

**PROGRAM PROGRESS REPORT
COVER SHEET**

1. Grant Number: 03150-5256
2. Grantee Name and Address:
Lamoille Community Connections
72 Harrel Street, Morrisville, VT 05661
3. Telephone Number: (802) 888-5026
4. Project Title: Youth in Transition Project for the Lamoille Valley
5. Period of Performance: June 30, 2010 thru December 31, 2010
6. Approved Project Period: June 30th, 2010 thru June 30, 2011
7. Period Covered by Report: June 30, 2010 thru December 31, 2010
8. Author's Name and Telephone number: Annie Paumgarten, (802) 760-8460
9. Date of report: 1-31-2011
10. Comments (if any):

Report Contents

1. Major Activities and Accomplishments during this Period – Report both quantifiable and non-quantifiable accomplishments. Quantifiable accomplishments include numbers of youth/families served, people trained, support groups established, etc. Non-quantifiable accomplishments should be listed in chronological order. Describe any draft/final products in this section.

The major activities during this performance period fall under two headings: 1) direct service and 2) systems strategies.

Direct Service

Since the initiation of the direct service component of the project on in March 2010, the Criminal Justice Social Worker (CJSW) has done intensive case management with 16 young adult clients. Eleven of these cases are currently active, and five are currently inactive/closed. All five young adults no longer receiving services chose to disengage after multiple attempts to make contact by the CJSW.

The average length of services for closed cases was 5½ months, with a range of 2½ months to 10 months. The average length of services for open cases is four months with a range of 5 days to 9 1/2 months. 100% of the YIT clients are male.

The average age of clients is 18 with a range of 16 to 22 (see Appendix A). There is a wide range of referral sources for YIT clients. The most common of these are the Lamoille County Sheriff's department (2), Department of Corrections (2), Lamoille Union High School (2), Buffalo Mountain School (2). Other sources are the State's Attorney (1), Morristown Police Department (1), Department of Children & Families (1) (see Appendix B). The most common reasons for the initial referral of the case are employment (10), involvement with criminal justice (9), housing (7), education (5) and transportation (3) (see Appendix C).

The CJSW completes a Self-Sufficiency Matrix (SSM) instrument for each case upon entry and exit (see Appendix D.). The SSM rates the level of risk in 15 different domains on a scale from 1 to 5 (with 5 being the highest level of risk). At entry, YIT cases demonstrated a risk level of greater than two (safe/stable) in the following nine domains (# represents an average level of risk out of five for all YIT clients): employment (3.93), transportation (3.07), life skills (3.07), access to

services (3), family (2.92), mental health (2.96), alcohol and drug use (2.33), social (2.29) and safety (2.29).

At the time that cases disengaged from services, the following five domains remained at an average of above two for YIT cases: family (3.2), mental health (3), transportation (2.8), access to services (2.2) and life skills (2.2). Based on comparing the self-sufficiency matrix at entry and exit, the YIT program decreased the risk level and had a strong positive effect in the following areas: legal employment, social, safety, life skills, access to services, education, health insurance and basic needs (see Appendix E).

100% of the YIT cases were eligible for the common study. 66.6% agreed to be contacted (10), 33.3% said “no” (5). 100% of those asked so far (3) did not give VCHIP permission to contact their families.

During this reporting period, a youth outreach worker was hired as a 1-day per week grant staff member. Please see Appendix F for resume.

During this reporting period, a parent peer advocate joined the steering committee for a small per-meeting stipend.

During this period, a local community partner, LCCDRJP, received a grant that supports the hiring of the CSJW for one day per week he is not doing YIT work. The new position involves providing case management re-entry services for youth entering the community from prison. There will be some case overlap between the programs, and thus some young adults intersecting with criminal justice, those re-entering the community from prison, will receive support via this new program.

An incentive program has been incorporated into the direct services model being used by the CJSW; this program offers small incentives (e.g. granola bars) when clients meet case goals.

A YIT care review team of direct service providers has been assembled that meets monthly to discuss individual youth in transition cases and review systems issues that impact YIT in the local community. Further, the CJSW has started initiating case team meetings for individual case coordination and review as needed.

System's Strategies

In August of this reporting period, a team of federal evaluators visited the Lamoille Valley for three days; they interviewed grant staff, clients, families, and community

partners and reviewed case files as part of a federal assessment. A summary of the recommendations and the status of their incorporation is presented in Appendix G.

During this reporting period, the Steering Committee determined that each monthly meeting should focus on a different outcome area impacting YIT in the local community. Relevant community partners in each of the outcome area were invited to visit the steering committee meeting during the 1st hour for a focused outcome area discussion. The hour-long meetings had the following format: review of existing data/what currently exists in the community (20 minutes), what is working and what obstacles YIT face (20 minutes) and what the group can do (20 minutes). The group convened meetings on the following outcome areas so far: September (employment), October (free from incarceration) and December (education).

The following findings came out of each of the focus areas:

Employment:

It was determined that existing local resources are sufficient to help YIT with employment. Therefore, the major obstacle is in motivating local YIT to engage with existing resources and consistently work to become and remain employed. The goal of the YIT program is therefore to engage local young adults with existing employment resources through intensive case management using motivational interviewing techniques

Free from Incarceration:

Our initial assessment found that it is often too long between substance abuse assessment after the initial charge. There is an on-going local attempt to fast-track substance abuse assessment for YIT in the local court system; the defense bar is resisting, emphasizing due process concerns. Steering committee members will continue to pursue changes within the court system related to this issue.

Our assessment showed that parents often don't fully understand what happens when YIT enter the system. Many of the families are fragmented, struggling and fearful of the "system". The steering committee discussed the value of family-oriented treatment for YIT families, and the CSJW and supervisor agreed to try and incorporate more family-oriented focus into the case management model.

Often no services are mandated when a YIT intersects with criminal justice. These YIT are difficult to engage, and making services a condition of release can provide a "hook" to get kids into services and on the right track. The judge has ordered one defendant to meet with the CJSW as a condition of release. Steering committee

members will continue to pursue further changes such as imposing conditions of release.

Health Insurance and Access to Care:

Four of the 16 cases did not have health insurance upon intake. In all of these cases, the clients were eligible. Therefore, the largest obstacle to enrolling in health insurance is a lack of urgency to seek medical care. The goal of the YIT program is therefore to engage local young adults with existing health insurance plans through intensive case management.

The steering committee is also considering partnering with the department of health to create a “medical home” for YIT clients at yet-to-be-determined location. The home would be modeled on what Spectrum is currently offering in their Pearl Street Youth Clinic. The steering committee is not prepared at this time to move forward with this concept, given a system’s plan has not yet been written for the following six months of the grant, and it is uncertain where this fits into the priorities of the grant funds.

Due to significant time allocated to the SOC assessment and the focused outcome area meetings taking up all most of the steering committee time at the monthly meetings, there has not been significant progress on the other system’s strategies as outlined in the initial proposal. As a result, there are unallocated system grant hours that will be allocated during the next grant period towards moving forward with the system strategies.

The strategy of obtaining written MOUs from community partners has been revised to include forging a more informal relationship; this is due to concerns that MOUs have legal implications for the organizations involved.

There are several strategies that have been revised slightly and have not yet been fully implemented. These will be finalized and implemented during the next reporting period:

YIT brochures: (focused on health benefits, general YIT program, housing and pathways to educational completion). These brochures are currently in draft format and need further development and steering committee consideration. Also, short sayings with prompting questions such as ‘Do you need housing?’ will be added to the CJSW business cards at next printing.

Health Care Coverage Questions: The grant manager will create a clear and concise question that inquires about the health care coverage status of young adults. This question will be distributed to YIT case managers in the community for consideration in adding it to their intake forms.

2. Problems – Describe any deviations or departures from the original project plan including actual/anticipated slippage in task completion dates, and special problems encountered or expected. Use this section to describe barriers to accomplishment, actions taken to overcome difficulties, and to advise DMH of any needs for assistance.

As mentioned above, the system strategies were not fully implemented in the first six months of the grant, and will be continued into the next reporting period.

The local YIT model of services is very intensive case management for a period of 6+ months, and our CJSW works 24 hours per week on this project, thus limiting the total number of clients in our program. Therefore, we have not been able to provide a regular steady stream of clients for the evaluation to meet pre-set VCHIP evaluation quotas. The CJSW and grant manager are planning to meet to discuss these barriers with the project VCHIP contact.

3. Significant Findings and Events – (For special notice to Principal Investigator, State Outreach Team for Youth in Transition, Federal Project Officer, etc.. This should include any changes in staffing, including of persons, time spent, and/or responsibilities. Attach resumes and qualifications of new staff.)

As mentioned above, a Youth Outreach Worker was hired.

The current grant manager will be leaving the position in mid-February.

4. Dissemination activities – Briefly describe project related inquiries and information dissemination activities carried out over the reporting period. Itemize and include a copy of any newspaper, newsletter, and magazine articles or other published materials considered relevant to project activities, or used for project information or public relations purposes.
5. Other Activities – Briefly describe other activities undertaken during the reporting period.

6. Activities Planned for Next Reporting Period – Briefly describe the project activities planned for the next reporting period.

Continuing to provide intensive case management to at-risk young adults in the community.

Finalizing the YIT brochures and Health Care coverage questions as outlined above.

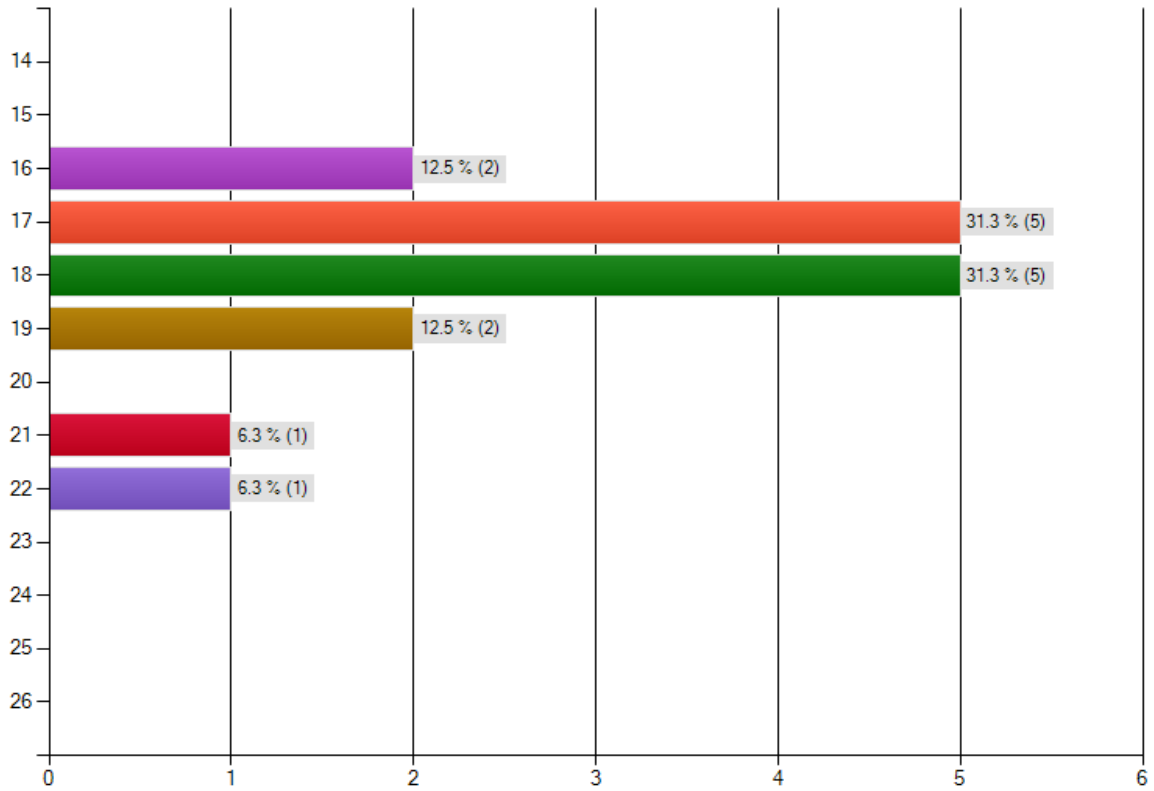
Continuing with the outcome-focused steering committee meeting to work on systemic obstacles.

Interviewing and hiring a new grant manager for the 8/hr week position.

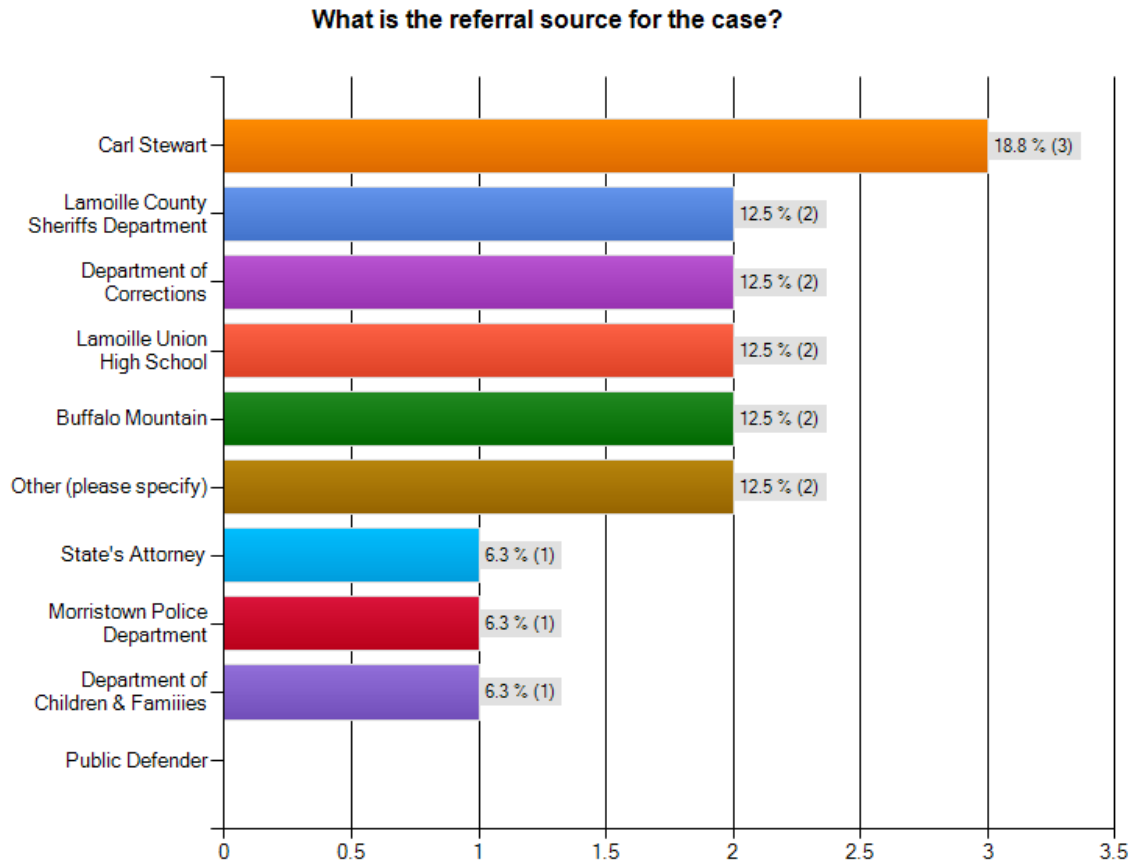
Further development of the “care team” – i.e., direct service providers – and facilitating their goal setting process. The focus of their work together over the next year will be to work on one goal they agree is most important and on which they can collectively impact within one year.

Appendix A.

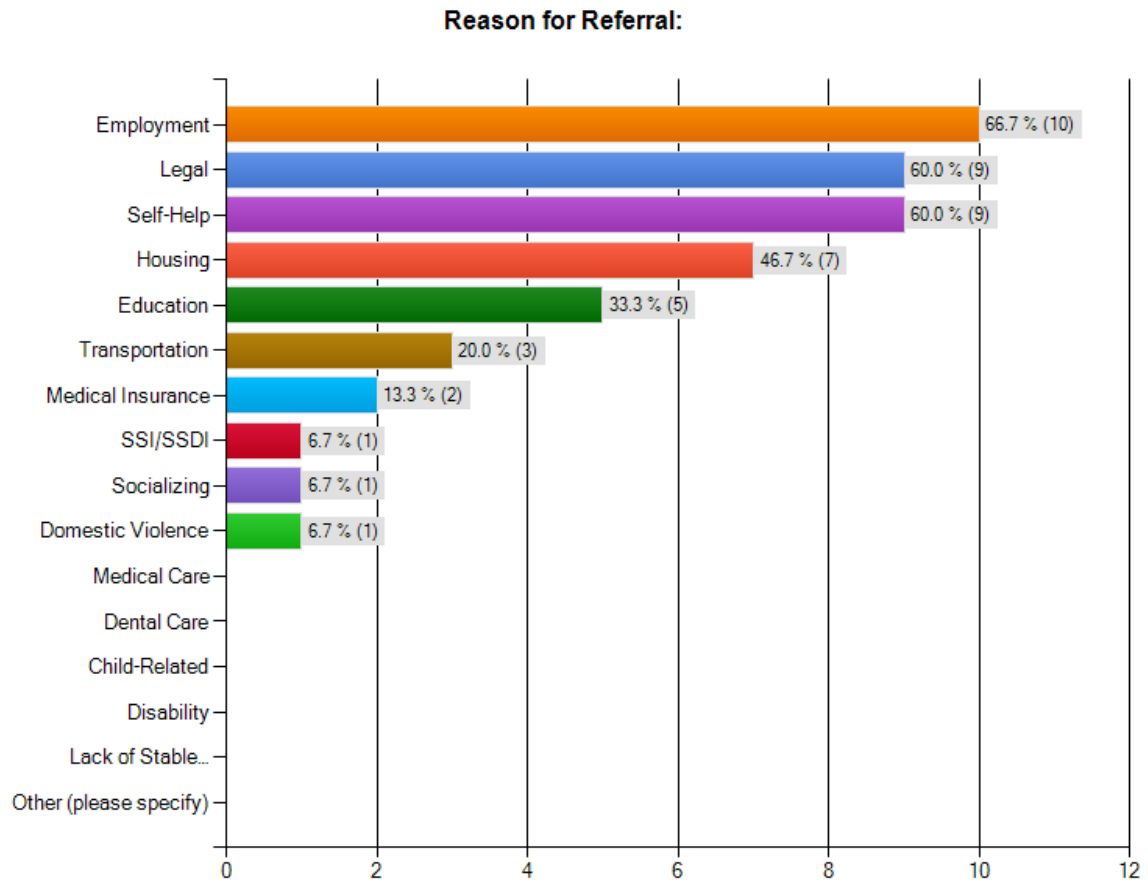
Age of YIT Client:



Appendix B.



Appendix C.



Appendix D.

**YFWP Youth
Self-Sufficiency Matrix**

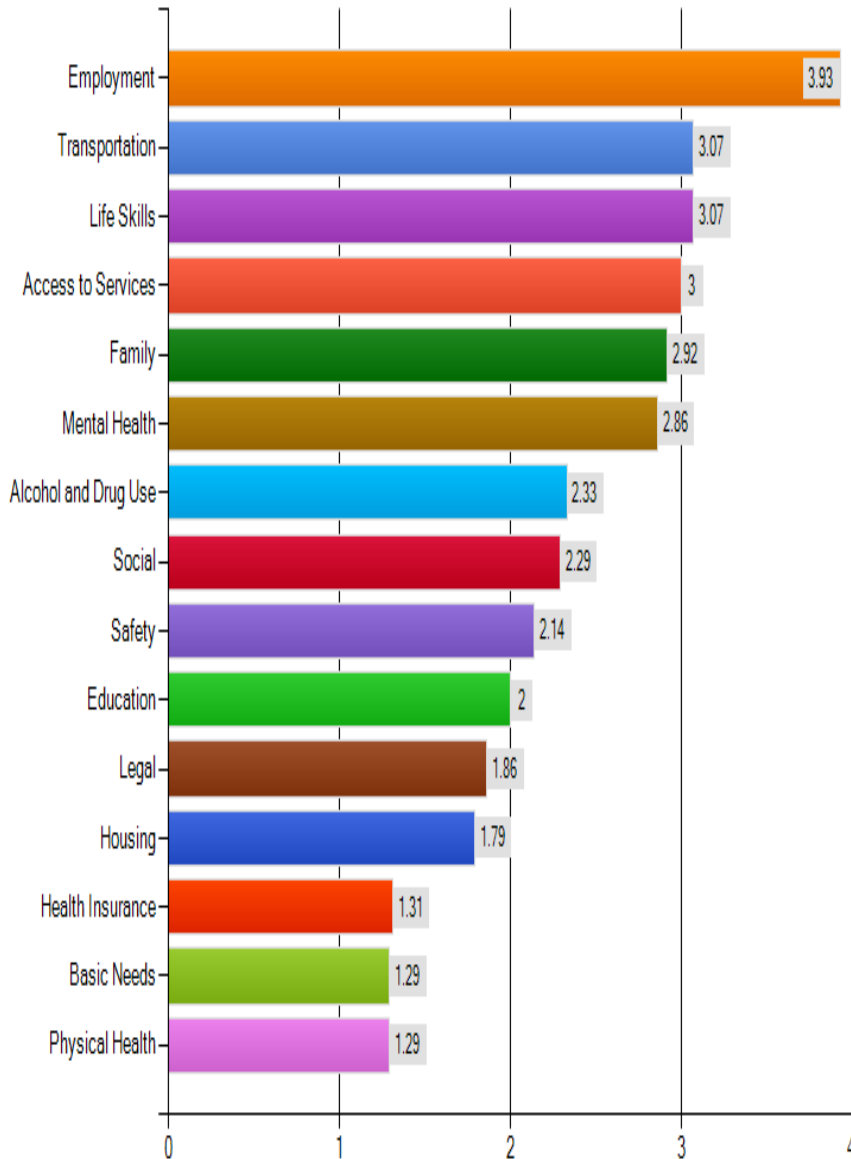
Domains	<u>Self-Sufficient</u> Score: 1	<u>Stable/Safe</u> Score: 2	<u>At Risk</u> Score: 3	<u>Unstable</u> Score: 4	<u>In Crisis/Not Self-Sufficient</u> Score: 5
Access to Services	Is receiving a full range of services to meet needs	Receiving services; barriers to access may limit choices	Knows what is needed; options are limited	Assistance required to access services on their own.	Does not know needs; barriers to access; needs help
Housing	Housing is sufficient; meets needs	Housing is adequate; meets most needs	Insufficient; housing is at risk; help is available	At risk of losing housing; limited access to resources/help	No housing; barriers to access; needs help
Basic Needs Food, clothing, heat, mail, telephone, etc.	Basic needs are being met	Has resources to meet needs but may be inadequate	Lacks resources to meet basic needs; help is available	Basic needs not met; limited access to resources/ help	Basic needs are not being met. Barriers to help; needs help
Transportation	Has reliable transportation; meets needs	Has adequate transportation; meets most needs	Lacks adequate transportation; help is available	Lacks transportation; limited resources/help	No transportation; barriers to access; needs help
Health Insurance	Has full coverage to meet needs	Has limited coverage, meets most needs	Has coverage; financial barriers; does not meet needs	At risk of losing coverage and is needed; limited access to help/resources	No coverage; barriers to access; needs help
Physical Health	No problems; or health needs are being met	Health problems are being treated; most needs being met	Treatment for health problems is inadequate	Has health problems; treatment inadequate; limited access to help/resources	Has severe health problems; barriers to access help; Help needed.

Social	Social network is sufficient (e.g. more than 3-5 friends who care)	Social network is sufficient (has at least 3 friends who care)	Social network is insufficient (has less than 2-3 friends who care)	Social network is very limited (less than 1 friend who cares); and has no one to add	Has no social network; barriers to increase support; needs help
Family	Family is stable; no help is needed	Family is somewhat stable; has adequate help/resources	Family is unstable; limited resources/help	Family is very unstable; limited access to help/resources	Family is in crisis; barriers to access help; needs help
Domains Continued	<u>Self-Sufficient</u> Score: 1	<u>Stable/Safe</u> Score: 2	<u>At Risk</u> Score: 3	<u>Unstable</u> Score: 4	<u>In Crisis/Not Self-Sufficient</u> Score: 5
Alcohol and drug use	Active intervention and/or no help needed at this time (in recovery)	Alcohol/Drug use is treated; needs being met	Alcohol/Drug problems inadequately treated; has resources/help	Alcohol/Drug problems not treated; limited resources/help	Severe problems not treated; barriers to access help; needs help
Mental Health	No problems; no help needed	Mental health problems are treated; needs being met	Mental health problems inadequately treated; has resources/help	Mental health problems not treated; limited resources/ help	Severe mental health problems; barriers to access help; needs help
Legal	No legal problems; no help needed	Few legal problems and receiving help	Some legal problems help is limited	Legal problems; limited resources/help	Legal problems not being addressed; barriers to access help; needs help
Education	Sufficient education; no help needed	Insufficient education; currently in school/training	Insufficient education; help is available	Insufficient education; limited resources/help	Insufficient education barriers to access help; needs help

Employment	Working part time or full time; no help needed	Working full or part time; may need help	Unstable job; help available	Unstable job; limited resources/help	Unemployed barriers to access help; needs help
Life Skills Interpersonal Independent Living Education Budgeting Vocational	Life skills sufficient; no help needed	Life skills are adequate	Life skills inadequate; help available	Life skills are inadequate; limited resources/help	Life skills are inadequate; barriers to access help; needs help
Safety	Relationship(s) are emotionally supportive/nurturing and free of violence; no help needed	Relationship(s) are supportive; meets most needs	Relationship(s) are chaotic; help available	Relationship(s) are verbally/emotionally abusive; limited help/resources	Relationship(s) are emotionally and physically abusive; barriers to access help; needs help

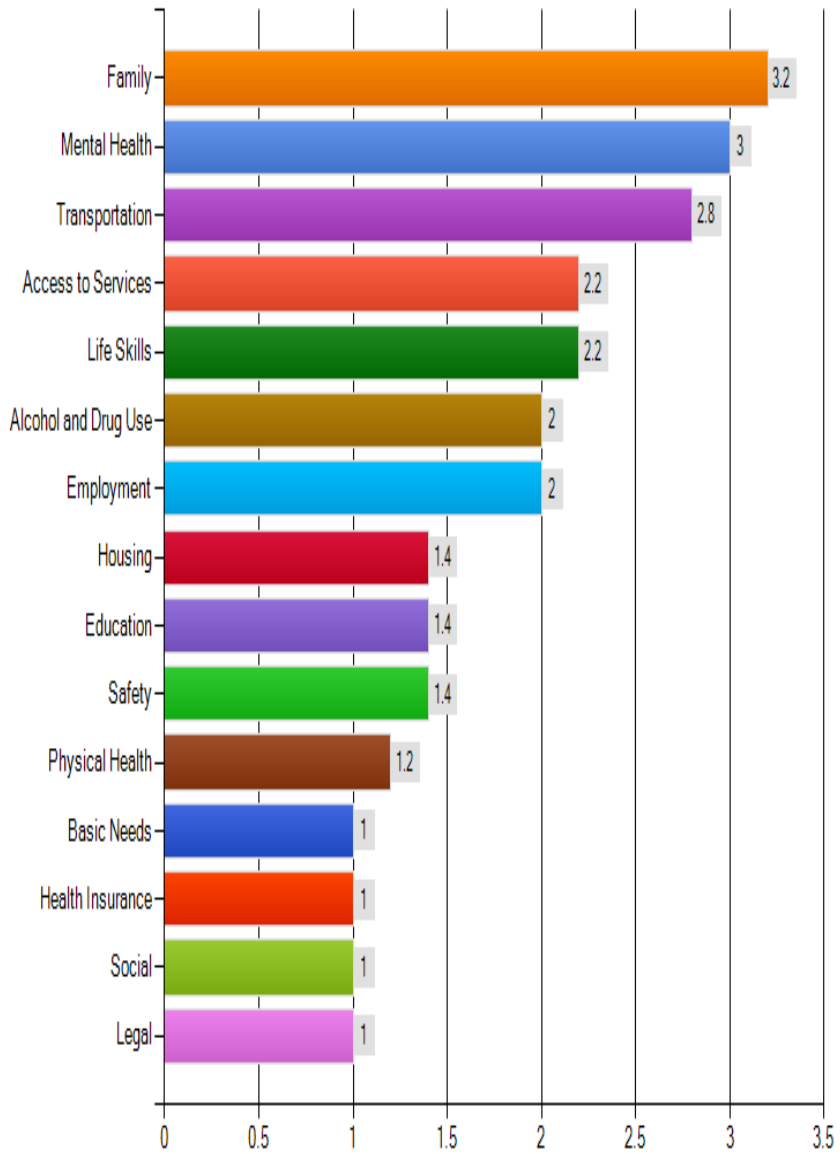
Appendix E.

Self-Sufficiency Domains - AT ENTRY



SCALE: 1 (Self-Sufficient), 2 (Stable/Safe), 3 (At Risk), 4 (Unstable), 5 (In Crisis/Not Self-

Self-Sufficiency Domains - AT 6 MONTHS/EXIT



SCALE: 1 (Self-Sufficient), 2 (Stable/Safe), 3 (At Risk), 4 (Unstable), 5 (In Crisis/Not Self-

OUTCOME AREA

OUTCOME AREA	MEAN AT ENTRY N=14	MEAN AT EXIT N=5	SD (pooled)	EFFECT SIZE Cohen's d
Legal	1.86	1	0.32	2.69
Social	2.29	1	0.52	2.50
Employment	3.93	2	1.54	1.25
Safety	2.14	1.4	0.66	1.12
Life Skills	3.07	2.2	0.92	0.94
Access to Services	3	2.2	1.06	0.76
Education	2	1.4	0.81	0.74
Health Insurance	1.31	1	0.53	0.58
Basic Needs	1.29	1	0.52	0.56
Housing	1.79	1.4	0.82	0.48
Alcohol & Drug Use	2.33	2	1.00	0.33
Physical Health	1.29	1.2	0.43	0.21
Transportation	3.07	2.8	1.43	0.19
Mental Health	2.86	3	0.64	-0.22
Family	2.92	3.2	0.85	-0.33

Small Effect Size=.00-.32 Medium Effect =.33=.55 Large Effect=.56-1.20+

Kandi Clark

PO Box 88 Bakersfield VT 05441 kandikane825@yahoo.com (802) 933-6666

PROFESSIONAL OBJECTIVE

Seeking a position where I may utilize my knowledge base of Social Work to work with children and families Also seeking a position where I can grow as a professional and extend my knowledge in the field of Social Work.

EDUCATION

Castleton State College - Vermont
Baccalaureate of social work, May 2009
Double Major – sociology, May 2009
GPA 3.11/4.00

FIELD PLACEMENT EXPERIENCE

BSW Intern – Case Manager

Rutland County Court Diversion - Vermont
September 2008 – May 2009

- Facilitate and develop contracts to meet client needs
- Assess and advocate for client needs
- Promote offender accountability
- Provide relapse prevention and offender treatment
- Case Management professional duties

Early Field Experience – Volunteer

Rutland County Boys & Girls Club – Vermont
September 2006 – December 2006

- Enable youth to reach their full potential as productive, caring and responsible citizens.
- Provide a positive role model to youth
- Develop new inventive ideas for program
- Facilitate group activities
- Lead and engage in professional management duties
- Promote and enhance the development of youth by instilling a sense of competence, usefulness, belonging and influence.

EMPLOYMENT

Northwestern Counseling and Support Services

Behavioral Interventionist-Saint Albans, Vermont

October 2009-Current

- Working with emotional, academic, developmental, and/or behavioral issues.
- Implement behavior plans, provide therapeutic support and intervention, assist in academics, and collect behavior data.
- work one-on-one or in small groups in a school and community setting with students.

Licensed Nursing Assist

Birchwood Terrace Healthcare – South Burlington, Vermont

May 2005 – August 2007

- Coordinated nursing care in compliance with facility policies
- Completed physical assessments and care plans
- Meet the residents' needs and palliative care.
- Helping with residents who have emotional and behavioral problems.

Licensed Nursing Assistant

Pilsbury Manor Health – South Burlington, Vermont

May 2007 – December 2007

- Responsible for the daily management and routine of patient
- Taking care of a resident's personal hygiene, including bed bath, shaving, and other activities of daily life
- Monitored vital signs including temperature, pulse, respiration and blood pressure
- Helping with residents who have emotional and behavioral problems.

Waitress

Ovations Restaurant – Killington, Vermont

November 2005 – May 2009

- Provided effective and efficient customer service
- Successfully perform as a team member
- Perform opening and closing responsibilities

COLLEGE SERVICES

Member - Social Issues Club
Castleton State College 2008 – 2009

Member - National Association of Social Workers
Vermont Chapter 2008 – 2009

Board Member - National Association of Social Workers
BSW Student Director
Vermont Chapter 2008 – 2009

SERVICE LEARNING

National Association of Social Work Annual Conference
Vermont Chapter – 2008
The Power of Social Work: Unique in our training, unified in our values

- Participated in skills building workshops
- Volunteered as a greeter and coordinator
- Develop new inventive ideas for program

PROFESSIONAL DEVELOPMENT

Trained in “Handle with Care”
Licensed Nursing Assistant
First Responder
CPR and First Aid

HONORS/ AWARDS

Deans List: Castleton State College
Spring 2006, Fall 2006, Fall 2008

REFERENCES

Available on request

Appendix G.

SOC Assessment 1-pg Summary

Local Strengths

- Services are family-friendly, there are no impediments to care, services are provided at convenient times, and are free. Connection to services also happens quickly.
- Youth feel respected and heard during enrollment and are actively involved in the service planning process, treatment planning and service provision.
- Strengths are identified through the Self-Sufficiency Matrix, and utilized during treatment planning. Service plans match youth needs.
- Care provided is routinely monitored during regular supervisory meetings with the care coordinator.
- Efforts are made to align the entry and service planning processes and direct service delivery with the culture of the family – lifestyle and socioeconomics.
- Some of the core young adult local agencies are represented on the steering committee and are involved in strategic planning, budgetary decisions and developing the service array.
- There is some sharing of administrative processes; Court Diversion will use the Self-Sufficiency Matrix with its youth development coordinator and the TIP model.
- The array of services includes those provided by other agencies such as Adult Education, Workforce Development, Vocational Rehab, etc.
- Referrals come from multiple agencies across child and adult serving sectors.
- Several articles have been published promoting the program in local papers.

Local Challenges

Resolved:

- Families are not involved in the Steering committee and governance process. (Donna)
- The staffing structure of LV YIT does not include laypersons or paraprofessionals. (Kandi)
- Youth are not members of the Steering committee and the staffing structure does not include a young adult. (Kandi)
- Youth advocacy, peer support, youth support groups, etc. had not been established (Kandi)
- Youth and young adults are not involved in the care monitoring and review (Kandi)
- The TIP model is being utilized and grant staff have received training on the TIP model.
- Care provided to youth/young adults is not routinely reviewed for appropriate intensity of care and service quality; a more systematic approach is needed to facilitate coordinating service provision across agencies for young adults (Care review team meetings)
- There is no cultural diversity resembling that of the intended service population on the steering committee. (Kandi)
- There are no formal structural mechanisms in place to maximize interagency involvement in governance. (LCC/CHSLV agreement)
- There is no regular, formal opportunity for service providers involved with the family to meet as a team; decisions, findings and proceedings in care review are disseminated in an informal rather than formal manor. (Carl calling team meetings)

- Youth and young adults involved in YIT would benefit from a crisis/safety plan. (Carl is creating safety plans where needed)

Unresolved:

- Grant staff haven't participated in training related to family involvement or family-driven care.
- Families and family-run organizations are not actively involved in grant operations and peer-to-peer family advocacy is not available in the LV.
- Families are not always involved in the service plan development with YIT clients and family strengths are not a primary focus of the service planning process. Also, families are not part of the care review process.
- YIT clients have not received training on how systems operate, the purpose of the system, youth involvement and development activities and youth rights.
- Information on youth experiences with service delivery has not been systemically collected.
- Resources for young adults are primarily available during business hours.
- The resources and expertise of the statewide youth coordinator have not been utilized.
- There is no effort to accommodate language preference, or outreach to specific cultural groups e.g. Bosnian.
- Family culture is not routinely assessed and incorporated into the service planning process.
- A number of core young adult agencies are not represented on the Steering committee (adult education, etc)
- Information related to the accessibility of services has not been systematically collected, analyzed or used.
- Information related to the use of services provided outside the community is not monitored; some services are only available outside of the Lamoille Valley.