

AN INVITATION TO COMMUNITIES
TO HELP YOUTH IN TRANSITION (YIT)

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This document uses excerpts from the Youth in Transition grant application submitted by the Vermont State Agency of Human Services, Department of Mental Health to the federal Substance Abuse and Mental Health Services Administration (SAMHSA).

WHAT YOU ARE BEING INVITED TO DO

The federal Substance Abuse and Mental Health Services Administration (SAMHSA) has awarded the State of Vermont \$9 million for six years for a Youth in Transition initiative to strengthen the system of care and increase services for youth aged 16-21(inclusive) who are experiencing severe emotional disturbance (SED, *defined on page 38*).

Approximately \$865,000 per year is available for carrying out throughout Vermont regional plans for services that support State Outcome #7: “Youth Successfully Transition to Adulthood.” The remaining money is for infrastructure to deliver the required evaluation, training and technical assistance, family and youth involvement, cultural diversity, and social marketing activities. This invitation begins the regional planning for Youth in Transition (YIT).

The purpose of this Invitation is to build the capacity of communities to fund, administer, and deliver behavioral health treatment for youth aged 16-21 and their families. The focus is primarily, although not exclusively, on out-of-school youth. *To understand why this is important, refer to the attached appendix regarding the “Problem/Opportunity for YIT: The Need and The Vision” (pages 9 and 10).* This Invitation can accelerate the current capacity in your region to address the need and bring the vision of your community to life and, in so doing, change outcomes for youth in transition and their families.

Steering Committee

Local Interagency Teams (LITs) are required by the Agency of Human Services (AHS) and the Department of Education (DOE) Interagency Agreement to assure there is in place “a structure to focus on the particular needs of transition-aged youth to support their transition from high school to adult life.”¹

Each Local Interagency Team (LIT) should serve as the Steering Committee for responding to this Invitation or should delegate the task of responding to the Invitation to the regional subcommittee or group which provides the required structure for focusing on the needs of transition-aged youth, particularly those who are out-of-school.

The Steering Committee should be composed of youth, families, representation from the systems of care for youth in transition, and others to participate in strategic planning sessions. The regional systems of care for youth in transition include representatives from at least:

- High schools (particularly special and vocational education programs, also the Community High School of Vermont)
- Adult Basic Education
- Community College of Vermont
- Department of Labor
- Workforce Investment Boards and other employers
- JOBS Program

¹ Smith, M. & Cate, R. (2005). Interagency Agreement with Vermont Department of Education and Vermont Agency of Human Services Pursuant to Part B of the Individuals with Disabilities Education Act, p.2.

- Vocational Rehabilitation
- Department of Health
- Community mental health centers (child and adult mental health programs)
- Substance abuse prevention and treatment programs (including recovery centers)
- Homeless shelters and transitional housing programs (Runaway and Homeless Youth Programs)
- Other community-based youth-serving programs (Teen Centers)
- Police
- Juvenile justice (State Department for Children and Families, Family Services Division plus Diversion programs), and
- Criminal justice (Community Justice Centers, Courts, Corrections).

Attention should be given to the membership of the Steering Committee so that representation across the systems of care is balanced, and a sufficient number of youth and family members participate to share diverse views. If an existing subcommittee or group has this balanced type of membership, or if its membership can be modified to have this balance, that existing group should be the appointed Steering Committee. This subcommittee or group might be a Core Transition Team or JOBS Advisory Board or some other interagency entity active in the region and knowledgeable about youth with severe emotional disturbance who are out-of-school (*see the attached appendix regarding "Technical References: Eligibility for Youth in Transition Services", page 38*).

Whatever the planning body, it will have or seek families and youth (among others) for ongoing membership and and/or regular, frequent input. The Steering Committee must effectively involve families and youth - including those who are non-white and/or not proficient in English – and the community or cultural organizations that represent them (such as the Burlington-based Outright Vermont or the Association of Africans Living in Vermont [AALV], etc.). It must also seek input from youth and families who are served by each of the involved departments and agencies, including the State Department for Children and Families (DCF), Corrections, the community mental health centers, etc. The planning process should be as family-driven and youth-guided as possible.

Strategic Planning

Throughout the strategic planning process, the Steering Committee should seek the input of interested citizens, particularly business and religious and other community leaders in order to achieve the following goal: **Vermont's transition-aged youth (16 through 21, inclusive, with their families) with severe emotional disturbance will have adequate preparation and the necessary supports to be productively engaged in the community and free from incarceration.**

The work that must be accomplished through strategic planning is to identify the regional vision for what ideally should be happening during the next six years for the behavioral health treatment of Youth in Transition with severe emotional disturbance (particularly those who are out-of-school) and their families to meet this goal.

This is an opportunity to build consensus among different stakeholders in the systems of care about reasonable expectations for transition-aged youth with mental health and/or co-occurring substance abuse challenges and services/supports to help them; to reduce competing perspectives; and to thereby prepare the way for increased effectiveness of community interventions with Youth in Transition and their families. It is an opportunity to augment the existing systems of care by intentionally reaching out to transition-aged youth with severe emotional disturbance who are out-of-school at least through teen centers, recovery centers, homeless youth programs, and by intercepting youth at critical intervention points with the juvenile and criminal justice systems. It is an opportunity to improve access to mental health services for the youth most at risk for poor outcomes and to use the power of the courts to increase the likelihood of use of those services by the youth.

Each Steering Committee must inventory the services and resources available in the region to accomplish the vision. Special attention should be paid to the services already in place for behavioral health treatment for Youth in Transition, especially the JOBS (Jump on Board for Success) program, a logical foundation upon which to enhance the system of care for out-of-school youth.

The gap between the regional vision and the current situation/services is the remaining unmet need. Each Steering Committee should consider the unmet need and create a comprehensive plan with desired outcomes and priority services/strategies to achieve the desired outcomes and above goal. The region can suggest indicators for measuring the achievement of outcomes. *(The evaluation to be conducted by the State Evaluation Team is in the design phase. See “Summary of Required Evaluation”, pages 39-40, in the Technical References appendix. All ideas for measuring progress are welcomed and will be considered seriously by the State Evaluation Team.)*

Each Steering Committee must select priority services/strategies to accomplish the desired outcomes and goal for youth to be adequately prepared and productively engaged in their communities and free from incarceration. **Of the many possible services and supports, each region must provide at least cross-system case management and individualized service plan development, ensuring that youth are engaged in planning for their own futures.** In addition, the region should describe how it will provide the following supports for Youth in Transition and their families:

- Access to health care (including insurance and especially for co-occurring mental health and substance abuse treatment)
- Post-secondary education (also training, and options for completing high school)
- Employment
- Housing (safe, stable, and adequate)², and
- Caring relationships (with adults who nurture positive youth development).

Addressing these supports will require efforts to integrate AHS services for transition-aged youth and to collaborate with other public and private service (including housing) providers, substance abuse prevention coalitions, Workforce Investment Boards, law enforcement, and criminal and

² Though the federal grant funds cannot be used to pay for housing per se, they can be used for the service coordination and community supports that may make it possible for youth to stay in housing.

juvenile justice officials, some of whom may be new partners for the LITS and Steering Committees.

Each region must adopt one or more evidence-based practices that are consistent with and build upon the JOBS program in the region. The Steering Committee should decide whether it is most important to establish and/or expand the JOBS program – which operates in accordance with the Transition to Independence (TIP) Model and is an age-appropriate adaptation of the evidence-based practice of Supported Employment for adults with serious and persistent mental illness – or to supplement the existing JOBS program with another practice.

Other opportunities exist for enhancing the JOBS experience for youth with severe emotional disturbance by using culturally competent practices and linking the program closely with existing community justice centers, resources for housing, Workforce Investment Boards, and mentoring.

The services and strategies chosen as priorities should be designed to incorporate as fully as possible the “Recommended Elements” in the Appendix about Best Practices, page 11.

The chosen priority services/strategies should be described in the regional plan, including:

- The interagency agreements needed to implement them
- How they will be coordinated, delivered, and made responsive to youth and families (including from different cultures and languages)
- How the required NOMS data collection will be done
- How public education about and outreach and referral for the services will occur, and
- The training needed to effectively implement them. *(Given the significant turn-over in community workers, the most glaring infrastructure need related to this project is for a skilled workforce – e.g., for high quality ongoing in-service training and mentoring for both clinicians (MA and BA-levels) and their supervisors.)*

Funding and Management

Only after the priority services have been identified and designed to incorporate best practices should the Steering Committee look at the available resources and assess local readiness to provide those services/practices. Consider all the resources and funds available (including Medicaid), not just the federal Youth in Transition grant funds. The ultimate success of this Youth in Transition initiative depends as much upon the effective, efficient, and creative use of existing resources as it does upon the availability of new federal funds.

The amount of dollars that a region currently has available for behavioral health systems development and treatment for youth aged 16-21 (inclusive) will increase based upon a formula that takes into account operational capacity and population demands. Though regions will not receive equal amounts of new grant funds, all regions will receive some new funds to aid in their accomplishment of the Youth in Transition *Vision* and desired outcomes. *(See the Regional Funding Formula on page 41.)* Whenever possible, reimbursement for behavioral health treatment will be billed to Medicaid or private insurance, but for youth who do not have this kind of coverage the grant funds will be used.

Funding for services that are not behavioral health systems development or treatment will depend upon the availability of supplemental resources in the region. For example: new Next Generation funds may be available for job training for youth; new Transitional Living or other housing funds may be available to help homeless youth; new Drug Free Community funds may be available to help with prevention and outreach activities for youth; and/or new Mental Health or Drug Treatment Courts may be available to better enforce sanctions against offending youth.

The Steering Committee must prepare a plan and budget request to use the funds available for the prioritized list of services. *(The budget request should include a budget narrative and the "Project Budget Summary" in the Technical References appendix, page 42.)*

The plan must also say how the Steering Committee or LIT will manage the project (with continuing input from key stakeholders including youth and family members) within the regional systems of care over the next six years, and must designate an incorporated 501 (c) 3 fiscal agent willing to accept and disburse funds. After the plan is approved and funded, the Steering Committee or LIT will implement the services described in the plan through the management structure and fiscal agent described in the plan. The Steering Committee and LIT will also participate in the required Youth in Transition evaluation and must designate an evaluation contact person as well as a primary administrative contact person for the region.

The complete and final version of the plan should include the following information:

- **Description of the regional vision**
- **Description of the services already in place for behavioral health treatment for Youth in Transition (aged 16-21, inclusive, and their families) with severe emotional disturbance, especially those who are out-of-school**
- **Statement of remaining unmet needs (gap between the regional vision and the current situation/services)**
- **Desired outcomes and possible indicators**
- **Description of priority services/strategies, including interagency agreements and methods for responsiveness to youth and families, public outreach, training for implementation, etc.**
- **Management structure, fiscal agent, and contact people (for administration and evaluation of the grant)**
- **Project budget summary with line item details.**

Steps to Obtain Funding

1). Youth in Transition federal grant funds can be used to support the regional planning process. Small grants of up to \$10,000 will be made to a fiscal agent/organization designated by the LIT in each region to help pay for development of the regional plan and the associated costs: administration, facilitation, and other supports (including stipends and child care and transportation costs for youth and families to participate in the planning), also for early implementation of the plan through 6/30/2009.

Each Local Interagency Team should send an email requesting the small planning grant to Brenda Bean, Program Director for the grant, at bbean0204@verizon.net. The email should

describe the management structure that the LIT will use to oversee the \$10,000 grant and to develop the regional plan. The email should name the agencies and people who will be on the Steering Committee. It should also describe the process that will be used to gain additional citizen input to the regional planning.

2). A State Outreach Team for this interagency initiative will meet with the LITs and Steering Committees at their request to answer questions and to provide technical assistance throughout the process of developing the regional plan. Also, the Outreach Team will meet with and orient any facilitator or staff chosen by the LIT and Steering Committee to work on the regional plan. Requests for such assistance should be directed to Brenda Bean (call 802-229-1310 or email bbean0204@verizon.net).

3). A draft of the regional plan should be shared with the State Outreach Team and the Evaluation Team as soon as possible. (Email the draft to Brenda Bean for distribution to the Outreach and Evaluation Teams.) The Outreach Team will meet with the LIT and Steering Committee to discuss the plan and its funding needs and implications. The Evaluation Team may participate in these meetings to discuss the plan's evaluation needs. The Outreach Team and the LIT's/Committee's relevant agency business managers will negotiate a funding approach and amount that will take into account, among other things, the expected NOMS data collection activities. The negotiations will be written into the final version of the plan.

4). The Outreach Team will agree to fund each regional plan when it is satisfied that the plan demonstrates:

- Consistency with this Invitation
- Realistic strategies
- Efficient and non-duplicative use of existing resources, based upon careful analysis of those resources,
- Evidence that the LIT and Steering Committee are ready to improve/expand the capacity to provide behavioral health treatment for Youth in Transition (aged 16-21, inclusive, and their families) with severe emotional disturbance who are out-of-school, and
- Approval and sign-off by the membership of the local LIT/Steering Committee and the AHS Field Director.

Implementation of the plan may begin after the plan is approved by the State Outreach Team.

PROBLEM/OPPORTUNITY FOR YOUTH IN TRANSITION: THE NEED

Governor Jim Douglas

has identified youth in transition as a focal point. The Governor is concerned that the demographics in Vermont indicate there will not be an adequate work force in the state within the next decade to fill necessary jobs...He has also been concerned that many young people are ending up under Corrections supervision.³

54,185 youth aged 16-21 reside in Vermont⁴; 6,502 are likely to be experiencing severe emotional disturbance. Davis and Stoep (1996) say:

The plight of youth with serious emotional disturbance in transition to adulthood is grave. As a group, these youth are undereducated, underemployed, and have limited social supports. Drug and alcohol abuse are common, and suicide risk is high. These youngsters remain largely 'unclaimed' – falling through the cracks within and between the child and adult service systems.⁵

Looked at in a different way, in Vermont:

On average, more than 1,000 young adults (18-21 years of age) were incarcerated, per year during FY1998-2002. These young adults were predominantly male (88% vs. 12% female). Overall, more than half (52%) had been on the caseload of at least one of these child-serving agencies. Incarcerated young women were much more likely than incarcerated young men to have been served by the children's agencies (64% vs. 50%).⁶

Thus, there is a lot of room in Vermont to improve the outcomes for transition-aged youth, especially for those who are out-of-school. Historically, most of the children and youth with severe emotional disturbance served by the Act 264 State and Local Interagency Teams have been in school and/or in child welfare and/or juvenile justice custody. For this project, the SIT/LIT reach will extend more systematically to youth who are out of school and/or in contact with the adult criminal justice system.

Youth in Transition with severe emotional disturbance need help finishing school and career training, finding a decent job, learning independent living skills, managing and living within a budget, finding an affordable, safe and comfortable home, and dealing with their family issues.⁷

³ Smith, M.K. (2007). Report to the House Committee on Human Services and the Senate Committee on Health and Welfare about H.449 - Section 4. Study on Transitional Services for Youth, p.2

⁴ VT Dept. of Health. (2006). Population Estimates, based on 2000 US Census.

⁵ Davis, M. & Stoep, A.V. (1996). The Transition to Adulthood Among Adolescents Who Have Serious Emotional Disturbance, p. ii.

⁶ Pandiani, J. & Ghosh, K. (2003). More on Incarcerated Youth: Incarceration Rates for Young Adults Previously Served by Child-serving Agencies.

⁷ National Center on Youth Transition. (2007). Seeking Effective Solutions: Partnerships for Youth Transition Initiative. Retrieved 1/7/2008 from <http://ntacyt.fmhi.edu/index2.cfm>, p.6.

PROBLEM/OPPORTUNITY FOR YOUTH IN TRANSITION: THE VISION

The goal of this project is for Vermont's transition-aged youth (16 through 21 inclusive, with their families) with severe emotional disturbance to have adequate preparation and the necessary supports to be productively engaged in the community and free from incarceration. The focus is primarily, although not exclusively, on out-of-school youth. For this population, the necessary supports include access to health care (including treatment for mental health and co-occurring substance abuse disorders), also post-secondary education, employment, housing, and caring relationships (with adults who nurture positive youth development).

The Governor and the Legislature have taken steps to expand mentoring and college scholarship opportunities, to invest in career exploration and alternative education like internships, to strengthen the system of foster care services (including housing) for transition-aged youth, and to set up drop-in centers for people recovering from substance abuse. The Legislature is also studying how to curtail growth in the costs of incarceration, perhaps by closing some older facilities and investing more in community-based justice, treatment and housing options for offenders.⁸ For cost savings, the Department of Corrections (DOC) may place greater reliance on AHS capacities... A continuum of treatment approaches, ranging from intensive outpatient to secure treatment, could be provided in communities for non-violent offenders with either mental health or substance abuse disorders, or co-occurring disorders.⁹

An AHS study group about Youth in Transition concluded that the JOBS program is a logical foundation upon which to build an integrated AHS approach to transition-aged youth with severe emotional disturbance. JOBS "serves high school drop-outs and those at risk for dropping out and engages youth in non-stigmatizing employment services while providing a bridge to more intensive mental health and case management services."¹⁰ JOBS offers an *available, accessible [including ADA compliant], and attractive* way for youth to gain skills to help with their transition to adulthood. The JOBS program also works closely with the Community High School of Vermont [*serving Department of Corrections, DOC, clients*] and the ...DOC to provide support to youth reintegrating in to the community. The JOBS program costs an estimated \$5,000 per client/per year. This compares favorably to the estimated annual cost of an inmate¹¹ at an in-state jail (\$45,702).¹²

In FY2006, 243 youth with severe emotional disturbance were served by the JOBS program.¹³ Clearly, more youth – including those who are not eligible for Medicaid – need access to the JOBS program, which should be infused or linked with other evidence-based practices.

⁸ Hofmann, R. (2007). Plan to Reduce Correctional Costs and Achieve Savings for Reinvestment.

⁹ Ibid, p.i.

¹⁰ Smith, M. & Cate, R. (2005). Interagency Agreement with Vermont Department of Education and Vermont Agency of Human Services Pursuant to Part B of the Individuals with Disabilities Education Act, p.8.

¹¹ AHS Youth in Transition Leadership Team. (2007). Draft #4: The JOBS Program Expansion – A Model Approach to Transition Services for Youth with Severe Emotional Disturbance, p.2.

¹² Hoffman, R. (2007). Plan to Reduce Correctional Costs and Achieve Savings for Reinvestment, p.26.

¹³ McClintock, G. (undated). Jump on Board for Success (JOBS) Program.

BEST PRACTICES: RECOMMENDED ELEMENTS

Lessons learned by The National Center on Youth Transition for Behavioral Health, which has evaluated and provided technical assistance to the CMHS Partnership for Youth Transition Initiative (PYT), are that

continuity of care and developmentally appropriate services can improve outcomes for youth [*with serious emotional disturbance/mental illness*]. Developmentally appropriate services support their strengths, interests and goals, enhance their social and life skills, and connect them to responsible adults and other important people in their lives.¹⁴

Dr. Maryann Davis described the JOBS program in her 2001 report to the National Technical Assistance Center for State Mental Health Planning (NTAC) about “State Efforts to Expand Transition Supports for Adolescents Receiving Public Mental Health Services.”

The JOBS program is based on a highly effective model of supported employment for adults with serious mental illness. Recognizing that children’s mental health services might be more effective for transition-aged youth if supportive counseling were linked with the motivator of employment, one community mental health center with a reputation for providing both leadership and effective wraparound services collaborated with the Vermont Department of [VR] to develop the JOBS model. Although comparison or control group data are not available, initial findings from the first site include high rates of employment and high school or GED completion, increases in stable housing, and reduced use of mental health services and corrections and justice involvement.¹⁵

The JOBS program is an age-adapted evidence-based practice serving primarily out-of-school youth. It should be infused or linked in each region with other evidence-based practices for youth in transition with severe emotional disturbance. Some evidence-based practices are focused on processes used in the system of care, such as the TIP Model, the Sequential Intercept Model, and the Critical Interventions Points Model (*for articles about all three, see the next pages – 12-37 - of this Best Practices section*).

Other evidence-based practices are specific mental health treatment programs, such as Supported Employment (like the JOBS program); Integrated Dual Disorders Treatment (IDDT) for co-occurring mental health and substance abuse disorders; Multi-systemic Therapy for Juvenile Offenders; Trauma Recovery and Empowerment for women with histories of exposure to sexual and physical abuse; Family Psycho-education or Psycho-educational Multifamily Groups; the Incredible Years (for teaching parenting skills); and others relevant for transition-aged youth (16-21, inclusive) and their families. (For information about these and other evidence-based practices for this population, refer to the SAMHSA website for Implementation Kits for certain evidence-based practices at <http://mentalhealth.samhsa.gov/cmhs/CommunitySupport/toolkits/about.asp> and to the website for the SAMHSA National Registry of Evidence-Based Programs and Practices at <http://www.nrepp.samhsa.gov> .)

¹⁴ National Center on Youth Transition. (2007). Seeking Effective Solutions: Partnerships for Youth Transition Initiative. Retrieved 1/7/2008 from <http://ntacyt.fmhi.edu/index2.cfm>, p.6.

¹⁵ Davis, M. (2001). State Efforts to Expand Transition Supports for Adolescents Receiving Public Mental Health Services, p. 11-12.

TECHNICAL REFERENCES: ELIGIBILITY FOR YOUTH IN TRANSITION SERVICES

The population targeted to receive behavioral health treatment in response to this Invitation may be, depending upon the funds available, all youth aged 16-21 (inclusive) who need such services. However, the focus is primarily, although not exclusively, on out-of-school youth.

The federal Center for Mental Health Services (CMHS) grant funds must only be used to serve children and youth who are experiencing severe emotional disturbance. A child or adolescent who is experiencing severe emotional disturbance is defined by Vermont's Act 264 as one who:

- a) Exhibits a behavioral, emotional, or social impairment that disrupts his or her academic or developmental progress or family or interpersonal relationships
- b) Has impaired functioning that has continued for at least one year or has an impairment of short duration and high severity
- c) Is under [22] years of age, and
- d) Falls into one or more of the following categories, whether or not he or she is diagnosed with other serious disorders such as mental retardation, severe neurological dysfunction or sensory impairment:
 - Children and adolescents who exhibit seriously impaired contact with reality and severely impaired social, academic and self-care functioning whose thinking is frequently confused, whose behavior may be grossly inappropriate and bizarre, and whose emotional reactions are frequently inappropriate to the situation
 - Children and adolescents who are classified as management and conduct disorder because they manifest long term behavior problems including developmentally inappropriate inattention, hyperactivity, impulsiveness, aggressiveness, anti-social acts, refusal to accept limits, suicidal behavior or substance abuse
 - Children and adolescents who suffer serious discomfort from anxiety, depression, irrational fears and concerns whose symptoms may be exhibited as serious eating and sleeping disturbances, extreme sadness of suicidal proportion, maladaptive dependence on parents, persistent refusal to attend school or avoidance of non-familial social contact.

Furthermore, these children/adolescents must have service needs involving two or more agencies, such as DCF or Corrections and mental health. Their families may also be served.

Other children and youth who are at risk for experiencing severe emotional disturbance may have one or more of the following characteristics:

- Being homeless
- Living with caretakers who are unable to provide adequate care or nurturing (due to poverty, substance abuse, domestic violence, severe emotional disturbance, etc.)
- Having been abused physically, sexually, or emotionally
- Abusing alcohol or other substances
- Experiencing a chronic and serious or life-threatening health situation
- Having an immediate family member with a severe and persistent mental illness
- Having been in multiple out-of-home placements.

These youth and their families, depending upon the funds available (particularly Medicaid or private insurance), may be strategically targeted for services to avoid the development of serious emotional disturbance in the future.

TECHNICAL REFERENCES: SUMMARY OF REQUIRED EVALUATION

The required evaluation for this Youth in Transition grant is in three parts: federal, state, and local.

1. The federal part consists of monitoring by the Center for Mental Health Services (CMHS) and evaluation by its subcontractor MACRO, International. For monitoring, the CMHS reviews biannual progress reports, holds national meetings, involves subcontractors in training and related tasks, and occasionally visits its grantee sites. For evaluation, MACRO will compile child and family data received from the grantee sites (from the state part of the evaluation) and may conduct on-site interviews about system issues. *Regions will be required to participate in the development of each progress report and may be required to participate in site visits by CMHS and/or MACRO.*
2. The state part consists of data collection, analysis, and feedback by the State Evaluation Team, which will be headed by Dr. Thomas Delaney from the Vermont Child Health Improvement Program (VCHIP) in the Department of Pediatrics at the University of Vermont's College of Medicine. In cooperation with the CMHS, the State Interagency Team (SIT), the State Outreach Team, and the regional LITs and Steering Committees, VCHIP will operationally define and decide how to measure progress toward the desired outcomes and indicators for this Youth in Transition initiative.

CMHS awarded Vermont this grant based in part on the understanding that VCHIP will include in its evaluation design, delivery of the **required National Outcome Measures (NOMs: Child Consumer Outcome Measures for Discretionary Programs: Child and Adolescent Respondent Version) about the individual youth who receive services.** This will be done using the TRAC data base as required by CMHS. **NOMs data will be collected primarily by the regional Youth in Transition clinicians, transmitted to VCHIP, and then entered by VCHIP staff into the TRAC system within seven days of having been collected (at the time of youth enrollment in services).**

The NOMs data will indicate how youth with severe emotional disturbance are progressing in terms of Functioning, Stability in housing, Employment and education, Crime and criminal justice status, Perception of care, and Social connectedness. These and the NOMs that measure Access/capacity, Retention, Cost effectiveness, and Use of evidence-based practices closely align with the goal for this Vermont Youth in Transition project. The NOMs data, in combination with other measures (such as from the Achenbach Youth Self Report and the Stress Index for Parents of Adolescents, which VCHIP will administer) will be the basis for assessing the overall impact of the project on youth, their caregivers, and on the enhanced system of care.

VCHIP also plans to have the clinicians describe the purpose of the evaluation to transition-aged youth enrolling in services and their caregivers. The clinicians will then obtain the necessary signatures from the youth and caregivers on the assent and consent forms for participating in the VCHIP evaluation. VCHIP staff will contact youth and caregivers who have signed the forms and arrange to conduct the evaluation interviews either in

person or by telephone. All youth and caregivers will be offered a \$20.00 cash incentive each time they are asked to participate in an interview (to answer the Achenbach or Stress Index, etc.).

The State Evaluation Team will analyze the data from each region and statewide and share the results with the SIT, the State Outreach Team, the LITs, and the Steering Committees.

3. The local part consists of the collection of any data the regions want to collect related to Youth in Transition that is not included in the federal or state part of the evaluation. The State Evaluation Team is available to help the regions operationally define and decide how to measure whatever they want to measure; however, the State Evaluation Team is not responsible for any local data collection, analysis, or feedback.

Funding Formula for Regional Services through LITs

	Estimated 2006 Population	A. Percentage of Population	B. Basic Operating Allowance (1/12)	Percentage Distribution Regional \$	Dollars Per 5.25 Years of Regional Services at Average \$865,000*
AHS Districts	Aged 16-21	Aged 16-21		(A + B)/(C + D)	
Barre	5,541	10.2261%	8.3333%	9.2797%	\$80,269.40
Bennington	2,959	5.4609%	8.3333%	6.8971%	\$59,659.92
Brattleboro	2,795	5.1583%	8.3333%	6.7458%	\$58,351.17
Burlington	15,107	27.8804%	8.3333%	18.1069%	\$156,624.68
Hartford	3,946	7.2825%	8.3333%	7.8079%	\$67,538.34
Middlebury	4,100	7.5666%	8.3333%	7.9500%	\$68,767.50
Morrisville	2,635	4.8630%	8.3333%	6.5982%	\$57,074.43
Newport	2,226	4.1081%	8.3333%	6.2207%	\$53,809.06
Rutland	5,296	9.7739%	8.3333%	9.0536%	\$78,313.64
Springfield	2,442	4.5068%	8.3333%	6.4201%	\$55,533.86
St. Albans	4,236	7.8177%	8.3333%	8.0755%	\$69,853.08
St. Johnsbury	2,902	5.3557%	8.3333%	6.8445%	\$59,204.92
Total	54,185	C. 100%	D. 99.9996%	100%	\$865,000

*At \$5,000 per youth, 173 youth to be served per each of 5.25 years, for 908 total. At an estimated DA cost of \$60,000 per 1 FTE clinician, this budget “buys” 14.42 FTEs, each with a caseload of 12 youth, all estimated to stay in program for 1 year.

PROJECT BUDGET SUMMARY

Line Items	Total Program Costs	Federal Grant Funds Requested	Regional Contributions	Source of Regional Funds
Salaries (specify # and Type FTEs)				
Fringe Benefits				
Consultants				
In-state travel (mileage at .585 cents per mile)				
Out-of-state travel				
Space costs, including heat and utilities				
Phone				
Office supplies, materials, postage				
Indirect				
Total				