

**Substance Abuse and Mental Health Services Administration
(SAMHSA)
Youth in Transition Initiative: Final Proposal**

Grantee:

Lamoille Court Diversion Restorative Justice Programs, Inc
& Lamoille Valley Local Interagency Team (LIT)
Grant #: 03150-5256

Submitted by

Annie Paumgarten, MSW
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Description of Regional Vision

Overview of the Grant

The federal Substance Abuse and Mental Health Services Administration (SAMHSA) has awarded the state of Vermont \$9 million over six years for a 'Youth in Transition' initiative to strengthen the system of care and increase services for youth aged 16 up to age 22. The purpose of the initiative is to build the capacity of communities to fund, administer and deliver behavioral health treatment for youth in transition (YIT) and their families and to ensure youth will have adequate preparation and the necessary supports to be productively engaged in the community and free from incarceration. The Lamoille Valley will receive \$57,074 per year for the next five years as the regional share of this initiative. The target group for the grant is youth in transition (16-22) who are experiencing severe emotional disturbance (SED) or are at-risk of SED.

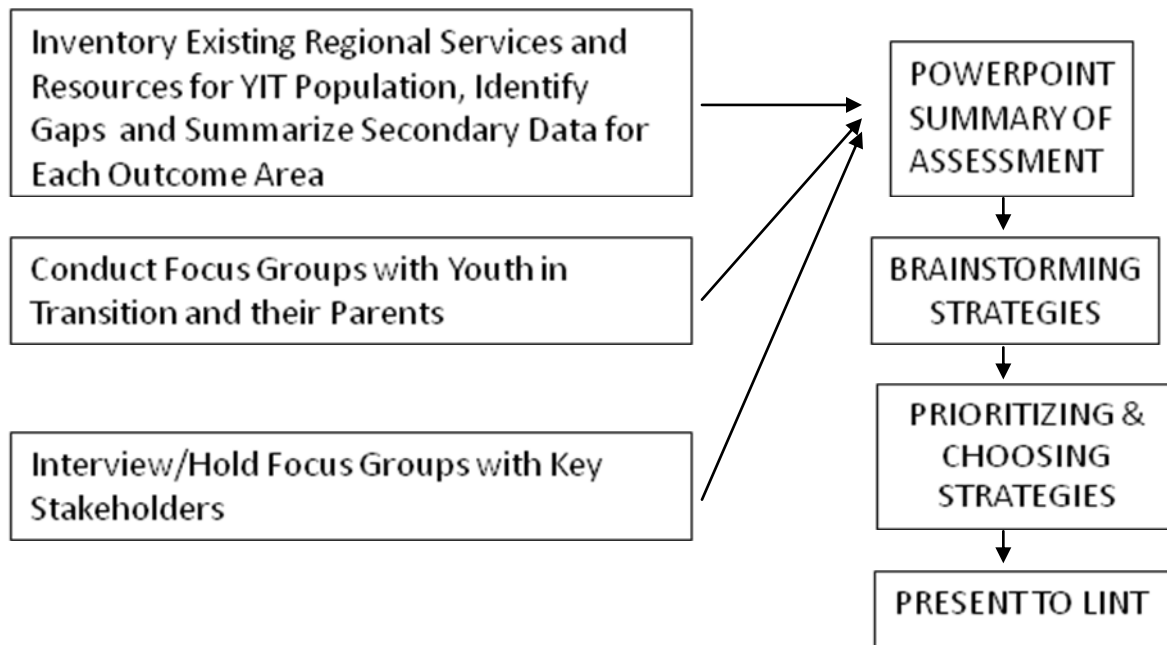
Summary of the Assessment Process

Lamoille's LIT established and charged an advisory committee to facilitate an assessment process that would determine how the grant funds would be best used. The group included representatives from a variety of state and local agencies with an emphasis on including direct service providers in the region:

Amber Cheever, Laraway Youth & Family Services
Scott Johnson, Agency of Human Services
Donna Sherlaw, VT. Federation of Families for Children's Mental Health
Wade Johnson, Probation & Parole
Carol Leech, Vocational Rehabilitation
Steve Bisson, Copley Behavioral Health & Wellness
Erin Whitcomb, DCF Youth Development Program
Sara Brown, Copley Behavioral Health & Wellness
Carrie Felice, Peoples Academy
Carol Maloney, Lamoille County Court Diversion Restorative Justice Programs
Mark Scott, Jump on Board for Success (JOBS) Program
Norma Spaulding, Adult Basic Education
Carol Young, Jump on Board for Success (JOBS) Program
Heather Hobart, Lamoille County Court Diversion Restorative Justice Programs
Cassidy Renfrew, Department of Labor

Greg Stefanski, Laraway Youth & Family Services
Jim Berry, Lamoille Community Connections
Mike Ducey, Lamoille Family Center, LINK program

The group convened and hired consultant Annie Paumgarten, MSW, to design and implement an assessment process. That process is outlined by the following diagram:



To begin the assessment process, the advisory committee broke into small groups and identified what programs and practices and/or protocols are in place and identified gaps for each of the eight outcome areas. The consultant then revised all available local, regional and state-level data that could pertain to serving YIT in the region.

As the assessment was being done, the consultant conducted three youth focus groups at three locations throughout the region that included 20 YIT. Two of the meetings were at local alternative schools, Buffalo Mountain School in Hardwick and the Learning Together Program at the Lamoille Family Center in Morrisville, and one was with the Youth Development Program in Hyde Park. Additionally, one individual interview was held in Johnson. 60% of YIT in the region live in the four towns where youth were interviewed. Nine individual parents/couples were

also interviewed in their homes in Johnson, E. Hardwick, Morrisville, Waterville, Eden and Elmore. Finally, 21 individual interviews were conducted with key stakeholders in the region with representatives from law enforcement, the criminal justice system, human services providers, mental and medical health care system and education professionals. Notes from these interviews were coded and categorized by the consultant using Atlas.ti (qualitative analysis software). The themes that emerged were supported with quotations and are summarized in Appendix A.

A PowerPoint summarizing the advisory committee work on what exists and the gaps, all data, and information from the focus groups and interviews was created and presented to the advisory committee. Based on the summary, the group brainstormed a list of all possible strategies in each of the eight outcome areas; 25 potential strategies emerged from this process.

The consultant then sent a survey to advisory board members asking each to rate the strategies regarding these factors: reach, community capacity, sustainability, specificity, cost, relevance to perceptions and opinions of the target group, importance to the region, time, and whether each strategy follows a good theory of change: is it plausible, doable and testable. Additionally, the consultant did a focus group with YIT and presented each of the strategies asking youth to give each strategy a 'green light', 'yellow light' or 'red light'. Appendix B is an example of one of the outcomes in the survey used with the committee and Appendix C is a summary of the ratings given by advisory committee members and youth for each of the 25 strategies.

The survey and focus group results served as the basis of an advisory committee group discussion. Each strategy was discussed and debated as a group, and then each committee member gave the survey a ranking from one to ten. Appendix D. shows this ranking, with strategies where the group intention was definitively to move forward shown highlighted in yellow. Information was added about whether the strategies were larger scale, system-focused

or client level, direct service oriented, and whether the actual cost would be low, medium or high. A smaller group, the consultant and the three key grant operations team members, met to discuss how to further define and add detail to the strategies that had been prioritized and chosen by the advisory committee based on the assessment, criteria rankings and overall ranking.

The Vision

Through these processes, the group chose to adopt the state Youth in Transition team's vision and mission for YIT:

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.

Systems and Direct Service Strategies

The advisory committee chose strategies that cover the YIT outcome areas and were perceived as doable within the scope of the award. As Lamoille moves forward with implementation, a Lamoille Valley YIT Steering Committee will be developed and will include youth, family members and providers that will manage implementation of the grant while promoting collaboration and progress towards the shared goal of improving services to YIT in the region.

The 1st outcome area is to increase the number of YIT with health insurance and access to care. Three strategies were chosen to make progress towards this outcome:

- 1) Create an instrument to be used by YIT caseworkers on intake forms. The goal is to create several brief concise questions to be added to the intake forms of all caseworkers that interact with YIT in the region. The questions will prompt caseworkers to assist uninsured YIT with getting coverage.

- 2) Create an easy-to-understand health benefit chart that can be used by all caseworkers in the Lamoille Valley that interface with YIT; it will show in clear visual terms the health care options available to YIT, eligibility requirements, costs, and contact information. It will be used to assist caseworkers in communicating health care options to YIT and copies will be available for distribution to families and YIT who are looking for health care coverage.
- 3) Create an MOU with Copley Hospital emergency room that identifies specific protocols to be used when YIT enter the ER for treatment to ensure that YIT are being linked to appropriate services, especially with regard to accessing health insurance.

The 2nd outcome area is to improve access to safe and stable housing. Three strategies were chosen to work towards safe and stable housing for YIT:

- 1) Define what homelessness means for this population, and to identify the number of YIT who are homeless in the region. By defining homelessness and determining the frequency and type of homeless YIT, the committee will be able to assess the extent of the problem more effectively identify potential solutions.
- 2) Advocate for increased access to housing benefits for this population with the appropriate state agencies. Specifically, the goal is to work with Vermont State Housing Authority to increase access to Section 8 vouchers, re-unification vouchers and shelter-plus care certificates.
- 3) Ensure that the Lamoille Valley Housing and Homeless Coalition is represented on the YIT steering committee to actively speak about homelessness issues for this population.

The 3rd outcome area is to increase the number of YIT completing high school. Two strategies were chosen to progress toward this end:

- 1) Create a “Pathways to Educational Completion” chart that can be used by all caseworkers in the Lamoille Valley that interface with YIT; it will show in clear visual terms the alternative education options available to YIT, eligibility requirements, costs, and contact information. It will be used to assist caseworkers in communicating alternative education options to YIT and copies will be available for distribution to families and YIT who are looking for alternative education options.
- 2) Create an MOU with Adult Basic Ed and the Northeast Kingdom Learning Services. Protocols will be developed to guide the process when a YIT enters either agency and is

at risk of going deeper into the criminal justice system and in need of additional case management. Appropriate referrals will be made where needed.

The 4th outcome area is to increase access to employment opportunities, training and post-secondary education for YIT. The strategy here is to:

- 1) Engage the Workforce Investment Board (WIB) to make YIT a priority focus. Given that employment is crucial to creating and sustaining productive lives for our target group, the Grant Manager will also ensure that youth employment is an ongoing agenda item for the YIT steering committee and that appropriate referrals for existing services are made through MOU strategies and the grant-funded social work position (see below).

The 5th and final outcome area is to keep YIT free from incarceration. Two strategies were chosen toward this end:

- 1) Hire a Criminal Justice Social Worker. This is described in further detail in the next section.
- 2) Create two MOU's: one with local law enforcement and one with the Department of Corrections. When YIT interface with either of these two systems in the region, appropriate referrals for services will be made.

One other uncategorized systems-focused strategy includes a review and cataloging of all dollars that are entering the region that are allocated to the target population. The grant manager will facilitate dialogue among LIT and the SAMHSA steering committee to evaluate how efficiently the Lamoille area is using these dollars, seek to prevent duplication of services and review ways to make the strategies in the grant sustainable beyond the grant period.

Current review of the YIT dollars embedded within the local system is estimated at more than \$1,000,000 in YIT-focused services and supports.

Direct Service and Staffing Strategies

Criminal Justice Social Worker (CJSW): Part of the state-allocated SAMHSA funds will be used to hire a part-time, 3-day per week 'Criminal Justice Social Worker' dedicated to serving youth in transition (16 up to the age of 22) that intersect with the criminal justice system and are at risk of going deeper into the system.

The overall responsibility is to manage a caseload of young adults and to intervene at any sequential intercept point with an emphasis on prevention and intercepts #1 and #2 (law enforcement intercept and arraignment/initial hearings) to provide wrap around case management services that help to divert the individual from going deeper into the criminal justice system. The goal for average duration of service with a client will be six months, with a regular reassessment of this time period. See Appendix E. for a full job description with roles and responsibilities. The 'Criminal Justice Social Worker' position is modeled after the 'Police Social Worker' positions that have successfully reduced crime in other areas of the state. See Appendix F. for a full job description from the program developed by Health Care and Rehabilitation Services in Brattleboro.

The CJSW will establish a care coordination model whereby s/he will serve as the initial lead case manager to: coordinate interdisciplinary services and supports already being provided, develop one coordinated services plan, ensure that screening and assessment utilize current best practice, and that a holistic approach to care is implemented. Local law enforcement, including Morristown PD and the Lamoille County Sheriff have already committed to integrating this position into their operations, including participating in staff meetings, conducting trainings, and going out on calls when clients being served by the CJSW are requiring law enforcement interventions. The CJSW will be trained in restorative justice practices and will facilitate restorative processes when appropriate to assist the youth with taking responsibility for his/her actions while avoiding further criminal charges.

Youth/Peer Outreach Worker: The committee will also use funds to hire a part-time one day per week YIT 'Peer Outreach Worker' who is dedicated to serving youth in transition (16 up to the age of 22) who intersect with the criminal justice system and are at risk of going deeper into the system. The youth/peer outreach worker will reach out to YIT not currently served by other YIT providers in the community and provide information, referral and assistance to youth seeking to access services. The youth/peer outreach worker will also provide support and advocacy for YIT at coordinated care meetings. Finally, the youth/peer outreach worker will have an active membership on the YIT steering committee, representing youth interests and identifying issues, barriers, and gaps for youth in transition and reporting them to the committee. S/he will be a liaison to engage other youth interested in having voice and involvement in the system of care. See Appendix F. for a job description.

These two positions will be co-located at the community mental health center, Lamoille Community Connections (LCC) and Copley Behavioral Health & Wellness (CBH&W). These two staff will also be actively engaged with the court and the local police and sheriff's offices. Key referral sources for the positions will be the Public Defender, State's Attorney, the Judge, Probation & Parole, AHS, Lamoille Family Center, Court Diversion, Copley Hospital ER, LCC and CBH&W.

Grant Manager: The Lamoille SAMHSA steering committee will contract with a one day a week grant manager who will organize and facilitate the steering committee meetings, implement systems strategies and manage reporting and evaluation requirements. The grant manager will ensure that social marketing materials and training opportunities are culturally and linguistically competent and create an overall awareness to and provide uniform messaging regarding YIT. The grant manager will be LIT's liaison with the State YIT Operations Team and ensure local efforts follow the best and developing state strategies as they emerge over the life of the grant.

Description of Services Already in Place & Unmet Needs

Health Insurance & Access to Care

The following table gives a snapshot of what was found in the Lamoille regional assessment of health care access for YIT:

Data	What Exists?	Primary Data – Gaps
<ul style="list-style-type: none"> • Many 16-19 yr. old YIT with SED will be clients of LCC Children’s Services; LCC (Community Mental Health Center) clients are 60% male, 75% Medicaid-insured, 50% of VT. children in DCF custody are clients of LCC • Many 20-22 yr. old YIT with SED will be clients of Copley Behavioral Health & Wellness (an FQHC) • In 2008, Copley ER served 71 YIT for substance abuse and psych issues. • Generally, YIT use the ER for health care at a much higher rate than the general population. • Vermont Community High School vs. state YRBS indicates that this population is at much higher risk of: being involved in an automobile accident, driving under the influence, attempting suicide, using tobacco, using marijuana, using heroin, and having sex. • 22% of Lamoille JOBS youth did not have health insurance on enrollment in the program • 47% of Vt. JOBS served youth have serious alcohol and substance abuse issues. 	<p><u>Facilities/Providers</u></p> <ul style="list-style-type: none"> • Planned Parenthood • Local Providers • Hardwick Health Center • Copley Hospital – ER • Stowe Immediate Care • Copley Behavioral Health & Wellness (an FQHC) • LCC (Lamoille Community Connections) • Copley Health Systems • Local School Nurses <p><u>Health Plans</u></p> <ul style="list-style-type: none"> • Dr. Dinosaur • VT.State Insurance • FQHC (Medicaid, Medicare) • Private Insurance 	<ul style="list-style-type: none"> • The key issues identified by YIT and their parents were lack of health insurance and not finding appropriate and affordable health care • YIT and their parents also identified that paperwork to access care was difficult to complete • Transportation • number of providers is limited • For MH & SA: no step between the ER and a more structured case plan • Getting YIT to show up at appointments • Over-diagnosing leads YIT to resist care • Policy issues: income thresholds too high, co-pays too high • Systemic: no local inpatient facility for SA or MH and no drop-in center for SA or MH • Getting an assessment takes too long when youth are in crisis/involved with the criminal justice system; by the time the assessment is set up, the youth refuses to go

While both LCC and CBH&W serve the target population, CBH&W has expertise in substance abuse issues, an area of expertise and competency which is critical to success for YIT and often co-occurs with mental health and other disabilities.

Many of the target group will be served by Medicaid, VHAP and/or be without health insurance. This group is particularly predisposed to health risks, and so it is very important to include strategies that increase access to care and utilization of a medical home.

Many of the target population come through the foster care system, and a significant number of these youth have documented emotional and behavioral disabilities, and are, or have been, served by the mental health system.

Finally, parents identified that a lack of health insurance and a lack of knowledge about health care options were a primary barrier to accessing care.

Safe & Stable Housing

The following table outlines what Lamoille learned in our assessment about homeless YIT in the region:

Data	What Exists?	Primary Data – Gaps
<ul style="list-style-type: none"> • 113 homeless persons in the LV (PIT 2008) • 44% of Vt. JOBS-served youth have been homeless, and this same % of local youth entered the JOBS program without a fixed residence • Homeless Vt. Young adults (age 18-34) had a significantly higher ER visit rate than young adults in the general population during the CY2007 (59% vs. 26%) • Vt. homeless children (age 0-18) had a significantly higher ER visit rate than children in the general population during CY2007 (36% vs. 19%) 	<ul style="list-style-type: none"> • VSHA • Community Action – Central VT. and NEKCA • LINK • Foster Care/DCF • VR • Reach Up/Economic Services • Clarina Howard • VT. Federation of Families • Lamoille Housing Partnership • Court Diversion • JOBS program • ACCESS • JOB CORPS • LUND • Spectrum • Northeast Community Mgmt. Co. 	<ul style="list-style-type: none"> • Sometimes youth end up on their own at a young age • Homelessness because of a lack of available housing options • Policy issues: “The Benefit Cliff” • Troubled relationships with landlords and roommates • Policy Issues • Transportation • Criminal background • Price • Lack of availability for transition housing for target youth • No drop-in shelter • Limited stays available for shelter beds (ACCESS and LINK) • Transportation • No substance abuse specific housing – local recovery center • New 72 hour DCF/JPS (Rules dealing with/placement issue (1/1/09) • Lack of a TLP (Transitional Living Program)

YIT identified homelessness and couch-surfing as a significant issue in their lives. Further, according to point-in-time data, there were 113 homeless persons of all ages in the Morrisville AHS district. Of the JOBS served youth, 31% of have been homeless. The LINK program at the Family Center serves homeless and runaway youth and will be a critical partner to improve coordination and services for homeless YIT.

High School Completion

This chart looks at what the assessment found when looking at high school completion for YIT:

Data	What Exists?	Primary Data - Gaps
<ul style="list-style-type: none"> 90% of incarcerated youth (male) in VT. have no high school diploma. 50% of these were eligible for special Ed services in high school. 53% of Vt. JOBS-served youth have dropped out of high school. Of 29 High School Completion Program (HCSP) students at Adult Basic Ed (ABE) in Morrisville, 20 of those would have benefitted from additional case management. Lamoille Union had 30 students contracted with ABE during the past school year; of those, 20 would have benefitted from additional case management. 2 students at Stowe working with ABE could have used additional case management. Of 17 youth were working on the GED at ABE, 7 of those could have used additional case management. Orleans students have a higher % of students with IEPs than Lamoille North, Lamoille South and the VT. average. Lamoille North and Lamoille South both have increasing #s of students completing high school (2002-2006); the # of students completing high school decreased in Orleans SWSU from 2002 to 2006 43% of 8th graders at Peoples Academy described being bullied, while 46% described that they bullied others; other schools were 25% or lower 	<ul style="list-style-type: none"> Peoples Academy Stowe High School Lamoille Union High School Hazen Union High School GMTCC Adult Basic Ed Northeast Kingdom Learning Services Act 176 Community High School of VT. Laraway LUND Buffalo Mtn. School Job Corps Youth Conservation Corps Learning Together 	<ul style="list-style-type: none"> YIT and their parents describe bullying as the #1 reason they dropped out of school The second most common reason was feeling judged and pegged by administrators and teachers Parents sometimes struggle to understand educational requirements because of their own mental health issues or other barriers such as literacy Other reasons for dropping out: chaotic home life; substance abuse; wanting to hang out with friends; wanting to graduate with their class; multiple foster care placements; inadequate special education services YIT describe alternative schools and the technical center having a significant positive impact in their lives Lack of case management for Act 176 Single parents have reality pressures and have a hard time meeting school requirements

A large percentage of the target population use alternative pathways to high school completion. Further, YIT emphasize how important these programs are to their lives and feeling supported. 90% of incarcerated youth in Vt. have no diploma and 53% of VT JOBS-served youth have dropped out of school. Parents and youth talked about feeling judged by teachers and bullied by other students in the schools; alternative programs were crucial to helping youth meet the goal of completing high school.

Employment

The following table outlines what was found about employment issues for YIT:

Data	What Exists?	Primary Data - Gaps
<ul style="list-style-type: none"> • Slightly more females than males are employed in LCC clients (2007) • Slightly more females than males are employed 14-24 in the LV (2007) • LV has a higher unemployment rate than Vt. • The largest # of jobs in the LV are in 3 areas: hospitality and tourism sectors, educational services and food service and drink places • The regional JOBS program had 18 intakes from 10/08-10/09 	<ul style="list-style-type: none"> • VR • Johnson State College • CCV • DOL • Vocational Rehab • VSAC • JOBS program • JOB CORPS • GMTCC • DCF • ABE • WIB (Workforce Investment Board) • College of St. Joseph • Local Schools • LASS • Vermont Federation for Families • DOC • VYCC 	<p>YIT Thoughts:</p> <ul style="list-style-type: none"> • Transportation is an issue • Availability/cost of childcare is an issue • They make just enough \$ so they can't get assistance • Easier to get cash jobs rather than employment • Some don't know about any resources available to help them find jobs • YIT and their parents describe internships and employment mentoring relationships to be invaluable and a positive influence on their lives or their teen/young adult's lives • More job training is needed

Lamoille's assessment found that there are many existing services already available for YIT in the region but may not be utilized as often as they could be. Therefore, efforts within this grant will ensure that all existing avenues to employment are considered and part of a coordinated care plan and the VT.DOL Youth Coordinator is actively engaged in these efforts.

Free from Incarceration

The following was learned about YIT and their involvement with the criminal justice system:

Data	What Exists?	Primary Data - Gaps
<ul style="list-style-type: none"> • Vermont youth served by DCF-Family Services have much higher rates of incarceration than the general public (18% vs. 4%). • 55% of all Vt. children in DCF custody are served by community mental health programs. • The average age for the initial juvenile delinquency charge is 15. • Vt. Males are incarcerated at much higher rates than females across all categories (general public, youth served by DCF, youth served by MH services and youth served by special ed services) • The Morrisville AHS District had a higher rate than Vt. of children 10-17 deemed “unmanageable” in 2006 (32.9 vs. 28.5 per 10K) • 36% of JOBS served youth have been in foster care through DCF. • Morrisville District (Feb. 2009) has 6 YIT in prison, 9 on furlough, 50 on probation, 0 on parole for a total of: 65 youth up to age 22 involved with DOC • Overall in Vt., the number of 16-17 year olds in prison is going down, the number of 20-24 year olds is going up. • 54% of Vt. JOBS-served youth have been or are currently under the supervision of the DOC – this number is 39% in Lamoille • At Lamoille County Court Diversion, the # of juvenile net referrals increased significantly from 10 in FY2008 to 45 in FY2009. The # of TASP (underage drinking program) net referrals also jumped from 169 in FY’08 to 217 in FY’09 (almost 30% increase); and FY’10 is on track to exceed 2009’s numbers 	<ul style="list-style-type: none"> • Laraway Restorative Program • Court Diversion • Community Justice Program • Batterers Intervention Program – DOC • School Resource Officer Program • Incarcerated Women’s Initiative Meetings • Work Crew • Core Transition Team • LINK • JOBS • DOL 	<ul style="list-style-type: none"> • When youth run away, they are just taken back home; this is often without feeling like the officer even listened to why they ran away. • Poor communication between DCF and the criminal justice system • Parents feel like there is no support in managing their children; the only option is CHINS • Parents didn’t understand their parental rights in the CJ system. • Police don’t seem to intervene early enough • There seems to be a combative attitude between people in Lamoille County and those in authority

YIT and their families often struggle in their relationships with the criminal justice system. Further, substance abuse assessments generally are scheduled a minimum of two to three weeks out, and a very short window of opportunity to intervene is lost without that immediate response and ability to follow up. Morrisville District currently (Feb. 2009) has 65 youth up to age 22 involved with DOC; if the age range expands to include up to 25 year olds, the number involved with DOC increases to 151.

Description of Strategies

Implementation of Systems-level Strategies

Health Care

Objective: Youth who have health insurance and access to a medical and dental home.

Strategy #1: Health Benefit Chart

Key Activities	Who?	Collaboration Partner/s
Create a list of all health care options available to YIT	Grant Manager	Ellen Gershun
Create a visual chart/booklet of the options available	Grant Manager	
Create a contact list of all caseworkers who work with YIT, their agency, address, phone #, e-mail and fax #	Grant Manager & Steering Committee	
Distribute copies to YIT caseworkers in the Lamoille Valley	Grant Manager	

Strategy #2: Health Care Coverage at Intake

Key Activities	Who?	Collaboration Partner/s
Write health care coverage questions	Grant Manager & Steering Committee	
Contact managers of programs serving YIT throughout the Lamoille Valley to determine willingness to include questions on intake form	Grant Manager	
Distribute questions to YIT caseworkers in the Lamoille Valley	Grant Manager (GM)	
Follow up to determine what agencies have included the questions	GM	

Strategy #3: Create an MOU with Copley ER

Key Activities	Who?	Collaboration Partner/s
Meet with Copley Hospital ER management to determine best process to create MOU and brainstorm ideas for content	GM & Steering Committee	Nancy Natvig, nurse manager of the ER
Write MOU and have signed by appropriate parties	GM	

Safe and Stable Housing

Objective: Youth have safe, stable and adequate housing.

Strategy #1: Define Homelessness; identify the # of YIT homeless in the Lamoille Valley

Key Activities	Who?	Collaboration Partner/s
Review existing definitions of homelessness; write or adopt a homelessness definition with approval by the steering committee	GM & Steering Committee	Community Action
Contact caseworkers who work with YIT to determine how many YIT clients per year are homeless based on the above definition; record types of homelessness – chronic, couch-surfing, commuting to shelter	GM	
Compare the # of homeless YIT to the PIT data to determine % of homeless in LV that are YIT	GM	
Present results to the steering committee & LINT	GM	

Strategy #2: Increased Access to Housing Benefits

Key Activities	Who?	Collaboration Partner/s
Create a list of the benefits that are currently available to YIT with eligibility requirements and contact information	GM	Community Action
Advocate for increased benefits clearly articulating gaps in existing services	GM & Steering Committee	

Strategy #3: Partner with the LV Housing and Homeless Coalition

Key Activities	Who?	Collaboration Partner/s
Attend LVH&HC meeting and ask if a member will participate on the steering committee	GM	
Work with LVH&HC contact to ensure appropriate referrals are made by caseworkers who interact with YIT	GM	

High School Completion

Objective: *Youth earn a high school diploma or complete a training program.*

Strategy #1: Pathways to Educational Completion Chart

Key Activities	Who?	Collaboration Partner/s
Create a list of all alternative education options available to YIT	GM	Norma Spaulding, ABE NEKLS, Local Schools
Create a visual chart/booklet of the options available	GM	
Distribute copies to YIT caseworkers in the Lamoille Valley with enough copies for distribution to families	GM	

Strategy #2: Create an MOU with Adult Basic Ed and Northeast Kingdom Learning Services

Key Activities	Who?	Collaboration Partner/s
Meet with ABE & NEKLS to determine best process to create MOU and brainstorm ideas for content	GM & Steering Committee	Norma Spaulding, ABE NEKLS
Write MOU and have signed by appropriate parties	GM	

Employment

Objective: *Youth are competitively employed, enrolled in college or other post-secondary options, or have received a college degree.*

Strategy #1: Build a Relationship between the Workforce Investment Board and LIT

Key Activities	Who is Responsible?	Collaboration Partner/s
Attend Workforce Investment Board Mtgs and invite WIB member to participate in steering committee	GM	WIB

Free from Incarceration

Objective: *Youth have adequate preparation and the necessary supports to be productively engaged in the community.*

Strategy #1: Create an MOU with local police departments

Key Activities	Who?	Collaboration Partner/s
Meet with local police to determine best process to create MOU and brainstorm ideas for content	GM & Steering Committee	Local Police Chiefs, Local Sheriff
Write MOU and have signed by appropriate parties	GM	

Strategy #2: Create an MOU with Department of Corrections

Key Activities	Who?	Collaboration Partner/s
Meet with DOC to determine best process to create MOU and brainstorm ideas for content	GM & Steering Committee	Morrisville DOC – Wade Johnson
Write MOU and have signed by appropriate parties	GM	

Other Systems Strategies

Strategy #1: Resource Allocation Chart

Key Activities	Who?	Collaboration Partner/s
Create a chart that outlines \$ coming into the region and types of services supported with those funds for YIT	Scott Johnson, AHS	
Review chart with LIT team and brainstorm ideas for efficiency and collaboration	Scott Johnson, AHS	

Strategy #2: Sustainability Planning

Key Activities	Who?	Collaboration Partner/s
Continually review existing and potential funding sources in the form of grants, Medicaid, etc. to sustain grant activities	GM	
Create and present plan for sustainability	GM	

Implementation of Direct Service Strategies

Criminal Justice Social Worker

Key Activities	Who?	Collaboration Partner/s
Create an MOU between Copley Behavioral Health & Lamoille Community Connections; See next section of the proposal and Appendix I. for details	YIT steering committee	LCC & CBH&W
Interview and hire a 'Criminal Justice Social Worker' – see Appendix E. for a job description.	Copley Behavioral Health & Wellness, and community partners and youth representative	YIT planning team, including youth

Peer Outreach Worker

Key Activities	Who?	Collaboration Partner/s
Create an MOU between Copley Behavioral Health (CBH&W) & Lamoille Community Connections (LCC); See next section of the proposal and Appendix I. for details	YIT steering committee	
Interview and hire a 'Peer Outreach Worker' – see Appendix G. for a job description		

Grant Manager

Key Activities	Who?	Collaboration Partner/s
Create a contract for the current consultant, Annie Paumgarten, who has agreed to serve as the Grant Manager during implementation. See Appendix H. for a job description.	YIT steering committee	

Desired Outcomes and Possible Indicators

OUTCOME	POSSIBLE INDICATORS
Health Insurance & Access to Care	<ul style="list-style-type: none"> • # & % of YIT insured • # & % of YIT engaged in SAMHSA grant services that are insured with a medical home • # of annual ER visits at Copley by YIT
Safe & Stable Housing	<ul style="list-style-type: none"> • # of homeless YIT in the region • # of subsidized housing opportunities created • # and % of YIT engaged in grant-supported services who are housed
High School Completion	<ul style="list-style-type: none"> • # and % of students who enter the High School Completion Program (Act 176) and complete the program • # and % of YIT engaged in SAMHSA grant services who enter educational opportunities and complete the program
Employment	<ul style="list-style-type: none"> • Rates of unemployment among YIT in the region • # and % of YIT engaged in SAMHSA grant services who are employed and/or are enrolled in training and/or educational program @ 3mths, 6mths and one year
Free from Incarceration	<ul style="list-style-type: none"> • # of YIT involved with corrections in the region • # and % of YIT engaged in SAMHSA grant services who receive no further criminal charges or whose subsequent charges are considered less serious

Management Structure, Fiscal Agent & Contact People

The LIT team will maintain general oversight – (please see Appendix I. for the MOU with grant recipients) for the success of the grant and will work closely with the steering committee, the grant recipients and their staff. The grant manager will organize and facilitate the steering committee meetings, implement systems strategies and manage reporting and evaluation requirements (See Appendix H. for a full job description).

Basic details of the Inter-agency agreement between LCC and CBH&W are as follows:

- LCC will be the fiscal agent for three grant-funded positions (see Appendix E., G. and H. for job descriptions); this will be reviewed at the end of the 1st grant year, and is subject to change at that time. LCC will manage adherence to the budget and any budgetary reporting requirements.
- The Criminal Justice Social Worker position will be co-located at LCC and CBH&W, and clinically supervised by CBH&W. LCC will contract with CBH&W for this position.
- Youth/Peer Outreach Worker position will be co-located at LCC and CBH&W, and supervised by CBH&W. LCC will contract with CBH&W for this position.
- Grant Manager position will be located at LCC and supervised by LCC.

- LCC and CBH&W will each provide representation at monthly steering committee meetings; these representatives will report to the steering committee on grant related activities as appropriate.
- LCC and CBH&W will split the grant dollars according to costs to each agency.

Please see Appendix I. for the full version of the MOU between LCC and CBH&W.

Grant Contacts: Name & Role/Agency	Contact Information
Annie Paumgarten, MSW Planning Consultant & Grant Manager	(802)760-8460 annieclay@hotmail.com
Jim MacDonald, MBA; Director Lamoille Community Connections	(802)888-5026 JamesM@lamoille.org
Hayley Hamilton, LICSW; Clinical Director Copley Behavioral Health & Wellness	(802)888-8267 hhamilton@chslv.org
Scott Johnson, AHS Field Director & Grant Liaison at LIT	(802)241-4556 scott.johnson@ahs.state.Vt.us

Project Budget

Line Items	Total Program Costs
Salaries	
CJ Social Worker (.6FTE)	\$24,000 (\$40,000 annualized)
Peer Outreach Worker (.2 FTE)	\$4,000
Grant Manager (contracted hrly.)	\$10,000
Salaries Total	\$38,000
Fringe Benefits	
CJ Social Worker (30% of salary)	\$7,200
Peer Outreach (10% of salary)	\$400
Fringe Benefits Total	\$7,600
Operations	
CJ Social Worker mileage(.585)	\$3,000
Peer Outreach mileage(.585)	\$500
Grant Manager mileage(.585)	\$500
Training, Supplies, Social Marketing	\$2,914
Total Operations	\$6,914
Administrative Costs including budgeting (8% of grant)	\$4,560
TOTAL COSTS	\$57,074

Appendix A. Focus Group & Interview Summary

Lamoille SAMHSA Planning Grant

Key Stakeholders, Youth (focus group participant) and Parent Interview Summary

Interviews conducted with:

Advisory Board Members... eight out of 17

Other Key Stakeholders..... 13 (including Law Enforcement, Criminal Justice System, Human Services Providers, Mental and Medical Health Care System, Education Professionals)

Youth 16-22....

20 Youth in 3 Youth (focus group participant)s from all over the Lamoille Valley, 1 individual meeting: Hyde Park (CJP), Hardwick (Buffalo Mountain School), Morrisville (Learning Together), Johnson

Parents.....

9 Individual Parents/Couples in their homes: Johnson, E. Hardwick, Morrisville, Waterville, Eden, Elmore

Analysis:

Interviews were recorded where possible, and notes were taken from the recordings. Using Atlas.ti (a qualitative analysis software program), notes and quotes were then coded according to outcome areas and ideas. The themes and summary that follow are based on the results of this process.

BY FOCUS AREA

I. Health Care:

Youth have health insurance and access to care

Finding Health Care

- Youth (focus group participant): *"I had no source for finding health care or providers when I moved to this area."*
- Parent: *"My 19 year old daughter has no medical care; she can't get her medication for bi-polar, no counseling – without her medication she was hard to live with."*
- The school nurse sometimes becomes the primary health person for the youth because there is no coverage for the youth or their family

Health Care Issues

- Lots of youth are smoking
- Youth are self-medicating with marijuana
- Youth are using their diagnosis to avoid responsibility

- Parent: *“Everyone is slinging around the ADHD label these days - and kids can use this to get disability \$. One kid used (school) - his personality didn’t like to be reigned in - so they didn’t rein him in. Some kids don’t like to pay attention - so they label them with ADHD instead of holding them accountable. “I can’t do this” well, you can’t do it or you don’t want to do it.”*
- Instant and careless diagnosis by doctors
 - Youth (focus group participant): *“Sometime there is instant and careless diagnosis (bi-polar diagnosis after 1st brief meeting - caused major anxiety); I need better med management.”*
- Sending kids home after in-patient treatment with no follow-up to see if they maintain their health
- Confidentiality issues that won’t allow the school nurse to discuss student issues/treatment with other care providers – the providers won’t share even though she has permission to talk with them

Barriers to Accessing Health Care for Youth

- Fear of Using the HC system because of drug use
 - Youth (focus group participant): *“I am afraid I will get drug tested and lose coverage.”*
- It’s hard to get teenagers to show up to appointments
 - Parent: *“It’s very hard to get my kid to go on his own.”*
 - Parent: *“I make appointments, and the kids don’t show up – they need a lot of adult supervision.”*
- Paperwork is difficult to complete
- Don’t always have access to someone who can help with the process
- # of providers is limited
 - Youth (focus group participant): *“There are not enough psychiatrists.”*
 - Parent: *“We had to sit on waiting lists for MH services.”*
- Policy Issues
 - Youth (focus group participant) (case worker): *“For people who get SSI, when they turn 21 they go from solely using Medicaid to using Medicare AND Medicaid. Medicare must be used first for counseling, and it takes up to a year to go through the complicated process to get counseling approved, so young people (21) have to wait up to a year without paid service.”*
 - Youth (focus group participant): *“Mental health laws don’t protect people - turn people out too easily.”*
 - Youth: *“I don’t have health insurance. They base my ability to pay on my income - which is \$10.00/hr - Medicaid won’t pay. I have to pay for my medications, rent - can’t pay \$130 month that is necessary- I hope to be put on a sliding scale. I can’t afford my bi-polar medications - \$60-70/ per month. People that make \$10/hr - doesn’t mean that they don’t have other expenses to pay – I make \$578 every two weeks - then \$1000 of that is rent.”*

- Parent: *“VHAP doesn’t cover enough.”*
- Parent: *“Because of my Medicaid, SSI – they take away his insurance because he is living at home – and he ends up without any medical care. He needs more consistent coverage – they should still be covered when turn 18.”*
- Parent: *“Right now she is covered through private insurance from my work; when she turns 18 she will lose that and I’m worried about that. There should be something affordable for the transition.”*

What would help/does help?

- A full-service center like Spectrum in Burlington
 - Youth (focus group participant): *“We need a full service center like Spectrum; they can get grants to cover gaps in service and will cover a range of services.”*
- More access to coverage
 - Parent: *“These young people should be eligible until their 21 to have Medicaid - at least up to \$25K a year. They push the medicine on these kids for years - then they reach a certain age and they can’t get it - and she really needs it – she can’t concentrate..”*
- Keeping the same provider for a long time
- Being open 7 days a week
- Education for kids about the importance of dental visits, tobacco, etc.

Trends (from Key Stakeholders):

- Increase in mental health diagnosis, dual diagnosis
 - Educator: *“In the past, there were mostly conduct disorders; over the years it became more emotional disorders. There has been an increase in range of broader diagnosis, co-morbid diagnosis, MH needs are greater.”*
 - Human Services Provider: *“Youth entering the system with a diagnosis. Consistency over the past 3-4 years – an increase in MH diagnosis – bi-polar and PDD.”*
 - Criminal Justice System: *“When she first started as a judge 5 years ago, it was considered unethical to label a child with a diagnosis, now it has swung in the other direction and kids are being diagnosed at a very early age, which is surprising. It is hard to tease out how much is adolescence, how much is mental illness and how much is the environment.”*
 - Mental and Medical Health Care System: *“Dual diagnosis is on the rise - mental health and substance abuse.”*
- Increase in the tendency to medicate kids:
 - Human Services Provider: *“A tendency to medicate kids”*
- Increase in substance abuse, particularly prescription drug use:
 - Human Services Provider: *“An increase in substance use, prescriptions in particular with more access for kids.”*

- Human Services Provider: *“An increase in drug and alcohol use.”*
 - Mental and Medical Health Care System: *“An increase in substance abuse.”*
 - Mental and Medical Health Care System: *“Prescription drugs and access is prevalent. Excuse to use is blamed on boredom.”*
 - Criminal Justice System: *“Prescription drug use is increasing over the past 4 years. This leads to other types of crimes (e.g. breaking and entering). More narcotics are out there in the general public; there is a trend to medicate pain.”*
 - Human Service Provider: *“Prescription drug abuse increasing - quick way to treat pain - leads to addiction (these kids are often on 6-7 prescription meds).”*
 - Human Service Provider: *“Youth self-medicating to deal with generalized anxiety.”*
 - Educator: *“An increase in alcohol/drug/prescription drug use.”*
 - Mental and Medical Health Care System: *“increase in alcohol/drug use, increase in prescription drug use.”*
 - Criminal Justice System: *“Lots of marijuana use and prescription drugs.”*
 - Human Services Provider: *“Increase in substance abuse.”*
 - Law Enforcement: *“I’m being overrun by these kids who are 16-22 - where it’s all about smoking dope and hanging out. They are not even really satisfied with their lives – they know eventually they are going to have to do something different.”*
- Increase in Teen Pregnancy
 - Human Services Provider: *“Teen pregnancy is increasing – it was going down.”*
 - Mental and Medical Health Care System: *“Teen pregnancy is increasing.”*
 - Human Services Provider: *“A decrease in cardiovascular health, increase in weight and a lack of nutrition.”*
 - Human Service Provider: *“Lots of youth smoking during pregnancy.”*
 - Mental and Medical Health Care Provider: *“A lot of kids smoke cigarettes.”*

II. High School Completion:

Youth earn a high school diploma or complete a training program

Reasons for dropout

- Bullying
 - Youth (focus group participant): *“I was made fun of in school because of parents’ misdeeds.”*
 - Youth (focus group participant): *“I was new at the school from _____ - a rival...school isn’t good about things like that - we were called the “n” word - and they just got an in-school suspension and my mom thought they should have done more. They should be more aggressive in dealing with bullying.”*
 - Youth (focus group participant): *“I’ve had a lot of issues - people calling me names - like slut, etc. and I had just had it - I would hold it in - then freak out on her - I got suspended. My private counselor was the only one I could talk to about it. Lots of people didn’t believe me - needed to defend myself against a girl walking all over me.”*

- Youth (focus group participant): *“I was constantly getting picked on and nobody really listened and I got suspended about 15 times because people would pick on me and I would fight. I tried to go to adults - usually the planning room. And she didn’t do anything - took the other kids side - it got worse in high school. I have a scar on my leg from where they shoved me into a nail. I refused to go to school. The truancy officer was after me - I wouldn’t do any work. It’s a lot better here (alternative school).”*
- Youth (focus group participant) participant: *“Bullying is a big problem; I tried to talk to the counselor at school and the special Ed teacher.”*
- Youth: *“I was bullied very badly - called names. I was made fun of because I am chunky - they would moo at me down the hall, chuck stuff at me. People bully because they don’t like themselves - now I know and understand that – but then I didn’t”*
- Parent: *“Bullying was a big issue for my kids – mine were hit and hurt on the bus – it just depends on whether kids are in the “in” crowd.”*
- Parent: *“My 21 yr old dropped out was bullied very badly; I felt like the school didn’t deal with it - they always wanted proof.”*
- Parent: *“There was a lot of bullying; I was trying to get the problem addressed and nothing happened - it got worse and worse. A teacher with tenure said: st-st-st stupid to a child with a stuttering problem, but he backed off when he was caught - but there was no discipline for him.”*
- School Administration Thoughts about Bullying:
 - *Kids often don’t tell*
 - *It is hard because the punishment to the other kid is not made public, so parents and kids don’t think anything was done*
 - *Kids have a difficult time jumping peer groups*
 - *Kids will be moved into different classes to separate them if need be*
 - *A lot is done at the elementary and middle level to educate about bullying*
 - *Those kids often haven’t over the years haven’t been able to create good relationships.*
 - *Many of those kids have Reactive Attachment Disorder.*
- Feeling Judged/Pegged
 - Youth (focus group participant): *“School is clicky and teachers judge certain clicks - and teachers are like I’m not going to waste my time with them because they are in that click and are not going to go to college. Teachers past judgment on kids all the time.”*
 - Youth (focus group participant): *“I didn’t get along with any of the teachers. Once you get in trouble - they peg you - stop believing you even if it’s not your fault. They also really pegged me because of my brother - he was a bad student - so they automatically thought I was going to be one.”*
 - Parent: *“Administration and teachers always judged him. They were always focusing on past mistakes and never giving him a clean slate.”*

- Parent: *“Kids get labeled and the system won’t let them have a clean slate because of siblings...”*
- Parent: *“I didn’t feel she was safe at school. She was judged; they were very suspecting of her.”*
- Parent: *“Police see certain kids and assume they are trouble - judges do the same.”*
- School Administrative thoughts about youth being judged/pegged
 - It happens - their perception is so true it becomes them
 - Teachers are very willing to wipe the slate clean
 - Hard to change behavior because of peers/friends
 - It is true that kids are not always respected by teachers
- Teachers – a good or bad teacher made the difference for youth
 - Parent: *“Bad teachers don’t care, they put in no extra effort; they focus on kids who don’t struggle because they are easier and they have too many kids....good teachers talked to them, listened, connected, supervised them - went and find them when they are not in class... she was fine with the right teacher – [but] struggled with others... one teacher made a huge difference - knew how to get kids to follow their interests and love to learn.”*
 - Parent: *“Teachers were doing drugs and hiding it.”*
 - Youth (focus group participant): *“It would have helped if the teachers were more supportive - trying to figure out what was the problem - listening and giving both of us the same punishment. My sister gets targeted because of me. There were only two teachers that liked me.”*
 - Youth: *“My teacher: she understood me, she listened, cared, she showed me hands-on. Some teachers have had a good bond with me - caring relationships got me through.”*
- Sometimes parents struggle with understanding requirements, or they have their own mental health issues; this can create problems for kids.
 - Parent: *“We had a lot of problems in the school with teachers and her attitude and all the dos and don’ts of IEP. There were meetings every month, sometimes 2x a month and you had to be right on top of everything. It was challenging for me - I have a hard time being in a crowd. I have the same issues with my 12 year old child. One committee tells you to do it this way; you have another committee telling you to do it another way...”*
 - Parent: *“School didn’t communicate well about what courses were needed and how/where to complete them; then they blamed the parent for no follow-through...counselors should be on top of kids - some parents are not literate – it’s not fair - every child before it’s too late”*

- Parent: *“Schools should be sure the things they send home can be read by the parents – [They should] realize parents might have reading problems or school problems too. Sometimes I would want to just throw it away because I didn’t get it. My husband reads it all to me.”*
- Sometimes single parents have reality pressures that make it hard to participate in regular meetings and keeping up with their kids’ responsibilities with the school.
- Other reasons for dropping out: chaotic home life; substance abuse; wanting to hang out with friends; wanting to graduate with their class; multiple foster care placements; borderline special ed
 - Youth (focus group participant): *“I left because I had a bumpy ride for the first two years – I didn’t get enough credits - my grades dropped - so teachers were afraid I wasn’t going to graduate with my class - so they sent me here (alternative school).”*
 - Youth (focus group participant): *“My freshman year in high school, I kept getting bounced from placement to placement and it was hard to keep track of all of the credits - from town to town - that was stressful -can’t find placements all in the same town. Some placements were about safety and so they don’t have you go to school from 7-10 days at a time. I kept changing schools - so I just stopped going to school - only 15 days I year - I got so far behind it was anxiety-provoking.”*
 - Youth: *“My home situation was tough; it impacted my ability to deal with school.... my mom believed her sex offender husband over me.”*
 - Parent: *“My 16yr old dropped out - he is borderline special Ed but doesn’t qualify; he got into the wrong crowd and didn’t care about school anymore.”*
 - Parent: *“So much craziness in home life prevents kids from doing well in school. Kids sometimes end up in DCF custody late at night - then school the next day - so anxious they can’t sleep.”*

What would have/did help?

- Alternative Schools
 - Youth (focus group participant): *“It would have been better if I would have had more support - people just not letting me give up and helping me along the way. Nobody supported me in the school setting except my friends. It’s better here (alternative school).”*
 - Youth (focus group participant): *“I really like an alternate school I went to in Burlington - teachers were more caring- it was so small - much more support. I was asking for any alternative school - anything - and I heard about here.”*
- Guidance Counselor or other professional
 - Youth (focus group participant): *“Some guidance counselors have helped me - I would always talk to him and he listened without judgment or non-belief. He would try and talk to the OC people.”*
 - Parent: *“Community Justice helped me navigate it all.”*
 - Parent: *“She ended up having it 1-1 and that is how she graduated.”*

- Tech Center starting earlier and providing transportation to get there
 - Parent: *“He benefits most from hands-on learning. He didn’t have enough credits for the tech center; I wish he could have started earlier.”*
 - Parent: *“Green mountain tech center at LS is an excellent program, but he needs transportation. Hands-on worked for my kids – his English got better and he learned science and math through small engine mechanics.”*
- More support from the schools
 - Parent: *“PA let things go too far with her son before they really did anything. Too many meetings talk, talk, talk - Would like to have seen her concerns addressed earlier - didn’t feel listened to - or responded to.... I don’t like the term Special Ed. - need to have a better way - better words for what that is. Kids don’t want to be different and fight help under words like Special Education. They should say to parents - your son needs a better, different education.”*

Other concerns that contributed to problems at school:

- Parents not understanding their rights
- Kids being pushed through without really learning anything
- Kids being influenced by older children in a negative way
- Parents feeling like the school doesn’t have enough structure or discipline
- Parents feeling talked down to
- Parents not being home for their kids after school
- Not enough alternative programs for youth without kids

Youth see the importance of a high school diploma because they can’t get a job without one.

Many youth take advantage and benefit from alternative and hands-on tech programs

Trends (from Key Stakeholders):

- Human Services Provider: *“Struggling to keep 15-17 yr olds in school.”*
- Educator: *“Kids have less academic skills now. More kids with special Ed needs.”*
- Educator: *“Since Act. 176 formalized, kids have to drop out to access services - funding stream issue - not necessarily qualified teachers at Basic Ed Programs.”*
- Educator: *“Culture of welfare and no education.”*
- Educator: *“Overall youth coming into middle school have significant issues –dysfunctional families, abuse, drugs, behavioral issues, ED (Seeing significant issues at younger and younger ages).”*
- Educator: *“The drop out rate for at-risk youth is up. This is fed by cultural norms - “I don't need to finish high school – mom didn't – dad didn't. This leads to youth not investing in school; they see that school doesn't work and this leads to absenteeism. After getting behind, they see no options and drop out”*
- Educator: *“The level of students with significant ED is increasing.”*

III. Employment, Training and Post-Secondary Education:

Youth are competitively employed, enrolled in college or other post-secondary options, or have received a college degree

Youth found their community service learning useful

- Youth (focus group participant): *“Community service learning gives you experience that can help get you a job.”*

How did youth find jobs?

- Through the DOL, VR, job training people at Laraway, stopping by a business, online, newspaper, word of mouth, school, JOBS program
 - Youth (focus group participant): *“I worked at a logging service through my family.”*
 - Youth (focus group participant): *“I went into a store and asked if I could sweep the parking lot weekly for a fee.”*
 - Youth: *“The person at school helped me find a job; although, the school pays and not the job.”*

What are the barriers youth face to finding employment?

- Teenagers lack motivation
- TRANSPORTATION to job search and/or job
- Availability of child care
- Not enough money for child care
 - Youth (focus group participant): *“Daycare is a major obstacle because income often is just over the line for assistance (and they don’t count your car payment).”*
- Make just enough \$\$ so can’t get assistance
- Adults don’t understanding how difficult it is for us to get jobs and just because we can’t get one - they look at us as someone who doesn’t want to work.
- Easier to get cash jobs rather than employment
- The depressed economy
 - Youth (focus group participant): *“The economy makes it tough - because people want a college degree and experience even in unskilled jobs.”*
- Knowledge about resources available to help youth find jobs
 - Parent: *“My kids have had no employment training – I don’t know anything about VOC rehab or DOL.”*
- Mental Health Issues
 - Youth (focus group participant): *“I had major anxiety during work during my first job – I never want to work again.”*

What helps or would help?

- More job training in high school and earlier
 - Youth (focus group participant): *“Having a pre-tech program in Hardwick would be helpful and great.”*

- Practical job skills in high school like doing a resume
- Career training in high school
- ABE – Adult Basic Ed
 - Youth (focus group participant): *“ABE helps bring you back into the community.”*
- Apprenticeships
 - Parent: *“My son had a good experience in Hardwick with a farmer doing hands-on work and being mentored by him - several of the kids have done this – it’s been a great experience for them.”*
- Job Training – a “base” for job training
- CCV
- Tech Center
- Youth (focus group participant): *“Resources like at Spectrum in this area would be great.”*
- Job Shadows
- More training opportunities
- Having access to VR earlier.
 - Youth (focus group participant): *“VR is great, but it is only during senior year.”*
- Evenstart
- ABE, NEKA
- LACE
 - Parent: *“They gave him work clothes; he’s making his way up.”*

Trends (from Key Stakeholders):

- Human Services Provider: *“Unrealistic employment expectations.”*
- Educator: *“Kids living at home as opposed to having to work.”*

IV. Safe and Stable Housing:

Youth have safe, stable & adequate housing

Finding Housing

- Can be difficult
 - Parent: *“I receive information about places to live from others. I don’t feel there are resources to help them find housing. I just found out about low income housing that’s been around for years. I feel some people are allowed to take advantage of the system - like taking up two low housing units though they are a couple so they can both get SSI – this is not fair and not watched. This takes away from others who are on waiting lists.”*

Housing Barriers

- Sometimes youth end up on their own at a young age
 - Youth (focus group participant): *“I used the independent living program, but it was very tough to live on my own at a young age.”*
- Homelessness with no shelter in the region
 - Youth (focus group participant): *“Homelessness a problem for me (I often sleep in a car or under a bench); there is no local emergency shelter; I rely on friends for emergency housing.”*

- Troubled relationships with landlords and roommates
- Policy Issues
 - Youth (focus group participant): *“I don’t have a job so I don’t qualify for any housing program - working is a disadvantage in terms of the amount of benefits because I lose disability if I’m working.”*
- Transportation
 - Youth (focus group participant): *“I end up hitchhiking a lot.”*
- Criminal background
 - Youth: *“Because of my age and XXX’s (boyfriend) background - criminal - it is hard to find housing. His sister had to rent for us - and then we changed it to my and XXX’s name.”*
- Price

What would help/helps?

- Advertising resources
 - Parent: *“I feel it would help to advertise housing/services in the places where low income people go for other services. Make it big and clear and in words they can understand.”*
- A housing program for teens and young adults on their own
- Housing grants and youth development grants help
- Access to Section 8 housing

Trends (from Key Stakeholders):

- Mental and Medical Health Care System: *“Increase in homelessness.”*
- Educator: *“One is couch-surfing, one is with their grandparents.”*
- Mental and Medical Health Services: *“Large 16-22 yr old homeless population.”*
- Human Services Provider: *“More homeless families with babies.”*

Caring Relationships:

Youth are meaningfully engaged in supportive and permanent relationships

Family is out of the picture for many of the youth; this is very painful for young people.

- Youth (focus group participant) participants: *“There is not enough in the schools to help.” “It was difficult to cope when I was little and even now.”*

This group turns to drugs and alcohol to cope when they have no support

- Parent: *“Kids are self-medicating with marijuana. I’m not sure if it should be legal or not.”*

- Criminal Justice System: *“Many male adolescents use marijuana to self-medicate and it gets them in trouble. They are open in their discussions of using marijuana and openly resistant to using psychotropic/prescription drugs for mental health. They are often impatient and don’t want to wait the time to get to a therapeutic dose. Some kids have had very significant trauma and just don’t want to go to counseling to discuss it – they are hanging on and managing day to day.”*

Many have participated in mentoring programs with mixed experiences

- Youth (focus group participant): *“It didn’t help when I had to go back home after seeing my mentor – it was hard.” “Mentors are a good break from the family when tension is high.”*
- Youth (focus group participant): *“I liked having a mentor - she would pick me up and we would do fun things – like get ice cream.”*
- Youth: *“I participated in Hyde Park Book Buddies, but I was shy then, I always felt like everyone was staring at me.”*
- Parent: *“My son had a mentor, but the mentor fizzled out; the program then picked kids who were doing well to mentor.”*
- Parent: *“Mentors left too quickly; it was hard when they left.”*
- Parent: *“My daughter has had the same mentor – from the school – for a long time and it has been wonderful.”*

Who is there for youth in their struggles? Family (grandparents, uncle, mom/dad), friends/peers, neighbors, system program staff (case workers, teachers), God

- Youth (focus group participant): *“JOBS staff is very supportive.” “Friends mean everything.”*

What would help/helps?

- Education for parents, family mentors, family conference, other role models
 - Youth (focus group participants): *“I wish schools would get parents more involved, and teach parents to be more supportive and explain things to kids instead of using violence - parents are hypocrites.”*
“Local playgroups are great for parents.”
“I wish parents were more loving and better role models.”
“It would help to have local families who could be role models for kids that don’t have good ones.”
“More programs with fun things to do as a family.”
 - Parent: *“The family conference was good – it helped with communication and to let the child know that despite conflicts between people in his life – that we were all there to support him.”*

- Parent: *“We have a good family friend – X - that owns his own business- and my son loves to watch things being made - he loves to work hands-on. That was a positive role model. Once I broke away from X, now he doesn’t have a positive role model and I am trying to get one.”*
- Kids need more positive social outlets
 - Youth (focus group participant): *“There are not enough healthy activities for teens/parents to do together.”*
 - Parent: *“There is not enough for kids to do - too many kids are at CREW on sat night – it is jammed.”*
 - Parent: *“This age group needs someplace to go to spend time with other kids without alcohol and drugs. They should do something for the teens to get them involved.”*
 - Law Enforcement: *“We tend to think about getting a rec center built, and giving kids something to do. But there are some kids out there, and we deal with a lot of them, that don’t fit into the mainstream. Those rec. centers are for more your mainstream kids..”*
- Kids sometimes use frequent visits to nurse, guidance and special educator to get the attention they need and are not getting at home– they present with vague issues related to their home situation and patterns being of increased absenteeism, digression in grades and substance abuse.
- Youth need caring relationships after they leave the school environment.

Trends (from Key Stakeholders):

- Human Services Provider : *“Increase in dysfunctional families”*
- Human Services Provider: *“Increasing domestic violence, stress increasing”*
- Mental and Medical Health Care System: *“Youth without family support, trauma issues, attachment issues, delinquent behavior.”*
- Economic Services focus group: *“Domestic violence with young couples. Guys will latch on to young mothers with benefits and put the women down all the time.”*
- Economic Services focus group: *“Clients won’t participate in groups unless they already have a relationship with person or agency.”*
- Economic Service focus group: *“Increase in family stuff-relationship stuff; kids often don’t have two parents at home.”*
- Educator: *“Poor role models; lack of parental commitment; lack of a social life.”*
- Human Services Provider: *“An increase in domestic violence.”*

V. Free from Incarceration:

Youth have adequate preparation and the necessary supports to be productively engaged in the community.

The reasons youth are involved with the CJ system:

- Smoking on school grounds, truancy, breaking and entering, underage drinking ticket, running away, threats of violence in school

Problems with the criminal justice system:

- Too long between getting charged and follow-up
 - Youth (focus group participant): *“They charged me and then waited a year to do something.”*
- When youth run away, they are just taken back home; this is often without feeling like the officer even listened to why they ran away. It is up to the individual officer’s discretion to determine whether the youth has any valid claim that merits calling DCF.
 - Youth (focus group participant): *“I ran away and they just took me back home without even listening.”*

Criminal Justice System response to this: *“I think that kids run away for a reason. And, maybe we don’t always listen to them as much as we should – the problem is that we are constricted by what the law says we are supposed to do. If we have any idea that kids are in danger, we have to call DCF; it is up to the patrol deputy to make that snap decision – do we get the on-call person from DCF to look at this, or is this a case of kids being kids and going through that.”*

- Poor communication between DCF and the criminal justice system
 - Youth (focus group participant): *“They don’t communicate – the DCF worker that works with police - they tell one person one thing and another something else - getting the info right from the police and bringing it back to the parents.”*
- Parents feel like there is no support in managing their children; the only option is CHINS
 - Parent: *“They wouldn’t let my kids come back home, that felt very unfair; I didn’t understand my rights, parents have no rights when kids are in custody. I wish I had support before CHINS; I was told it was my only option and my son was shackled.”*
 - Parent: *“The system should provide support for parents to help their kids and not just make police/removal the only option.”*
- Parents didn’t understand their parental rights in the CJ system.
 - Parent: *“It is really hard to understand the law. There is no one to help parents understand when judge talks in court. Judges talk just to the teenager and never ask parents if they understand. It would be helpful if they’d turn to us and ask if we understand and then be willing to take the time to be sure we do. Parents need an advocate to help them.”*
- Police sometimes abuse their power over young people
- Police don’t seem to intervene early enough

- Parent: *“Police come to these foster kids’ house 60 times or more before intervention happens. Something needs to happen when the police show up - nothing seems to happen – there is no follow-up with the family.”*
- There seems to be a combative attitude between people in School County and those in authority
 - Criminal Justice System: *“There seems to be a combative attitude in School County between people and law enforcement, DCF, police, courts - anyone in authority. That is just a county culture - it’s more adversarial then in other places I’ve seen - I would like to see that dissipate. It is somewhat worker-dependant; some get along with any family and any situation, and in some, every single relationship is adversarial. It is important to make sure the first encounter/response is not adversarial, and this would allow us to get a lot farther, faster. It would help if that whole culture shifted to be less accusative and less punitive.”*
- One parent felt there should be more notice before court dates.
- Another felt there are not enough consequences for kids
 - Parent: *“Suspension from school doesn’t work - it’s just a fun day off for kids - most parents have to work and can’t be home to make them accountable. The program should be at school or where they can be supervised - not at home.....courts should make him accountable, scare him if you have to - take him to jail - make it a taste of reality.”*
- Other concerns:
 - Statement by authorities -“counseling or jail” is not a real threat because there is no follow through
 - Workers/psychiatrists make very quick judgments
 - There are not enough psychiatrists so that you can have a choice
 - There are mixed messages from different people during process of where youth should be placed- jail/Woodside/Public school
 - Sometimes there are court orders that place you in homes that aren’t good for you
 - Sometimes Police officers are not being truthful during process
 - Police are not following up with sufficient number of people to confirm what someone said you did

Youth & parent thoughts on what would help/helps:

- Meeting 1-1 with the judge
- A parent support group
- Police going and bringing kids home when they are MIA
- Victim Advocates

Trends (from Key Stakeholders):

- Educator: *“An increase in the # of kids in custody.”*
- Human Services Provider: *“The unmanageability of youth.”*
- Educator: *“Parents give up and feel that their kids are unmanageable.”*

- Educator: *“More kids getting into the juvenile justice system.”*
- Criminal Justice System: *“More repeat customers.”*

Key Stakeholders ideas on what would help keep youth from moving up in the criminal justice system:

- Educator: *“Frequent mtgs, building relationship with team, accountability, consistency, provide them with alternative and healthy experiences...positive reinforcement such as an ice rink.”*
- Human Services Provider: *“Consistency and continuity... early prevention and education.”*
- Human Services Provider: *“Catch them early - support needed to avoid mid/high school distraction. Engage in hands-on education to result in school and vocational training. Positive natural supports.”*
- Human Services Provider: *“Having a sense of believing in the community. Feeling connected to more caring adults. Prevention programs in school. The idea of rec center for youths.”*
- Human Services Provider: *“More supports – circle of courage – occupational supports.”*
- Human Services Provider: *“Relationships are most important...skilled mentoring relationships to help them learn how to turn their lives around.”*
- Mental and Medical Health Care System: *“Have a Spectrum type here in our area so there would be immediate intake and opportunities to work out issues, have a shelter.”*
- Mental and Medical Health System: *“Role models and mentors. More prevention activities. Education vs. fear (don’t use scare tactics). Place to go - kids to have fun with peers”*
- Focus group of Economic Svcs. Caseworkers: *“Mentor with police, others; Corrections - prepare youth more; Mandatory support group; More industry in our community; Incentives for not having a child; More education in jail - can’t make me go - currently use segregation as a punitive measure instead of incentives; Need incentives in jail - for getting up and getting to education classes; Deal with the younger-older victimization that happens in jail - abuse happens too often; Encourage hopes and dreams more - do that by letting them give back - neighbor-keepers”*
- Mental and Medical Health Services: *“Early intervention; Parental Certification; Parents blame schools, but parents don’t take responsibility; Stop the enabling that goes on in social programs - supporting vs. enabling parents; Changes in laws to make parents more accountable; Diversion is working well; More school-based clinicians - deal with truancy”*
- Educator: *“Need an increase in the understanding of poverty by teachers (i.e. out of poverty by Ruby Paine); More 2nd chances; Not enough Pre-tech slots and earlier - 8-9-10th grade; Help find paid employment; GED pre-test - if pass it - maintain employment - HS Completion.”*
- Criminal Justice System: *“More pre-sentence assessment and tx; More alcohol use management-Sheriff’s office - blow #s daily - effective up to a point; More drug testing - no possibility to do*

daily drug testing (like alcohol screen) - need technology like a patch; Better discerning what disability is real - pain pills; Drug Court (don't have space, resources, #s) - specialized attorneys, judges, etc.; Tracking secondary crimes - not charging them; Court has very crude electronic filing systems - police, attorneys, court don't communicate electronically - need a case management system - is coming - reports, shares information."

- Criminal Justice System: *"What these kids need is self-success in some area of their life. If there is a tech program where kids who don't do well in regular classrooms can flourish. Dance team, or hunting or having some success so that they can build on it. That is the most important thing - that there is an area of their life where they exercise control and competence. Programs like that - we make sure that gets preserved if we can. Courts spend a lot of time praising good behavior....even in restrictive settings. Even then, kids can say that I had a challenge and it was manageable and accomplished it. They need more of that in their lives - because I don't think it's possible to plan all the failures."*
- Criminal Justice System: *"Maybe spend the money on the 12-15 yr olds to educate them as to the risks of engaging in misconduct. About consequences...When a 16 yr old gets charged, it involves the whole family - parents, siblings, girlfriends, victims, their families - engaging in misconduct has a ripple effect - younger kids should be taught that."*
- Educator: *"Jobs; Self-esteem; Community service; Address NECAP as a barrier; Address that writing skills are a barrier."*
- Criminal Justice System: *"Addressing key risk area or underlying cause."*
- Human Services Provider: *"Young people need to learn budgeting; SA and DV a big cause; Society is accepting lots of behaviors - should demand respect from young people; Need more enforcement and consequences - Law Enforcement is too laid back; More direct pay-back - i.e. if kids broke something they fix it; Need community leaders to protect kids; Need to help kids deal with problems instead of stuffing them - kids putting rocks in their backpacks (each problem) - if they don't get taken out problem-solved and dealt with - trouble starts and they fall; Offer a lot of encouragement and positive reinforcement and support; Landlords – listening."*
- Law Enforcement: *"Some kids have the opportunity to play sports, and some aren't into that. Some kids would do better working on a farm. If there was something that would encourage employers to give these kids an opportunity to think about what they wanted to do when they graduate...some of that money might be used to augment the salary for those kids."*
- Mental and Medical Health Care Provider: *"If you could do diversion – give them something to do. They don't have good role models. If they had programs - vocational programs – to teach them. A lot of kids don't have the exposure and opportunities offered to them. Maybe give them boot camp for kids – get them to know their bodies a little bit more – then you might be less likely to damage it by putting in alcohol and cigaretteswe need to offer a better support system. Feeling good about yourself is important."*

VI. Skilled Workforce/Future Planning:

Youth are engaged by adults that have the knowledge, skills and abilities to support positive youth development

Youth are involved in planning for their future

Qualities of a Good Quality Worker or Teacher

- Parent: *“Good teachers talked to them, listened, connected, supervised them - went and found them when they are not in class.”*
- Parent: *“My child wanted to be asked what he wanted/felt instead of just services arranged.”*
- Youth (focus group participant): *“...a counselor who is blunt, listens and that I can talk to about anything.”*
- Youth: *“...a worker that helped bring out my confidence – [now I’m] less shy – they have good spirits and friendliness. There are always there - if you need them you can rely on them - if we don’t have food -they help with that.”*
- Parent: *“Easter Seals worked with whole family - not just parent or child; went above and beyond duties; was caring; provided a good male role model for my son.”*
- Parent: *“How the worker was determined how successful we were. Good workers communicated and listened”*
- Parent: *“She listens and works 1-1 with them. She can tell if something is bothering them. They go to her when something is wrong and she is a good role model.”*

Qualities of a Poor Quality Worker or Teacher

- Youth (focus group participant): *“Workers can be sneaky and not truthful - they lie - they are unavailable - my mom tries to get a hold of them. My mom hates DCF.”*
- Youth: *“My caseworker who I was confiding in, became friends with my family - and had conversations about me without me there - wasn’t professional....she talked down to me and got too involved in my business.”*
- Parent: *“Workers are sometimes very judgmental or don’t listen. She had no kids so she just didn’t understand how hard it is sometimes. The system didn’t recognize how hard it is for a busy single mom to make so many meetings.”*
- Parent: *“Poor quality workers didn’t communicate and kept putting the kids into programs that would then run out of funding (i.e. mentor, class).”*
- Parent: *“The worker didn’t have children - didn’t understand. The worker also didn’t listen or care – she made it about her priorities and thoughts and made me beg for help or to change her mind on something.”*
- Parent: *“Some at school treat parents like they are stupid, no respect, like they are a bad parents - starting a paper trail about the treatment made a difference - the behavior stopped.”*

Trends (from Key Stakeholders):

- Human Services Provider: *“Lack of support or feeling of being heard.”*

Appendix B. Advisory Committee Survey

Outcome #1: YIT have access to health insurance and access to care

Strategy #1: Create/distribute a health benefits chart with programs/eligibility for YIT for use by service providers and/or YIT

Strategy #2: Create an instrument that will be used by caseworkers throughout the Lamoille Valley at intake; questions will cover health care coverage and answers will spur caseworkers to connect YIT with coverage

Strategy #3: Train police officers on making appropriate referrals for YIT for mental health and SA issues

Strategy #4: Have a point person at Copley Behavioral Health and Wellness for law enforcement to contact when SA issues surface in YIT

1. Reach: How much of the Lamoille Valley YIT population would this strategy impact?

	Not Many at All		Moderate Amount		Most of it
#1: Health Benefit Chart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
#2: Health Care Coverage Instrument	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
#3: Train Police on Making Referrals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
#4: Law Enforcement has Point Person for YIT at Copley Behavioral Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Community Capacity: How ready or prepared is the community to implement this strategy?

	Not prepared at all		Moderately Prepared to implement (with some work, could be ready quickly)		Prepared to implement (established programs or services that this action could link into)
#1: Health Benefit Chart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
#2: Health Care Coverage Instrument	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
#3: Train Police on Making Referrals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
#4: Law Enforcement has Point Person for YIT at Copley Behavioral Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Sustainability: How likely is it that community will be able to sustain this strategy for the long term?

	Community is unlikely to be able to sustain this action for the long term		Moderately likely to be sustained		Very likely to be sustained
#1: Health Benefit Chart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
#2: Health Care Coverage Instrument	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
#3: Train Police on Making Referrals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
#4: Law Enforcement has Point Person for YIT at Copley Behavioral Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Specificity: How specific, or "actionable" is the strategy?

	Strategy is not specific at all		Strategy is moderately specific		Strategy is very specific
#1: Health Benefit Chart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
#2: Health Care Coverage Instrument	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
#3: Train Police on Making Referrals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
#4: Law Enforcement has Point Person for YIT at Copley Behavioral Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Cost: How expensive would it be to plan and implement this action?

	Very Expensive		Moderately Expensive		Not Expensive
#1: Health Benefit Chart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
#2: Health Care Coverage Instrument	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
#3: Train Police on Making Referrals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
#4: Law Enforcement has Point Person for YIT at Copley Behavioral Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Perceptions and Opinions: How strongly does YIT perceive this as an important issue?

	YIT perceive this as not very important		YIT perceive this as moderately important		YIT perceive this as very important
#1: Health Benefit Chart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
#2: Health Care Coverage Instrument	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
#3: Train Police on Making Referrals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
#4: Law Enforcement has Point Person for YIT at Copley Behavioral Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Importance: How important do I think this strategy is to helping YIT in the Lamoille Valley?

	Not Important		Moderately Important	Very Important	
#1: Health Benefit Chart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
#2: Health Care Coverage Instrument	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
#3: Train Police on Making Referrals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
#4: Law Enforcement has Point Person for YIT at Copley Behavioral Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Time: How much time and effort would it take to implement this strategy?

	Very great time or effort		Moderate time or effort	Little or no time or effort	
#1: Health Benefit Chart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
#2: Health Care Coverage Instrument	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
#3: Train Police on Making Referrals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
#4: Law Enforcement has Point Person for YIT at Copley Behavioral Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Is it plausible – the evidence and common sense suggest that the proposed activities, if implemented, will lead to the desired outcomes?

	Yes	No	Not Sure
#1: Health Benefit Chart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#2: Health Care Coverage Instrument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#3: Train Police on Making Referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#4: Law Enforcement has Point Person for YIT at Copley Behavioral Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Is it doable – the proposed economic, technological, political, institutional and human resources are able to carry out the initiative?

	Yes	No	Not Sure
#1: Health Benefit Chart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#2: Health Care Coverage Instrument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#3: Train Police on Making Referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#4: Law Enforcement has Point Person for YIT at Copley Behavioral Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Is it testable – information that could be collected is specific and complete enough for an evaluation to track progress in a credible and useful way?

	Yes	No	Not Sure
#1: Health Benefit Chart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#2: Health Care Coverage Instrument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#3: Train Police on Making Referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#4: Law Enforcement has Point Person for YIT at Copley Behavioral Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix C. Strategy Rating Chart

STRATEGIES	REACH	C. CAPACITY	SUSTAINABILITY	SPECIFICITY	COST	PERCEPTIONS & OPINIONS	IMPORTANCE	TIME	TOTAL
Strategy #4: Point person at Copley Behavioral health for law enforcement	2.83	3.6	3.6	4.2	4	3	3.8	3.6	28.63
Strategy #7: Map out resources for alternative education programs	3.5	3.5	3.75	4	4	3	3.5	2.75	28
Strategy #12: Define homelessness, identify #	2.75	3.25	4.25	4	3.75	2.75	4.25	2.25	27.25
Strategy #11: Partner with the LV Housing and Homeless Coalition	2.75	3.5	3.75	3.25	4	2.75	4.25	2.75	27
Strategy #9: Invite WMB to LIT, foster relationship	2.25	3.75	3.5	4.25	4.5	1.5	3	3.25	26
Strategy #3: Train police officers on making referrals for MH & SA issues	2.83	3.17	3.33	3	3.5	3.25	3.67	3	25.75
Strategy #6: Fund/appoint an agency to do supportive case management for Act 176	3.5	3.25	3.5	4	2.5	2.25	4.25	2.5	25.75
Strategy #5: Work with schools on supporting a safer environment and combat bullying	3.75	2.75	3.75	3	2.5	3.25	4.5	2	25.5
Strategy #13: Work with YSHA to increase access to Sec. 8 vouchers, re-unification vouchers and shelter-plus care certificates	3	3	3.25	3	3	3.67	4.25	2.25	25.42
Strategy #1: Create a health benefit chart with programs/eligibility	2.5	3	3.17	3.17	4.17	2.75	2.5	3.83	25.09
Strategy #2: Instrument to be used by caseworkers at intake re: health care coverage	2.83	3	3.33	2.83	4	2.5	2.83	3.33	24.65
Strategy #19: Parent support for when kids are in the criminal justice system	3.4	2.75	2.25	3.25	3	3.75	4	2.25	24.65
Strategy #10: Invite LV to be a pilot in a "Benefits Cliff Study"	2.75	2.75	3	3.5	3.25	2	3.33	2.5	23.08

STRATEGIES	REACH	C. CAPACITY	SUSTAINABILITY	SPECIFICITY	COST	PERCEPTIONS & OPINIONS	IMPORTANCE	TIME	TOTAL
Strategy #8: Expand relationships with employers that could offer apprenticeships & mentoring relationships (CAVE)	3	3	3.25	3	3.25	2	3.75	1.75	23
Strategy #15: Parent education about positive discipline, particularly for teens	3.5	2.75	2.5	3	2.75	3.25	3.5	1.75	23
Strategy #15: Invest in a part-time case manager and target youth aging out of foster care	2.2	3	2.2	3.5	2.75	2.33	3.75	3	22.73
Strategy #22: Hire youth to do some of the implementation of the YIT grant	1.5	3	1.75	3.25	3.25	3	2.75	1.75	20.25
Strategy #24: Expand on existing youth leadership resources	2	3.25	2.75	2.25	3	2	2	2.75	20
Strategy #20: Ensure law enforcement does appropriate referrals	2.8	2.5	2.25	3	2.75	1.75	2.75	2	19.8
Strategy #14: Work with schools to start a program that links each child to an adult advisor	3.5	1.75	1.5	3.25	3.25	2.25	3.25	1	19.75
Strategy #17: Recruit mentors for older teens in the LY	2.25	2.25	2	3.5	3	2.25	3.25	1	19.5
Strategy #16: Explore the potential of having a youth Neighbor Keepers program	2.5	2.25	2	3.5	2.5	2.5	2.5	1.25	19
Strategy #18: Law enforcement training on poverty and adolescent development	2.8	2.25	2	2.75	2.5	1.75	2.75	2	18.8
Strategy #23: Use the Jim Casey Foundation "Passport" Model	2	2.33	1.67	3.5	3	1.5	1.33	2.67	18
Strategy #21: Bring the national curriculum for youth workers to the LY	2.33	2.33	2.33	2.67	2	1.67	2.33	2	17.66

STRATEGIES	YOUTH FEEDBACK			GOOD THEORY OF CHANGE		
	YES	NO	NOT SURE	plausible	doable	testable
Strategy #4: Point person at Copley Behavioral health for law enforcement	3	-	1	40%	80%	100%
Strategy #7: Map out resources for alternative education programs	2	-	2	25%	100%	25%
Strategy #12: Define homelessness, identify #	3	-	1	25%	75%	75%
Strategy #11: Partner with the LV Housing and Homeless Coalition	4	-	-	25%	100%	50%
Strategy #9: Invite WIB to LIT; foster relationship	-	-	-	50%	100%	50%
Strategy #3: Train police officers on making referrals for MH & SA issues	4	1	-	40%	83.3%	100%
Strategy #6: Fund/appoint an agency to do supportive case management for Act 176	3	-	1	75%	75%	75%
Strategy #5: Work with schools on supporting a safer environment and combat bullying	5	-	-	75%	50%	25%
Strategy #13: Work with VSHA to increase access to Sec. 8 vouchers, re-unification vouchers and shelter-plus care certificates	3	1	-	75%	50%	75%
Strategy #1: Create a health benefit chart with programs/eligibility	5	-	-	20%	83.3%	33.3%
Strategy #2: Instrument to be used by caseworkers at intake re: health care coverage	5	-	-	60%	83.3%	50%
Strategy #19: Parent support for when kids are in the criminal justice system	2	1	-	33.3%	50%	50%
Strategy #10: Invite LV to be a pilot in a "Benefits Cliff Study"	-	-	-	25%	50%	50%

	YOUTH FEEDBACK			GOOD THEORY OF CHANGE		
	YES	NO	NOT SURE	plausible	doable	testable
Strategy #8: Expand relationships with employers that could offer apprenticeships & mentoring relationships (CAVE)	3	-	-	75%	50%	25%
Strategy #15: Parent education about positive discipline, particularly for teens	2	1	1	25%	75%	50%
Strategy #25: Invest in a part-time case manager and target youth aging out of foster care	1	2	1	75%	50%	50%
Strategy #22: Hire youth to do some of the implementation of the YIT grant	3	-	1	33.3%	50%	25%
Strategy #24: Expand on existing youth leadership resources	-	-	-	0%	25%	25%
Strategy #20: Ensure law enforcement does appropriate referrals	3	-	1	0%	75%	25%
Strategy #14: Work with schools to start a program that links each child to an adult advisor	2	1	1	50%	0%	75%
Strategy #17: Recruit mentors for older teens in the LY	2	2	-	50%	0%	75%
Strategy #16: Explore the potential of having a Youth Neighbor Keepers program	2	-	2	25%	0%	25%
Strategy #18: Law enforcement training on poverty and adolescent development	3	1	-	0%	75%	25%
Strategy #23: Use the Jim Casey Foundation "Passport" Model	-	-	-	0%	0%	0%
Strategy #21: Bring the national curriculum for youth workers to the LY	4	-	-	33.3%	50%	33.3%

Appendix D. Strategy Ranking Chart

STRATEGIES	RANKING	COST	LEVEL
Strategy #12: Define homelessness, identify # of homeless 16-22	9.5	Low	System
Strategy #13: Work with VSHA to increase access to Sec. 8 vouchers, reunification vouchers and shelter-plus care certificates	9.5	Low	System
Strategy #25: Invest in a part-time case manager and target youth aging out of foster care to supplement existing services	9.5	High	Direct
Strategy #8: Expand/build relationships with employers that could offer apprenticeships & mentoring relationships (CAVE)	9	High	Direct
Strategy #2: Create/distribute an instrument to be used by caseworkers at intake re: health care coverage; provide forms	8.83	Low	System
Strategy #3: Train police officers on making referrals for MH & SA issues	8.67	Low	System
Strategy #1: Create a health benefit chart with programs/eligibility	8.67	Low	System
Strategy #11: Partner with the LV Housing and Homeless Coalition	8.5	Low	System
Strategy #18/20: Law enforcement training on poverty and adolescent development, ensure police does appropriate referrals, explore police social worker model	8.5	High	Direct
Strategy #6: Fund/appoint an agency to do supportive case management for Act 176	8	High	Direct
Strategy #19: Parent support for when kids are in the criminal justice system	7.83	Mid-range	Direct
Strategy #24: Build/support a youth council to advise on YIT grant	7.33	Low	System
Strategy #4: Point person at Copley Behavioral health for law enforcement	7	Low	System
Strategy #7: Map out resources for alternative education programs	7	Low	System
Strategy #9: Invite WIB to LIT; foster relationship	6.5	Low	System
Strategy #23: Use the Jim Casey Foundation "Passport" Model	6.33	Low	System
Strategy #22: Hire youth to do some of the implementation of the YIT grant	6	Mid-range	System
Strategy #21: Bring the national curriculum for youth workers to the LV	6	Mid-range	System
Strategy #17: Recruit mentors for older teens in the LV	4.17	High	Direct
Strategy #16: Start a youth-run Neighbor Keepers program	3.5	High	Direct
Strategy #15: Parent education about positive discipline, particularly for teens	3.33	Mid-range	Direct
Strategy #5: Work with schools on supporting a safer environment and combat bullying	3.17	Mid-range	Program
Strategy #10: Invite LV to be a pilot in a "Benefits Cliff Study"	3.17	Low	System
Strategy #14: Work with schools to start a program that links each child to an adult advisor	3.17	Mid-range	Program

Appendix E. Criminal Justice Social Worker Job Description

Criminal Justice Social Worker for the Lamoille Valley

The Lamoille Valley Youth in Transition team will utilize part of their state-allocated SAMSHA funds to hire a part-time ‘Criminal Justice Social Worker’ dedicated to serving youth in transition (16-22) that intersect or are at risk of intersecting with the criminal justice system. The following is a draft version of a job description for this position.

Budget/Time:

38,000 per year; .6 FTE

Roles and Responsibilities of the Position:

The overall responsibility is to manage a caseload of young adults and to intervene at sequential intercept points #1 and #2 (law enforcement intercept and arraignment/initial hearings) to provide wrap around services that help to divert the individual from going deeper into the criminal justice system.

- Educate police officers about youth with mental health and/or substance abuse issues and developmental issues, giving them the tools they need to interrupt the cycle of personal or family problems and criminal activity.
- Serve as a liaison between mental health/other community agencies and the criminal justice system for youth in transition.
- Provide individuals (youth in transition and their families) with ways to resolve conflict and stabilize situations that might otherwise end up in the legal system for the long term.
- Help families navigate the criminal justice system by providing information about programs and resources, and providing advocacy when appropriate
- Coordinate access to timely substance abuse and mental health assessments for youth in transition involved with criminal justice.
- Provide wrap-around services, bringing together all agencies involved with a client and coordinating and promoting lead case management and collaboration among providers.
- Provide an average of 6-mths intensive case management to youth in transition at-risk or already involved with corrections.
- Coordinate restorative justice processes in response to criminal activity in conjunction with referring law enforcement agency – when appropriate
- Collect data as required by grant steering committee, and attend monthly committee meetings of 1.5 hours in duration.
- Identify systems gaps and redundancies and report to SAMHSA steering committee and LINT.

Key Referral Sources for Clients Served by the Position:

Public Defender, State’s Attorney, Judge, Probation Office, AHS, Lamoille Family Center, Court Diversion, Copley ER, LCC, BHW

Appendix F. Police Social Worker Job Description - Brattleboro

SOCIAL WORK AND POLICE PARTNERSHIP

Creating a partnership between Law Enforcement and Social Services

PROGRAM OVERVIEW

The purpose of this program is to support, monitor, assess and provide follow up to individuals with mental health and/or substance abuse issues referred by the Springfield, Bellows Falls, and Brattleboro Police Departments and community providers. This program is designed to interrupt the cycle of serious family, personal and criminal problems. HCRS staff provides de-escalation, establish rapport, assess the needs identified by the individual or families, make the appropriate referrals and provide follow up to those served by the program. The program is proactive by reaching individuals at an earlier stage, thereby minimizing risk and increasing options for therapeutic interventions and positive behavior change. Staff work closely with the police department and other community providers and provide community-based outreach to those in need.

PROGRAM ACTIVITIES /GOALS

The Police Social Worker provides case management, skills training and crisis intervention services to identified families and individuals in the region. Goals include:

- ◆ Working collaboratively with the Police Departments and supporting them in utilizing their resources more appropriately and reducing recidivism.
- ◆ Assessing the unmet social service needs of individuals with mental health and/or substance abuse issues
- ◆ Coordination with social service providers, natural supports, and local businesses
- ◆ Identifying community resources that will creatively address the needs of those served by the program
- ◆ Providing early intervention in order to avoid later crises and involvement of law enforcement resources
- ◆ Help coordinate community efforts towards the development of a Restorative Justice Project
- ◆ Decrease use of emergency and acute care services
- ◆ Improve the quality of life for residents of these communities by contributing to the reduction in crime

STAFFING

The Police Social Work Team is staffed by an HCRS Crisis Intervention Specialist. They are co-located at the Police Departments and HCRS and are provided clinical supervision by HCRS. They are an integral part of the wide array of services at HCRS as well as connected to community resources.

They attend Police Department staff meetings and provide consultation on appropriate cases in order to determine the type of intervention needed and make the appropriate linkages to resources and services. Team members work collaboratively with community groups, the business community and interested citizens of our region to support positive change.

Appendix G. Peer Outreach Worker Job Description

Peer Outreach Worker

The Lamoille Valley Youth in Transition team is considering utilizing part of their state-allocated SAMSHA funds to hire a part-time YIT ‘Peer Outreach Worker’ who is dedicated to serving youth in transition (16-22) that intersect or are at risk of intersecting with the criminal justice system. The following is a draft version of a job description for this position.

Budget/Time:

4,000 per year (eight hrs per week @ \$10/hr); 1 day per week

Roles and Responsibilities of the Position:

- 1) Reach out to YIT by:
 - a. Providing information, referral and assistance to youth seeking to access services.
 - b. Providing support to YIT at coordinated care meetings.
- 2) Membership on the YIT leadership team.
 - a. Identify issues, barriers, and gaps for youth in transition and report to the team.

Appendix H. Grant Manager Job Description

Grant Manager

The Lamoille Valley Youth in Transition team will utilize part of their state-allocated SAMSHA funds to hire a part-time YIT ‘Grant Manager’ who is dedicated to serving youth in transition (16-22) that intersect or are at risk of intersecting with the criminal justice system.

Budget/Time:

\$10,000 per year (eight hrs per week @ \$25/hr @ 50 weeks); 1 day per week

Roles and Responsibilities of the Position:

The overall responsibility will be to implement systems strategies, brainstorm barriers to implementation that arise and provide administrative support to the YIT grant steering committee.

- Create timelines, and manage implementation of systems-level strategies; report progress monthly to the grant steering committee.
- Write grant progress reports as needed.
- Serve as the primary contact for state evaluators and work with state evaluation team on process evaluation and other data collection needs for grant strategies as needed.
- Take minutes at steering committee meetings and distribute to the steering committee monthly.
- Organize monthly steering committee meetings of 1.5 hours in duration, and communicate grant business to steering committee members as needed.

System Strategies:

Access to Health Care

- **Strategy #1:** *Create an instrument to be used by YIT caseworkers at intake re: health care coverage.*
- **Strategy #2:** *Create an easy-to-understand health benefit chart with programs/eligibility.*
- **Strategy #3:** *Create an MOV with Copley Emergency Room.*

Safe and Stable Housing

- **Strategy #1:** *Define Homelessness; identify the # of YIT homeless in the Lamoille Valley.*
- **Strategy #2:** *Increased Access to Housing Benefits*
- **Strategy #3:** *Partner with the LV Housing and Homeless Coalition*

Complete High School

- **Strategy #1:** *Alternative Education Chart*
- **Strategy #2:** *Create an MOV with Adult Basic Ed and Northeast Kingdom Learning Services*

Free from Incarceration

- **Strategy #1:** *Create an MOV with Local Law Enforcement*
- **Strategy #2:** *Create an MOV with the Department of Corrections*

Employment

- **Strategy #1:** *Build a relationship with the Workforce Investment Board*

Appendix I. MOU for SAMSHA Grant

Memorandum of Understanding

Youth in Transition SAMHSA Grant

This agreement is between Lamoille Interagency Networking Team (LINT), Lamoille Community Connections (LCC) and Community Health Services of Lamoille Valley (CHSLV).

LINT agrees to designate LCC and CHSLV as the Lamoille Valley recipient of a SAMHSA grant from the Department of Mental Health to implement services and conduct systems change activities to support youth in transition in the Lamoille Valley.

Desired Outcomes: Youth Successfully Transition to Adulthood

- **Goal:** Reduce the rate of out-of-school, at risk young adults age 16 up to the age of 22 under the supervision by the Vermont Department of Corrections
- **Targeted Population Indicators:** 1) % of cases with coordinated care plans, 2) rates of access and utilization to primary and behavioral health care, 3) rates of educational completion, 4) rates of employment, and 5) rates of placement in safe and stable housing.

LINT agrees to:

- serve as the designated Steering Committee,
- provide coordinated response and assist in the implementation of system change activities,
- regularly review data and performance as described in the proposal to community and as specified in the grant work specifications, and
- provide annual feedback regarding grant continuation with LCC and CHSLV.

LCC & CHSLV agrees to:

- employ and supervise program and administrative staff,
- deliver the program services and community supports as described in the proposal to community and as specified in the grant work specifications,
- provide regular updates on progress and implementation of activities to LINT, and
- provide an annual update and report to LINT for feedback prior to submission of the annual grant report to the state.

Lamoille Interagency Networking Team

Date

Lamoille Community Connections

Date

Community Health Services of Lamoille Valley

Date