. Courtney Bridges is helping regions enhance their recruitment and marketing techniques by building social networking sites and branding their young adult advisory groups. The branding experience includes 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 are able to voice their opinions and rally behind a young-adult- driven anti-stigma message. During this reporting period, Courtney helped brand six regional young adult advisory boards.*

*Courtney has also agreed to co-present with Leah Holmes-Bonilla at the Georgetown Institutes in July, 2012, where they will deliver a 3 hour institute focused on “Social Media for Systems of Care.”*

## **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, Ellen Talbert, database administrator, plus interviewers Audrey Garfield (during this reporting period replacing Stasia Savasuk, who took a different job) and Amanda Ellingson comprise the energetic, cohesive 2+ FTE Evaluation Team for this grant. They operate out of the Vermont Child Health Improvement Program (VCHIP) of the University of Vermont (UVM) Medical School.*

*The YIT Evaluation plan has three main components: the Common study, the Vermont study, and the National study that includes 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 meets the needs of both the local and national evaluations and involves 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, DOC, etc.). The design has been 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 subjects for the evaluation.*

*After the initial IRB approval was given for the YIT evaluation, 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.*

*A few regions have attained their targets for enrollment in services and in the evaluation studies; most have not. The Evaluation Team has kept the YIT State Operations and Outreach Team and the regions informed about enrollment. (See **Attachment A for enrollment information for the latest quarter, with a row of data about the cumulative enrollment.**)*

*Staff turnover at the mental health and youth services agencies continues to pose a challenge to increasing the number of young adults in the YIT evaluation studies. There have also been challenges for YIT staff in partnering with other SOC workers to increase the recruitment “pools” in their communities,*

*Retention of young people in the YIT studies has been challenging, too. To strengthen retention in the National and Common studies, the Evaluation Team began offering participants water bottles or re-usable cups that have the YIT evaluation contact information, also sending out quarterly post card reminders to participants that they are still in a study and encouraging them to update any changed phone numbers, emails or postal addresses.*

*The Evaluators delivered at the Annual 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.*

*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 Tom Delaney did) in the national Evaluation Update newsletter issued for September, 2011.*

*During this reporting period, the YIT Project Director and the Lamoille regional YIT Coordinator collaborated with Freda Brashears of MACRO to prepare for a second round of interviews (this time by phone instead of in-person) to assess the “system-ness” of YIT through in-depth conversations by MACRO with selected local and statewide stakeholders.*

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

*Enrollment is one of several topics discussed with the regions during the annual site visits by the YIT State Operations and Outreach Team. During this reporting period site visits were scheduled for March and April, 2012. The Evaluators participate 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.*

*Besides the enrollment information, the Evaluation Team produces and shares a continually evolving dashboard of indicators. 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 is updated regularly and disseminated broadly via email to YIT staff and stakeholders. The regional versions are prepared once the regions have submitted enough data to ensure confidentiality of the results. The dashboard is monitored by the State YIT Operations and Outreach Team and by the regional YIT Steering Committees for policy or practice implications. It is also shared with the YIT Leadership Team.*

*The first dashboard with six-month follow-up data was presented to the regional YIT staff and Steering Committees in attendance 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 latest version of the dashboard of indicators now includes data about young adults’ experience with the criminal justice system over time (see **Appendix B**).*

*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 at least a 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.*

*During this reporting period, the Evaluation Team submitted a proposal which was accepted for presentation at the March, 2012 University of South Florida SOC Research Conference in Tampa. The presentation will be about use of the Sequential Intercept Model as a basis for studying whether young people in the system of care are benefitting from YIT by having fewer episodes of correctional involvement and less intensive involvement when they do encounter the correctional system.*

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 has tried to modify how it recruits and retains people onto the E-Team, including holding meetings at different locations and different times of the day and holding a phone meeting. The Team continues to explore other means of engaging young adults for the YIT evaluation, like visiting the Spectrum Drop-In Center and using Facebook. These issues have been 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 does or does not work about the services they have 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 draft report for the Evaluation Team. The Team, with Nancy, will be presenting the findings from this research at the 7<sup>th</sup> annual Youth Workers' Conference on May 17, 2012 at the Sheraton Hotel in South Burlington, VT. The Team will also develop a manuscript for publication based on the focus group study and that examines young adults' perspectives on how youth/young adults are involved in the system of care and the barriers & facilitators to accessing system of care services.*

*During this reporting period, Courtney Bridges, YIT Social Marketing Coordinator, worked with the Evaluation Team to design a young-adult-friendly data dashboard. It is not yet finalized but is intended to help engage more young adults with the grant as well as share the collected information in a way that will be meaningful for this target population (16-21).*

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.*

*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, shared them back with the organizations at the June 2011 TIP training, and is now using them as the baseline for a study of how the organizations may be changing as a result of the TIP training. During this reporting period 13 of the 16 organizations/programs agreed to do the action planning and additional training needed to be certified as TIP-informed by the National Network for Youth in Transition (NNYT). The YIT Evaluation Team will factor all of this into its analysis of regional SOC and YIT results.*

*The distribution of DOC data has 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, in turn, influences “ownership” and sustainability. The evaluation is measuring progress toward achievement of goals for the SOC and changes in functioning and mental health symptoms for transition-aged youth with SED. So far there are positive indicators of progress. The data will be used to support requests for State and community funding to sustain the project after the federal grant funds end.*

## **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:*

*CLC training events:* *The following organizations hosted CLC training for about 72 people in two regions:*

- *Northeast Kingdom Youth Services, St. Johnsbury, VT, October, 2011 – 10 participants*
- *United Counseling Services, Bennington, VT, November and December, 2011 – 62 participants over 4 separate events.*

*Other training events:*

*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 systems of care.*

*On October 27, 2011 at the annual conference for the Vermont Association for Mental Health & Recovery (VAMHAR), YIT Young Adult Coordinator Matt Wolf co-presented a workshop with Jennie Schoerke, Project Director for the DMH 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 being served and in the available services.*

*During this reporting period, the VFFCMH and VFN partnered with 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, too.*

*YIT finalized the contract with NNYT for the training and consultation needed to help 13 organizations/programs become certified as TIP-informed and 7 people become certified as Vermont-based TIP trainers.*

*Matt Wolf, YIT Young Adult Coordinator, asked each of the 12 regions to tell him what they are best at so he can compile a “menu” of training topics and technical assistance for the regions to offer each other. He started the list with examples taken from their own regional progress reports. To further build youth leadership in all of the regional programs, Matt encouraged the regions to include youth as co-facilitators and trainers for the chosen topics.*

How were these training activities used? Who completed these training activities? Were they effective in meeting community goals? *See response to questions directly above.*

## **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 is 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>) – see the State Operations and Outreach Team page).*

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.*

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 FY2011. 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	24.7%		\$820,236
Mental Health			
Education			
Juvenile Justice	1.1%		\$36,305
Substance Abuse			
Health			
Foundations			
Other (Please Describe): -Corrections -Diversion -Reach Up -Labor	74.2%		\$2,463,838
<b>TOTAL</b>	100.0%		\$3,320,379

## **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. 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, especially in this economy.*

*Though this is Vermont's third CMHI grant, it may be the most difficult in part because of the depleted economy and its impact upon State and not-for-profit budgets. It is hard for many key stakeholders to appreciate being asked to plan and implement a new project when they are 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. Since then all AHS offices and staff have been re-located, disrupting the patterns and ease of collaboration.*

*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 makes progress toward establishing its own broad-based youth/young adult leadership group, the VFFCMH may be able to take steps toward forming a centralized Vermont Youth MOVE chapter. While this depends upon a critical mass of continuing interest among young people, it offers the possibility of a structure upon which advocacy for sustainability could be built.*

*Like the youth and young adults they serve, peer navigators or outreach workers need a lot of structure, support, and supervision. Their supervisors should be prepared to give them extra attention to aid their learning, particularly around legal and ethical matters. Sometimes the learning includes difficult consequences such as losing the job.*

*Group dynamics like "forming, storming, norming, and performing" (as conceptualized by Dr. Irving Yalom) is a useful way to understand SOC behavior. This reporting period spanned much of the official third year of the YIT Grant. It is reasonable to expect a team in its third year to be performing well, and this has been true for YIT. The state-level and regional YIT staff know their jobs and have made necessary adjustments to meet expectations.*

*Notably, the VFFCMH hired a new statewide Young Adult Coordinator, Matt Wolf, who is providing very welcome hands-on technical assistance to the regional peer outreach workers and young adult leaders. The VFFCMH revised the job description for Courtney Bridges so she is able to focus more of her time on Social Marketing and Communications. This has freed her to offer technical assistance about social media, a frequent request from organizations wanting to reach out more effectively to youth and young adults. And the regions have "grown" some young adult leaders who are now being recognized and consulted by the state-level YIT Operations and Outreach Team.*

*New Lessons for this Reporting Period:*

*Collaboration is most easily sustained in a predictable environment with experienced and consistent leadership and proximity - even co-location - of workers. However, thanks to Tropical Storm Irene, we have been reminded that we are "Vermont Strong" and able to adapt to crises. After the Waterbury State Office Complex flooded and all the approximately 1,500 State employees there were displaced, we learned we still could get our work done through telecommuting. This prompted promulgation of the first TeleWork policy by the State Agency of Administration in February, 2012.*

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)?

*Implementing and updating the action plans related to the logic model gives us plenty to do!*



**Youth in Transition Summary of Enrollment**  
 Period Oct. 01, 2011 – Dec. 31, 2011

Region	SICC <sup>1</sup>	Enrolled in Common Study <sup>2</sup>	% reported female enrolled in Common Study	% reported minority enrolled in Common Study	Enrolled in Vermont Study	Enrolled in National Study
Barre	6	5	60%	0%	0	1
Bennington	6	6	33%	0%	4	0
Brattleboro	5	5	80%	0%	1	1
Burlington	13	13	15%	46%	0	3
Hartford	15	15	53%	13%	1	7
Middlebury	4	3	33%	0%	0	2
Morrisville	4	4	25%	25%	1	0
Newport	4	4	25%	100%	0	1
Rutland	1	1	100%	100%	0	0
Springfield	8	2	50%	0%	0	0
St. Albans	4	4	75%	25%	0	1
St. Johnsbury	3	3	0%	33%	0	0
<b>Overall</b>	<b>73</b>	<b>65</b>	<b>43%</b>	<b>20%</b>	<b>7</b>	<b>16</b>

<b>Statewide Enrollment 4.1.10 – 12.31.11</b>	418	333			78	101
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<sup>1</sup> SICC=Study Inclusion Criteria Checklist

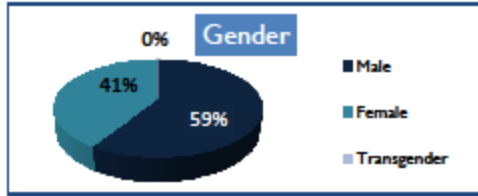
<sup>2</sup> Depending on when the young adult was enrolled into the Common Study, the young adult/family may still be eligible to be enrolled in either the VT or National Study through January 30, 2012. Outcome Study baseline data collection must be completed within 30 days of initiation of service delivery or within 30 days of formal intake if services are initiated first.



### Youth in Transition (YIT) Descriptive Data: Who Are We Serving? - Vermont (4/1/10 - 12/31/11)

Intake sample includes 314 young adults from across Vermont.\*

Age	Mean	SD**	Range
	19.1	1.4	16 to 21.9

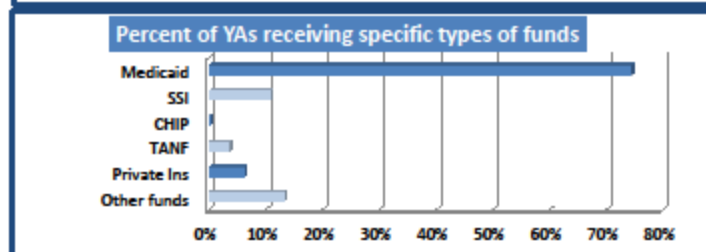
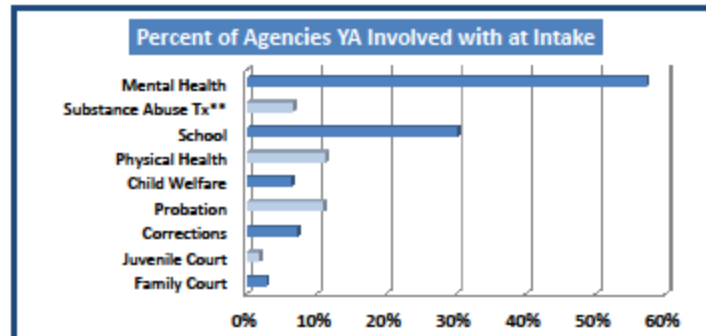
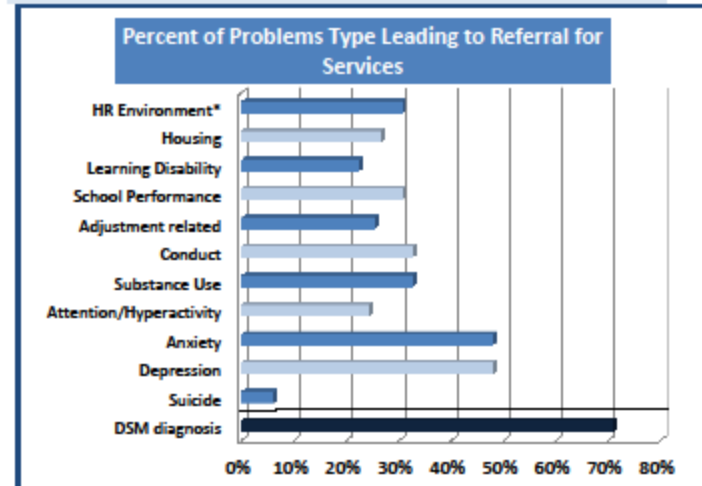


Race/Ethnicity	n	Intake
White	267	85%
African American	13	4%
American Indian/Alaskan Native	3	1%
Asian	8	3%
Belonging to more than 1 race	20	6%
Not of Hispanic, Latino, Spanish origin	266	85%
Hispanic, Latino, or Spanish*	9	3%

\*12% missing data for whether Hispanic, Latino, Spanish

#### Problems Leading to Referral for Services

	Mean	SD	Range
Number of problems	3.4	2.6	0 to 16



\*Sample size in any given category may vary due to missing data.

\*\*SD = standard deviation

\*Note: includes any type of high risk environment

\*\*Note: A number of MH agencies also provide substance abuse treatment



## Youth in Transition Grant (YIT) Outcome Indicators - Vermont (4/1/10 to 12/31/11)

These findings come from young adults who completed *Common Study* interviews when they started to receive YIT services in their communities (YIT Start) AND 6 months later (except for Employment which are from Vermont & National Studies). Sample sizes change because not all questions were answered, and samples <10 not reported for confidentiality.

Category	Sample size	YIT Start	6 mos	Progress
<b>Justice &amp; Corrections</b>				
Arrested in past 30 days	67	1%	3%	🟡
Spent at least one night in correctional facility in past 30 days	58	0%	2%	🟡
<b>Education</b>				
In school during the past 30 days	78	50%	47%	n/a
18 and older who have completed High School or GED	59	56%	64%	🟢
18 and older who received post-secondary training (e.g.,TECH, College)	59	5%	7%	🟡
<b>Employment (from Vermont &amp; National Studies)</b>				
Report having a job in past 6 months.	84	54%	54%	🟡
<b>Health</b>				
Report they are currently in excellent or very good health	66	39%	29%	🔴
<b>Housing</b>				
Primarily living independently in past 30 days	79	11%	29%	n/a
Primarily living with others in community in past 30 days	79	66%	54%	n/a
Primarily living in more restrictive settings in past 30 days	79	4%	6%	🟡
Spent most nights homeless in past 30 days	79	10%	3%	🟢
Spent at least one night homeless in past 30 days	57	21%	5%	🟢
<b>Relationships</b>				
Report agree or strongly agree know people they can rely on in past 30 days	83	92%	99%	🟢
<b>Strengths</b>				
Report agree or strongly agree can handle daily life in past 30 days	83	82%	90%	🟢
<b>Mental Health / Substance Use</b>				
Report anxious or depressed feelings all or most of the time in past 30 days	64	19%	23%	🟡
Report at least weekly tobacco use in past 30 days	66	52%	45%	🟢
Report at least weekly alcohol use in past 30 days	66	15%	9%	🟢
Report at least weekly illicit drug use in past 30 days	67	22%	15%	🟢

Progress Key	
🟢	at least 5% improved
🟡	No change
🔴	at least 5% worse
n/a	Not applicable



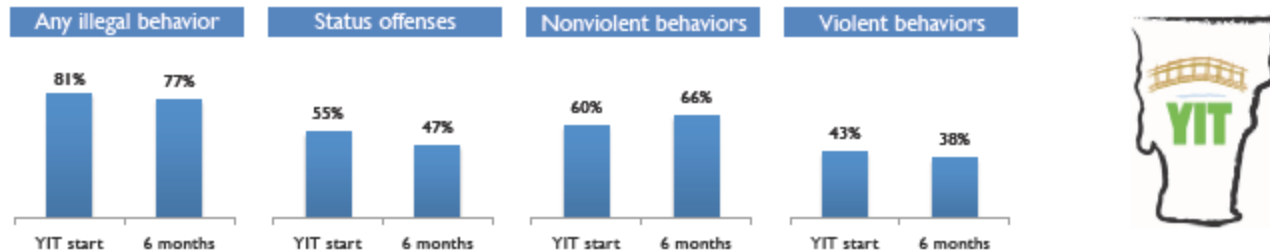
<http://www.youth-in-transition-grant.com>  
 Questions: Contact Tom Delaney  
 thomas.delaney@uvm.edu 802-656-9192



## Youth in Transition Grant (YIT) Justice System Involvement - Vermont (4/1/10 to 12/31/11)

These findings come from young adults who completed *National Study* interviews when they started to receive YIT services in their communities (YIT Start) AND 6 months later. Sample sizes change because not all questions were answered, and samples <10 not reported for confidentiality.

### Young adult reports of illegal behavior for past 6 months *Sample size = 47*



### Young adult involvement with justice system for past 6 months *Sample size = 47*



### Activities for young adults involved with justice system *Sample Size = 11*

*In the past 6 months did you do any of the following because of your involvement with justice system?*

	YIT Start	6 Month
Met with probation officer or law enforcement	82%	83%
Received mental health services	27%	33%
Received substance abuse treatment	18%	25%
Other (e.g., attend school, job, curfew)	36%	42%

*How many avoided further contact with justice because of these activities?*

YIT Start	6 Month
50%	80%

*How many successfully followed their probation agreements?*

YIT Start	6 Month
91%	82%



<http://www.youth-in-transition-grant.com>  
 Questions: Contact Tom Delaney  
 thomas.delaney@uvm.edu 802-656-9192



# Vermont Mental Health Services

Presented By: Cindy Marshall  
Assistant Director of the Vermont Federation of Families for Children's Mental Health  
Lead Family Contact for the Youth in Transition Grant



The Child, Adolescent and Family Mental Health treatment system is organized around five core capacity services that are available separately or in combination for a youth and their family, depending on their desires and needs.

**Immediate Response:** for children and adolescents who are experiencing a mental health crisis and their families.

**Clinic-Based Treatment:** services that are provided within a clinic and are available during daytime and evening hours for school-age children and/or when families can easily access them.

**Outreach Treatment:** services that are available in the home, school, and general community settings.

**Family Support:** for parents and caregivers to help with guidance, support, and skill to cope with a difficult-to-care-for child. These services are offered in partnership with parents and consumer advocates.

**Prevention, Screening, Referral and Community Consultation:** prevention efforts focus on promoting healthy lifestyles and healthy communities for all youth and families.

The Child, Adolescent and Family Mental Health treatment system is organized around five core capacity services that are available separately or in combination for a youth and their family, depending on their desires and needs.

**Enhanced Family Treatment (formally known as Children's Mental Health Waiver):** The EFT is a funding mechanism that allows a Designated Agency or Special Service Agency to provide a package of home and community based services in an intensive manner.

**Residential Care:** Residential care provides 24-hour awake night staffing, 24-hour medical and psychiatric back-up, in house crisis back-up, and an array of psychological assessment and treatment services.

**Emergency/Hospital Diversion Beds:** Emergency or hospital diversion beds are community-based programs that provide a very high level of care and have the ability to divert youth from in-patient hospitalization.

**Hospital Inpatient Services:** Inpatient services are provided in a psychiatric hospital that offers around-the-clock medical monitoring.

## Youth in Transition Grant



The goal of this 6 year project, is to improve the system of care for Vermont's transition aged youth and young adults, 16-21, by bridging the gaps in services through young adult empowerment

## Vermont Transformation Grant

This grant plans to expand services for young adults ages 18-34 with or at risk of serious mental illness who are not currently accessing CRT services. The focus of this grant is to infuse peer-to-peer services in the system of care.

## IFS/EFS

### Integrated Family Services Enhanced Family Services

This is the creation of a flexible intensive to moderate service and support package that increases family capacity, wellness, and functioning.

## Adult Mental Health Services

Vermont's Department of Mental Health funds three major programs that offer or assure access to mental health services through designated agencies in communities all over the state including:

**Community Rehabilitation and Treatment (CRT):** for adults with diagnoses of severe and persistent mental illness (for example, schizophrenia, bipolar disorder, major depression, and others).

**Adult Outpatient services:** for adults who do not have diagnoses of major mental illnesses but who nevertheless are experiencing serious emotional or behavioral problems that disrupt their lives.

**Emergency Services:** for anyone of any age experiencing a mental-health crisis. Emergency services are available to anyone in a mental health crisis, 24 hours a day, 365 days a year, statewide from Designated Agencies (DA).

**Vermont State Hospital include:** The Vermont State Hospital serves the needs of mentally ill Vermonters unable to receive treatment and care in other settings. Today, the Vermont State Hospital (VSH) serves adults with serious and persistent mental illness as part of a comprehensive continuum of care.

Adult Services are Voluntary

Contact: Courtney Bridges  
Office-802-639-6071  
Cell- 802-595-5147  
Email- cbridges@vffcmh.org

FOR IMMEDIATE RELEASE

**Burlington Young Adult Awarded for Leadership**  
**Outstanding leadership skills and dedication shine through in Burlington**

Jeetan Khadka, age 21, originally from Bhutan was awarded the 'Young Adult Leadership Award' from the Vermont Youth in Transition Grant State Operations Team Wednesday December 14<sup>th</sup> at the Howard Center in South Burlington. Khadka was one of 5 nominated for the coveted award.

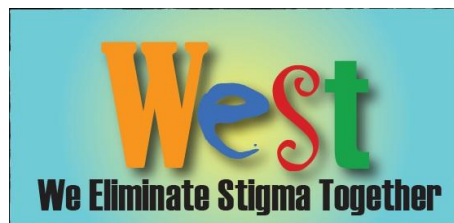
Jeetan arrived in Vermont in 2008 as a refugee and graduated from Burlington High School in 2010 with an Outstanding Student of the Year award. He participated in the 1<sup>st</sup> and 2<sup>nd</sup> planning and execution of the statewide 'Young Adult Voice Movement Conference' and is enrolled in the Community College of Vermont studying social work. Jeetan is also employed with AmeriCorps for the Burlington School District to strengthen and expand cultural competency and equality working with local schools and agencies.

In 2009, Jeetan created a minority youth club for newly arrived refugee and immigrant youth. Through this group, he reaches out to community organizations for resources and support and coordinates the groups weekly meetings. In 2009, he became a member of the Burlington High School International Club, the Vermont Bhutanese Cultural Group, the Young Adult Voice Movement Conference planning committee and the Vermont Youth in Transition Cultural and Linguistic Competence workgroup "Hands of Friendship".

The state of Vermont received a Federal Grant in 2008 for Youth in Transition state wide. The grant is designed to help youth in transition successfully transition into adulthood. All 12 regions of the state are allocated money to be young adult driven and reform the system of care. The 9 million dollar, 6 year grant will end in 2014.

###

If you would like more information about this topic, or to schedule an interview with Courtney Bridges or any young adults involved in the program, please call Courtney Bridges at 802-639-6071 or email Courtney at cbridges@vffcmh.org



## Youth Initiative Grants – 3 Great Opportunities!

The Vermont Federation of Families for Children's Mental Health (VFFCMH), The Youth in Transition Grant (YIT), and the Vermont Department of Health – Office of Minority Health, are issuing a request for proposal (RFP), for area youth and young adults to create youth involvement activities at a local level to empower youth/young adults, impact service delivery and reduce stigma. Area youth and young adults will work with regional adult allies connected with the Youth in Transition Grant to accomplish the project. The activities can range from positive social opportunities and community organizing to mental health awareness campaigns. Our goal 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.

### **VFFCMH Grant -**

The VFFCMH grant opportunity is designed to impact service delivery, empower youth and reduce stigma. Area youth and young adults will work with regional adult allies connected with the Youth in Transition Grant to accomplish the project. The activities can range from positive social opportunities and community organizing to mental health awareness campaigns. Our goal 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.

**Grant Total = \$500.00**

### **WEST Grant –**

The WEST grant opportunity is designed to reduce stigma regarding young adults and/or mental health. The campaign focuses on empowering young people to educate their communities that young adults are a positive asset and are stereotyped far too often. To be considered for the WEST grant, the event/campaign must clearly show how they plan on reducing stigma of young adults or mental health.

**Grant Total = \$500.00**

### **Vermont Department of Health – Office of Minority Health Grant –**

The VDOH Grant opportunity is looking to provide funding for projects that address health-related issues faced by minority youth (the Youth Risk Behavior Survey highlighted suicide, heroin use, and binge drinking, to name a few, as disproportionately affecting youth of color). Additionally, these projects must be youth driven in both

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its development and implementation. Ultimately, we are looking to build leadership skills among this group in order to promote healthy behavior choices among minority youth.

**Grant Total = \$1,000.00**

**What's the Process?**

1. Regional teams consisting of at least 50% youth/young adults (51% is better) create a proposal outlining activities they would like to sponsor in their region, and then submit the proposal to for consideration. Application form included. **Applications accepted December 2011-June 2012.** The proposal should contain the “who, what, when, where and how” of the project/campaign/event(s), and a proposed budget of what resources will be needed, approximate prices, purpose of the purchase and in-kind contributions.
2. The proposal will be considered for funding by a team of VFFCMH staff, Youth in Transition grant staff, Vermont Department of Health – Office of Minority Health staff, and youth/young adults.

**Other Information**

- Compensation checks will be written to organizations not individuals
- An evaluation of the project must be completed at the end of the project
- All project messages need to be positive
- This funding can be combined with other resources and funding
- Projects must be completed by **September 30, 2012**

**Please submit all applications to:** (paper and email submissions accepted)

Kathleen Holsopple  
The Vermont Federation of Families for Children’s Mental Health  
P.O. Box 1577 Williston VT 05495  
Phone: (800) 639-6071  
kholsoople@vffcmh.org  
Website: [www.vffcmh.org](http://www.vffcmh.org)  
[www.youth-in-transition-grant.com](http://www.youth-in-transition-grant.com)

## Youth Initiative Grant Application 2011

Please check which grant(s) you are applying for:

VFFCMH Grant

WEST Grant

DOH Grant

### Statement of Need

The statement of need should describe the problem that the project will attempt to address and the populations that will be served or impacted.

### Project Description

Describe the project providing information on how it will be implemented and who you are partnering with to accomplish the project.

### Objectives

Describe the project objectives. What do you hope to accomplish through this project?

### Dates of Activities (by September 30, 2011)

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**Sample Budget**

<b>Item</b>	<b>Cost</b>	<b>How Many</b>	<b>Total</b>	<b>In Kind</b>
<b>Totals</b>				

**I  My Mental Wellness **

**The Vermont Federation of Families for Children's Mental Health - [www.vffcmh.org](http://www.vffcmh.org) - 1-800-639-6071**

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*Vermont is on the road to family & young adult driven care*

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T-Shirt Template

SCALE: 25% actual size



BACK



FRONT

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