

COMPREHENSIVE COMMUNITY MENTAL HEALTH SERVICES FOR CHILDREN AND THEIR FAMILIES PROGRAM

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

GRANTEE PROGRESS REPORT – SUGGESTED FORMAT

Project Number: **5 SM058485**

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

Reporting Period: ***February 1-September 29, 2011***

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I. Goals of the Project

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

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

Cumulative record of progress prior to this reporting period:

The Vermont State Joint Fiscal Office agreed to allow the Vermont Department of Mental Health (DMH) to accept the federal funds for this grant program on December 19, 2008. By February 1, 2009, an Invitation for regional planning was issued to the Act 264 Local Interagency Teams (LITs); sub-grants of \$10,000 each were subsequently awarded to all twelve Agency of Human Services (AHS) regions to conduct strategic planning. (The "Invitation to Communities" can be found on the Regions and Communities page of the official YIT website, <http://www.youth-in-transition-grant.com>.) Regional planning by a broad group of interagency stakeholders, youth and families is the foundation of the State Team's approach to sustainability planning.

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

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

The regions submitted their plans, which were reviewed and – sometimes after negotiations – approved by the State YIT Outreach and Operations Team. (The regional plans can be found on the corresponding regional pages of the YIT website <http://www.youth-in-transition-grant.com>.) Sub-grants for regional service implementation were then awarded by the Department of Mental Health (DMH) to the fiscal agents chosen by the regions to handle the funds and administrative duties. Regional YIT staff, including part-time peer outreach workers, were hired and are doing outreach and service delivery as planned.

On March 15, 2010 the University of Vermont (UVM) Independent Review Board (IRB) announced approval of the YIT evaluation design. Amid intensive training by the YIT Evaluation Team with the regional evaluation liaisons, the evaluation began on April 1, 2010. From then through September 30, 2011, 345 youth and young adults met the Study Inclusion Checklist Criteria (SICC). This figure is certainly an under-count of the young people contacted by YIT

staff in their outreach efforts. Of the 345, 268 or 78% of the youth and young adults agreed to be enrolled in the Common Study that provides NOMS data through the TRAC system. (For more information about the evaluation, see the YIT website evaluation pages at <http://www.youth-in-transition-grant.com>.)

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

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

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

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

On September 23, 2010, the State YIT Outreach and Operations Team provided nearly 100 regional YIT staff and Steering Committee members, including young adult and family leaders, a Learning and Sharing Day about Building the Young Adult System of Care (SOC). Children's Mental Health Directors, State YIT Leadership Team members, and other key partners attended the day, which was organized to discuss the YIT Logic Model, its basis in SOC strategies, and the goals to strengthen each regional SOC and produce the desired outcomes for individual youth and young adults and their families. Each region left the day with agreement to undertake 1 or 2 action steps to improve the existing SOC. The Evaluation Team planned to follow-up with the regions about the results of their actions during FFY2011. (A brief write-up of the above training events and lots of pictures can be found on the Training and Technical Assistance page of the YIT website at <http://www.youth-in-transition-grant.com>.)

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

*During the first week in October, 2010, the YIT Outreach and Operations Team received Bethanie Parrish and her consultation team (Marty Hydaker, Nadia Cayce, and Beth Picora) for the formal Year 2 site visit to Vermont. As officially reported, they appreciated much about the visit; they also made recommendations for the coming years of the grant. (See **Attachment A for Vermont's action plan to respond to the recommendations.**)*

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

Progress during this reporting period:

The February 1 – September 30, 2011 time period was very productive for the YIT Grant. A separate document compiles the progress of the twelve regions from January 1 – June 30, 2011. This document reports the activities of the YIT State Operations and Outreach Team in support of the regions. Both documents will soon be available on the YIT website. Key statewide accomplishments during this time period were:

- *Submission of application for, and receipt of, the fourth (of six) years of SAMHSA funding;*
- *Presentation of YIT findings by the YIT Evaluation Team at the annual SOC Research Conference in Tampa, FL;*
- *Production and dissemination of posters and bookmarks for the general public plus postcards for Legislators in honor of Children's Mental Health Week;*
- *Delivery of youth-driven workshops at the Sixth Annual Youth Workers' Conference in Killington, VT in May;*
- *Production of the second annual Young Adult Voice Movement (YAVM) Conference with*

multiple workshops, this time as an overnight event on a university campus over Memorial Day weekend;

- *Creation of the Young Adult Leadership Award, with the first presentation of it at the YAVM Conference, followed by solicitation of nominations for other leaders for future awards (4 per year);*
- *Two days of advanced TIP training for 82 participants from 16 organizations from throughout Vermont, in June in Burlington;*
- *The State YIT Team taking 3 young adults and their families or other adult allies to the national SOC Grantees' meeting in Chicago and having them present a workshop entitled "If YOUth Build It, They Will Come" about designing and promoting the YAVM Conference;*
- *The CLC Coordinator taking 2 young adults to a CLC training event in Atlanta, GA sponsored by the National Technical Assistance Partnership in early September;*
- *Welcoming an on-site TA visit to VT in September from the National Technical Assistance Partnership and Vanguard for discussion and training about social marketing and social media;*
- *Reinforcement of SOC concepts and goals with a focus on family- and young adult-driven care, at the September 30, 2011 YIT Learning and Sharing Day.*

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

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

Vision:

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

Mission:

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

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

The logic model and action plans are all considered working drafts so are changed as needed and posted on the website, <http://www.youth-in-transition-grant.com>. The “Legos” – for the “building” theme of the Sept. 23, 2010 Learning and Sharing Day – version of the summary of the logic model is on the home page. The logic model overview and details, also the sustainability action plan, are on the State Team page, while the action plan for CLC is on the Cultural Competence page and the action plan for Social Marketing on a Social Marketing page.

Services for Children who have Serious Emotional Disturbance

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

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

Indicate the number of children newly enrolled in services **this period** (Note: Include children who have been enrolled even if they are no longer receiving services): *The consistent method of collecting this information is through enrollment in the YIT Evaluation Team’s Common Study, which gathers the required NOMS data for young adults enrolled in services and reports that data through the TRAC system. 84 – 64% Males; 47 – 36% Females; 131 -100% Total in Evaluation “Common Study” from January 1 – September 30, 2011.*

Indicate the total number of children served **to date** (Note: Include both currently enrolled children and children who are no longer receiving services): *158 – 59% Males; 110 – 41% Females; 268 -100% Total in Evaluation “Common Study” from April 1, 2010 – September 30, 2011.*

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

*Though approximately 5% of Vermont’s population is non-White, **32 or 12%** of the youth and young adults aged 16-21 and enrolled in the Common Study statewide from April 1, 2010 – September 30, 2011 reported being a member of a minority population.*

The Invitation to Communities instructed regions to reach out to and involve in their strategic planning and ongoing program implementation youth and families including those of diverse backgrounds, also to reach out to and involve representatives of cultural organizations. The YIT CLC Coordinator has been very active with this outreach in the Chittenden area. She introduced representatives from other regions to CLC concepts through a webinar, on-site meetings, materials on the YIT website, and her 3-hour training curriculum. Regions have responded by hiring YIT staff of greater diversity than the general population in Vermont, which is at least 95% White. For YIT, with approximately 15 FTEs hired in the regions, at least three (or 20%) are Non-White: a black woman in Franklin-Grand Isle, a Native American man in Orange-No.

Windsor, and a woman of Asian descent (who filled the part-time job left by a woman from Pakistan, who needed full-time work) in Chittenden. In addition, several current or former staff (in Franklin-Grand Isle, Chittenden, and So. Windham) have experience as international educators. The perspectives and experiences of these YIT staff help multi-cultural youth and young adults engage with them.

These YIT staff and young adults whom they are mentoring have formed with the CLC Coordinator a "Hands of Friendship" CLC Workgroup to increase awareness of CLC issues and opportunities throughout the Vermont SOC. The Workgroup holds meetings in different regions, inviting regional YIT staff, Steering Committee members, and family and young adult leaders to attend. In this way, the Workgroup is building a base of knowledge and support across the regions for more effective outreach to and interactions with youth, young adults, and families of diverse backgrounds. In addition to educating the regions, members of the Hands of Friendship Workgroup have developed and delivered training at the statewide level, including at the Youth Workers' Conference and the YAVM Conference.

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

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

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

II. Child and Family Services/Supports

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

All mandated services are being implemented. Case management and individualized services planning are provided by YIT staff in all regions through either the community mental health center (in 8 regions) and/or through runaway and homeless youth program (in 4 regions). All twelve regions have long been served by community mental health centers which provide the full range of services mandated in the GFA for children's mental health. The community mental health centers and runaway and homeless youth programs have years of experience

collaborating with each other to provide services for adolescents in each region. In some regions, the runaway and homeless youth programs were started by and/or are part of the community mental health centers.

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

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

III. System Level Coordination/Infrastructure and Management Structure

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

The Vermont Youth in Transition (YIT) grant is most closely managed by a YIT Operations and Outreach Team that consists of key personnel as required by the federal Center for Mental Health Services (CMHS):

- *Principle Investigator (Charlie Biss)*
- *Project Director (Brenda Bean)*
- *State-Local Liaison (function now performed by Charlie Biss as Director of the State Department of Mental Health's Child, Adolescent, and Family Division, which delivers services through local community mental health centers and specialized agencies)*
- *Lead Family Contact (Cindy Marshall)*
- *Lead Evaluator (Dr. Thomas Delaney)*
- *Social Marketing Coordinator (Courtney Bridges)*
- *Young Adult Coordinator (Matt Wolf)*
- *Cultural and Linguistic Competence Coordinator ([Maria] Mercedes Avila)*
- *Evaluators (part-time: Drs. Jody Kamon and Jesse Suter)*
- *Training and Technical Assistance Coordinator (function now shared by Courtney Bridges and Matt Wolf, with help as needed from Jody Kamon, Cindy Marshall, and Brenda Bean).*

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

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

The body most akin to a Governance Council is the YIT Leadership Team, an interagency group formed several years ago by the Agency of Human Services (AHS) to respond to former Governor Jim Douglas' interest in better supporting youth of transition age. Scott Johnson, the former State-Local Liaison for the YIT grant, chaired the YIT Leadership Team until he resigned from State service in June, 2010. His AHS position was then assigned to other purposes, so Charlie Biss (YIT Principal Investigator) chairs the YIT Leadership Team, which functions in an advisory capacity for the grant, as does the Act 264 State Interagency Team (SIT). The VFFCMH is represented on both the YIT Leadership Team and the SIT. The Vermont Family Network (VFN, a merger of the former Vermont Parent Information Resource Center [VPIC, a PIRC] and Parent-to-Parent of Vermont) is also represented on the YIT Leadership Team, as is the VCRHYP. All representatives have equal opportunity for voice and vote on all business. Though both the YIT Leadership Team and the SIT influence policy and budgets, they do not have authority to set policy or the budget for the AHS or any of the participating departments or organizations. However, the members are very knowledgeable; some have joined the Operations and Outreach Team and offer State outreach to the regions about planning and implementation of this project.

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

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

During this reporting period, Vermont's Governor Peter Shumlin and the Legislature studied how to further cut costs by adopting significant health care reform in Vermont that is above and beyond the 2010 federal Patient Protection and Affordable Care Act. Legislation passed which, over the next several years, is intended to produce: universal coverage for all Vermonters with an Essential Benefit Package (including mental health care); integrated delivery of care by medical homes and Accountable Care Organizations; use of a single administrative "pipe" or channel for billing, claims processing, and payment of uniform (capitated) rates; and a payroll (or other) tax for generating the budgeted revenues. This set of reforms may help YIT

accomplish its desired outcomes for young people of improved access to medical homes/care and, possibly, employment since a benefit of the reform is said to be job creation.

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

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

The original grant application explained that in the process of strategic planning, each region would decide what evidence-based practice it intends to pursue. As a result of the needs assessment done for the strategic planning, all regions felt that improving the access of young adults to services/supports is the most important priority. Half the regions identified TIP (Transition to Independence Process) as the evidence-supported practice that could best help them do this. Subsequently, in May, 2010, all regions were offered – and at least one person from each region attended – an introductory TIP training. And in June, 2011, 82 people from 16 organizations or programs throughout Vermont participated in a 2-day advanced TIP training with Dr. Rusty Clark, Joseph Solomita, and Nichole Deschenes from the National Network on Youth Transition (NNYT). Planning is now underway with 13 of those organizations to become certified by NNYT as TIP-informed. Also, YIT intends to support a few individuals to become certified as locally-based TIP trainers. Matt Wolf, the statewide YIT Young Adult Coordinator, participated in the TIP training and may seek to become one of the TIP trainers.

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

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

Describe any other linkages that have been instituted that address the development of infrastructure in your community. Infrastructure includes governance, workforce development, youth and family involvement and financing strategies.

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

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

V. Cultural and Linguistic Competence

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

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

This description is not different from the original grant application; what is different is the collaboration between Vermont's SAMHSA grants for YIT and for suicide prevention. The half-time CLC Coordinator for YIT worked part-time as an evaluator for the Suicide Prevention grant, which ended on September 30, 2011. Also, the YIT Social Marketing Coordinator served on the advisory board for the Suicide Prevention grant. These over-lapping roles resulted in enhanced awareness of the state-level YIT staff about the urgency for reducing the stigma of mental illness and receiving mental health treatment for young adults and their families. This urgency has informed their training and social marketing efforts. The CLC Coordinator developed and is delivering a training curriculum which highlights the oppression and stigma caused by racism, while the Social Marketing Coordinator has developed a campaign called WEST (We Eliminate Stigma Together). Following a pilot test of WEST in the high schools in the Washington County region, it has been reformatted to focus on the stigma related to just being a young person (beyond having mental health issues) and is now being administered through the YIT youth groups statewide.

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

- *Increase self-awareness of racial, ethnic and class biases.*
- *Define cultural and linguistic competency and become familiar with the stages (or continuum) of cultural competency.*
- *Explain how cultural beliefs shape clinical encounters.*
- *Understand the impact culturally competent services can have in the clinical outcomes of refugees and/or immigrant consumers.*
- *Discuss the implications of demographic trends for health disparities.*

Mercedes' 3-hour CLC training includes small and large group discussions in response to a Power-point and video presentation. With help from the YIT Evaluation Team, Mercedes has measured statistically significant ($p < .01$) increases in knowledge from pre- to post-training in a number of areas including participants' ability to eliminate their own prejudices or assumptions about clients. Other areas in which participants demonstrate substantial increases in knowledge include income disparities of racially diverse families, race identification, genetic variation, and genetic similarity of groups. Mercedes submitted this information as a proposal for a poster presentation at the national Federation of Families for Children's Mental Health conference in November, 2011; the proposal was accepted in September.

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

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

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

http://youth-in-transition-grant.com/uploads/CLC_Related_Websites.pdf

http://youth-in-transition-grant.com/uploads/CLC_Resources_CD_Index.pdf

By the end of September 2011 the CLC Coordinator had delivered at least 16 CLC training events for over 319 participants since the start of the YIT Grant. Because of the effectiveness of

her training and word-of-mouth referrals, Mercedes Avila is now conducting one or two training events per month in Vermont and has even been asked to deliver it to SOC sites outside Vermont. (See the list of CLC training events held during this reporting period on p.25.) Two mental health agencies/regions are considering incorporating CLC as part of the required professional development training for newly-hired staff as well as for current employees.

Mercedes trained Jeetan Khadka to deliver a modified version of her curriculum for young adults at the 2011 YAVM Conference. She is also working with Jeetan to support the Diversity Rocks! youth group created and led by young adults associated with the Vermont Refugee Resettlement Program in Chittenden County.

In August 2011 Mercedes attended the Georgetown Leadership Academy to "Address Disparities in Mental Health Care" in New Mexico. Then she took Jeetan and another young adult (Esther Doh) to a national training in Atlanta, Georgia on September 6-9, 2011 about the California Brief Multicultural Competence Scale. This training was provided free through the National Technical Assistance Partnership. Mercedes intends to follow-up that training by becoming a trainer-of-trainers so she can use materials from the curriculum. This will supplement her other training as a trainer for the "Connecting Circles of Care Historical Trauma and Native Americans" curriculum.

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

Please refer back to the bottom of page 6 and top of page 7 of this report for the information about enrolling young adults with diverse backgrounds in services and the hiring of diverse staff in the regions. When the Chittenden region experienced staff turn-over in its part-time YIT-JOBS position devoted to cultural outreach, a woman of Asian descent was hired. This may help to address an important disparity in health care access. According to Dr. John Pandiani's Vermont Mental Health Performance Indicator Project, in State FY2010, "The representation of Asian/Pacific Islander youth in Vermont's Children's Mental Health caseload... was 60% lower than their representation in the general population (0.6% of service recipients vs. 1.6% of the general population."

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

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

Before regional YIT staff were hired, the state-level Young Adult Coordinators for YIT reached out to young adult consumers in the regions who may be interested in assuming leadership roles. To stimulate collaborative efforts, the Young Adult Coordinators and/or the CLC Coordinator met with representatives from the Abenaki Self-Help Association, Outright

Vermont, the Association of Africans Living in Vermont, the Bosnia and Herzegovina Family and Youth Association, the YAAT for the SPF-SIG grant from the federal Center for Substance Abuse Prevention (CSAP), Vermont Psychiatric Survivors, Another Way (self-help recovery center), the Youth Development Council for the DCF, the Association of Teen Centers, the VCRHYP, and others.

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

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

As mentioned on page 7 of this report, the CLC Coordinator established a CLC Advisory or Workgroup called "Hands of Friendship". It evolved to include all the YIT workers with culturally diverse backgrounds plus young adult leaders whom they bring to the meetings. One of the young adults (Jeetan Khadka) is a Bhutanese male refugee who attended the 2010 YAVM Conference, then decided to become a social worker. Toward that end, he began working for Ameri-Corps, first for the school district from which he graduated, now for the City of Burlington. He and other YIT staff and young adults gave input to the design of the May, 2011 YAVM Conference. They also joined Social Marketing Coordinator Courtney Bridges in presenting a workshop entitled "If YOUth Build It, They Will Come" at the SOC Grantees' meeting in Chicago, Illinois in July, 2011 about how to put on a youth-driven conference.

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

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

The VFFCMH has contracted with the Bennington region (through United Counseling Services, UCS) to add hours to their POW, Katrina Hollis, so she can assist the YIT Young Adult Coordinator Matt Wolf in delivering technical assistance statewide. (See Attachment B for the Scope of Work of the VFFCMH-UCS contract.) With Matt, Katrina is now visiting the 10 YIT young adult advisory groups throughout Vermont and sharing her experience of organizing Teens for Change (T4C). (This is described in an associated document which compiles the progress reports of the 12 regions for the time period from January to June, 2011.)

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

The Invitation to Communities for regional planning required the involvement of families, youth, and community-based cultural organizations. While most regions sought input from youth for the YIT planning, few sought input from cultural organizations or groups. During the process of approving the regional plans, the State YIT Operations and Outreach Team specifically instructed each region to further expand its outreach to diverse populations as implementation gets underway. The two most populous regions were specifically asked to consider hiring minority staff into their YIT positions; one did so, along with two other regions.

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

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

V. Family Involvement

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

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

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

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

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

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

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

For the September 30, 2011 Learning and Sharing Day, YIT again focused on helping regions move down the road toward having a family and young adult-driven SOC. This time the VFFCMH Lead Family Contact organized a panel of YIT staff and family and young adult

representatives from Bennington, Caledonia/So. Essex, Chittenden, and Orange/So. Windsor to present what they have been doing to:

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

This panel, too, was well received and stimulated much thinking, including about how close the regional SOCs are to being family- and young adult-driven. One of the presenters on this panel had accompanied her young adult daughter (who later became a YIT POW) and the YIT State Operations Team to the national SOC Grantees' meeting in Chicago in July 2011.

The VFFCMH has learned that young adults need a lot of structure and supervision to tackle the ambiguities and handle the frustrations of SOC work; several regional YIT supervisors have noticed a similar dynamic. The VFFCMH dealt with this challenge by hiring an Administrative Assistant to divert some work from the Lead Family Contact so she could give greater attention to supervision and to the design and delivery of family support and leadership training. This helped until Tropical Storm Irene and the wide-spread flooding of August 28, 2011. Following that event and the September re-location of the VFFCMH offices to Williston from Waterbury, the Administrative Assistant quit as did another VFFCMH staff person focused on family support and leadership training. The latter person was in the process of creating a course for parents called "Surviving the Transition to Adulthood". These VFFCMH support positions remain vacant at the time of writing this report.

With the help of the YIT Social Marketing Coordinator and as part of one ["Your Voice Matters"] of the 4 YIT social marketing sets of activities, the VFFCMH logo and brochure were updated. The VFFCMH website (see <http://www.vffcmh.org>) was also revised to let families know about the wide range of leadership opportunities available to them. The VFFCMH Executive Director and Assistant Director remain strong advocates for family and young-adult driven care through participation in a wide range of non-YIT activities and meetings related to the children's mental health SOC, including the AHS Integrated Family Services (IFS) initiative.

VI. Youth Involvement

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

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

researchers and writers for the plan.

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

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

The 2010 YAVM Conference was planned by the Young Adult Coordinators, the CLC Coordinator, and the young adults involved with creation of the Bennington regional plan. Other young adults were also invited to help design that statewide Conference held on May 7 in Bolton in celebration of Children's Mental Health Week/Day. The YIT case managers from each region transported young adults to the Conference, which was attended by about 150 youth and young adults, half with multi-cultural backgrounds. The Conference was such a success that the Franklin-Grand Isle region held a similar event for its youth in November, 2010 using the same speaker (Cameron Mack). As described on page 14, some of the youth/young adults (including Cameron Mack) who attended the May conference later joined the State YIT Operations Team at the Training Institutes in Washington D.C. and/or in the CLC Workgroup.

As staff of the VFFCMH, the Young Adult Coordinators have represented the voices of youth in transition and families on the following State-level advisory groups: YIT Leadership Team, Suicide Prevention, Child Trauma Grant, Justice Jurisdiction for 16-17 year-olds, Working with Youth Conference Planning, the Diversion Enhancement Advisory Project (DEAP), and the YAAT. Now that Katrina Hollis is a statewide TA provider as well as a Bennington regional POW, she attends the State YIT Operations Team meetings. As other young adults from the regions become active YIT leaders, they may be invited to join these or other State-level advisory groups.

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

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

The YIT Leadership Team has discussed more effective ways of engaging young adults in sharing their wisdom and energy with a broad spectrum of decision-makers about multiple issues than by asking them to join several groups. The regional YIT staff and young adult leaders joined the DCF Youth Development Specialists and Councils on November 10 in training about how to build youth voice. This collaboration was later strengthened by hiring Matt Wolf to be the YIT Young Adult Coordinator; he was previously a DCF Youth Development Specialist from the So. Windsor-No. Windham region.

By the time Matt Wolf joined the State YIT Team, most of the regions had hired their Peer Outreach Workers (POWs) and were beginning to establish young adult advisory boards or otherwise develop youth leadership. He was able to provide immediate on-site, hands-on technical assistance in response to their requests for leadership and self-knowledge (not career or religious oriented) curricula and activities.

To further stimulate interest in young adult leadership, the VFFCMH YIT staff created Young Adult Leadership Awards. They and the State YIT Operations Team agreed that yearly, four young adults leaders will be given awards and will be asked to join the YIT Operations Team at the next national SOC conference. At the 2011 YAVM Conference, the YIT State Operations Team gave its first Young Adult Leadership Award to Katrina Hollis, the first YIT Peer Outreach Worker (POW). Katrina was also highlighted at the September 30, 2011 Learning and Sharing Day where she spoke at length about the Bennington region's Teens For Change (T4C) youth group and its community activities (like 'giving back' to businesses and police). In August 2011, the YIT Young Adult Coordinator sent out statewide via email the first of what will be ongoing solicitations of nominations of other young adults who exhibit exemplary leadership and initiative in their own lives and who positively affect the lives of others around them. (See the solicitation in Attachment D.)

Matt Wolf has been directly addressing the barriers young adults face in receiving services by encouraging the POWs and YIT young adult advisory groups to create regional "Living Books" to document the local resources for employment, housing, education, health care, etc. Half of the regions are working on this project, and in 5 of them, young adults are leading the effort. Matt is supplementing their efforts through a VFFCMH contract with Project Harmony to make the Living Book an online resource for transition-aged youth throughout Vermont.

VII. Social Marketing/Public Education Campaign

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

The YIT Operations and Outreach Team is pursuing a social marketing campaign that takes a public health approach to reducing stigma. This campaign is broadly defined using the Vanguard template for a Social Marketing Plan; the Plan is posted on the Social Marketing page of the YIT website (<http://www.youth-in-transition-grant.com>).

Who were your targeted key audiences this period? What were your key messages and strategies

and how did you select them?

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

- 1. WEST (We Eliminate Stigma Together): modeled after and using materials adapted from the STARS project that was highlighted at the 2010 Georgetown Training Institutes and which the young adults who attended from VT liked very much. WEST encourages young people to apply together for a small sub-grant to design and undertake an activity to reduce stigma. A pilot test of WEST in the Washington County high schools led to re-formatting it to be implemented through YIT young adult advisory groups.*
- 2. Children's Mental Health Day/Week/Month celebration: an annual statewide conference for youth and young adults, also production and dissemination of materials promoting mental health.*
- 3. "Your Voice Matters": a variety of ways the VFFCMH informs families about the leadership opportunities available to them. The Social Marketing Coordinator updated the VFFCMH logo and brochure to attract more families and youth/young adults to this source of children's mental health support and advocacy.*
- 4. "BringChange2Mind.org": an anti-stigma campaign of national partners. The corresponding VT partners (e.g., NAMI-VT, VFFCMH, etc.) and other interested organizations may be convened to consider what to do here to promote mental health.*

Share some of your campaign successes since the last report.

- 1.** *WEST was piloted with high schools in Washington County and introduced in other regions. Students in at least 2 schools in Washington County enthusiastically designed and carried out activities to reduce stigma. However, a lack of administrative support in the schools limited the success of this approach, so WEST is being re-formatted for implementation through the YIT young adult advisory groups statewide. This decision came about in part because of the VFFCMH experience in piloting a different but related mini-grant program to support youth leadership initiatives. In June 2011, the VFFCMH issued a Request for Proposals for young adult-driven groups to design and implement by the end of September activities to educate the public about positive mental health. Despite the tight time-frame, the response was enthusiastic so the VFFCMH awarded mini-grants of \$500 to each of 4 regions. For the future, the WEST campaign and the VFFCMH's other youth leadership mini-grants will be combined.*
- 2. The YIT CLC and Young Adult Coordinator(s) collaborated with the Vermont Department of Health (VDH) to produce the 2011 YAVM Conference. This was possible because the VDH received a federal grant which includes a budget of \$10,000 for a conference to improve the health of youth/young adults with minority backgrounds. **Attachment E** is a report to VDH about this successful conference, which VDH has agreed to support again in 2012. Young adults designed the conference to include an*

overnight stay on a university campus, and even though this was held on Memorial Day weekend (due to the availability of dorm and activity rooms), over 114 different youth and young adults from around Vermont came to the event with their adult allies.

*Also during May 2011- in conjunction with the DMH Child Trauma Grant from the SAMHSA National Child Traumatic Stress Initiative - the YIT Social Marketing Coordinator created and distributed over 200 posters and 2400 bookmarks to educate the public about children's mental health, saying "As a village, we can build resiliency", especially for weathering trauma. **See Attachment F for a copy of the bookmark.** The posters and bookmarks were sent to public service agencies and advocacy organizations. In addition, the YIT Social Marketing Coordinator produced 200 postcards, one for each of Vermont's legislators. The postcards carried messages that "Children's Mental Health Matters" and "Celebrate Children's Mental Health Week".*

Pictures of other public mental health educational activities which the VFFCMH sponsored or in which it participated are shown in the Photo Gallery on the VFFCMH webpage (www.vffcmh.org): a Cabin Fever "fun-raising" and children's mental health awareness raising event of March 5, 2011; a statewide rally held on March 9, 2011 by multiple organizations to protest planned cuts to mental health and developmental services budgets [VFFCMH YIT Lead Family Contact testified to the Joint Appropriations Committee]; and a banner saying "Children's Mental Health Matters", announcing Children's Mental Health Week in May 2011.

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

The YAVM Movement Conference is the central YIT celebration of Children's Mental Health Day/Week/Month even though the conference might not occur during Children's Mental Health Week or on Children's Mental Health Day. The YIT Social Marketing Coordinator created a YIT Facebook page and another one specifically about the YAVM Conference. She has already invited young people to submit their ideas for the 2012 Conference. As of August 1, 2011, the YIT Facebook page had 211 "friends", and the YAVM Conference group had 97 members.

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

In the past, Vermont's public education about children's mental health primarily consisted of educating legislators about the need for services. With the YIT Social Marketing Plan, this limited focus has been expanded to a much broader campaign to reduce stigma related to needing and receiving mental health services and to just being a young adult. One barrier to carrying out this campaign is lack of information about the messages most likely to make a difference with young adults. The WEST campaign and the related but not-YIT-funded VFFCMH young adult leadership mini-grants (first issued in the summer of 2011) directly address this by encouraging youth to design their own messages and activities. A more diverse group of young adults is now giving input to the design and content of the YAVM Conference, an

event intended to build leadership and advocacy among young people about the SOC. And families are being provided information through the VFFCMH website about leadership opportunities and how their "Voice Matters" to improve the SOC.

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

The Vanguard team was helpful to the Social Marketing Coordinator in drafting the YIT Social Marketing Plan. Following the Year 2 Federal site visit, the TA Partnership asked the Social Marketing Coordinator to describe her work in an article for the TA Partnership newsletter. This was uplifting for the Social Marketing Coordinator, as was being asked to serve in 2011 (like in 2010) on the panel of judges for the national ECCO awards. Undoubtedly, though, the biggest support occurred in September, 2011 when Leah Holmes-Bonilla of Vanguard and Brittany Smith of the National TA Partnership made a site visit to Vermont specifically to offer T/TA about social marketing and social media to an audience of YIT staff and young adults. This day of training occurred less than 2 weeks after Tropical Storm Irene and devastating floods in Vermont, but at least 40 people from 7 of the 12 regions came together at the Three Stallion Inn in Randolph to learn about these topics. Since then the regional demand for consultation by the YIT Social Marketing Coordinator has increased dramatically. She is helping regions enhance their recruitment and marketing techniques by building social networking sites and branding their young adult advisory groups.

VIII. Evaluation

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

Dr. Thomas Delaney, Lead Evaluator for YIT, and Dr. Jesse Suter, Dr. Jody Kamon, Ellen Talbert, database administrator, plus interviewers Stasia Savasuk and Amanda Ellingson comprise the energetic, cohesive 2+ FTE Evaluation Team for this grant. They operate out of the Vermont Child Health Improvement Program (VCHIP) of the University of Vermont (UVM) Medical School.

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

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

A few regions have attained their targets for enrollment in services and in the evaluation studies; most have not. The Evaluation Team has kept the YIT State Operations and Outreach Team and the regions informed about enrollment. (See Attachment G for enrollment information for the latest quarter [July to September 2011], with a row of data about the cumulative enrollment.)

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

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

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

Enrollment is one of several topics discussed with the regions during the annual site visits by the YIT State Operations and Outreach Team. During this reporting period site visits were made to half the regions: Addison, Bennington, Franklin-Grand Isle, Orange/No. Windsor, So. Windham, and So. Windsor/No. Windham. The Evaluators participate in these visits along with the Principal Investigator (PI), Project Director (PD), Young Adult Coordinator, Social Marketing Coordinator, Lead Family Contact, and other members of the State Team as possible.

Besides the enrollment information, the Evaluation Team produces and shares a continually evolving dashboard of indicators. The YIT dashboard was first shared with the regions in the evaluation discussion group at the September 23, 2010 Learning and Sharing Day. The statewide version is updated quarterly and disseminated broadly via email to YIT staff and stakeholders. The regional versions are prepared once the regions have submitted enough data to ensure confidentiality of the results.

The dashboard is monitored regularly by the State YIT Operations and Outreach Team and by the regional YIT Steering Committees for policy or practice implications. It is also shared with the YIT Leadership Team, which has been addressing one or more of the domains (e.g.,

incarceration, housing, employment, transportation, etc.) during each quarterly meeting.

The latest dashboard- now with six-month follow-up data (see Attachment I) - was presented to the regional YIT staff and Steering Committees in attendance at the September 30, 2011 YIT Learning and Sharing Day. For that day as for the one a year earlier, Evaluation Team Leader Tom Delaney was very involved with the interagency committee planning the event. He felt the need to help the Evaluation Team (and others) better understand each region's SOC. The YIT Social Marketing Coordinator came up with a driving and road theme for the Learning and Sharing Day. This enabled a dual focus on both family- and young adult driven-care and on SOC mapping. The planning committee created an extensive exercise to help regional YIT staff and Steering Committee members experientially define the local SOC and their roles within it. In this way, the Evaluation Team turned its research into action to ensure that technical assistance most critical to the success of YIT was delivered.

Other data being shared comes from the Department of Corrections (DOC). For YIT, DOC developed a standard quarterly report about the status of people under its supervision by age and region. The YIT PD distributes this via email to the AHS Field Services Directors and the Children's Mental Health Directors and others in each region. It is an important part of evaluating results of the grant. During this time period, the YIT PD communicated extensively with the DOC to obtain changes to the quarterly report. As a result, it is now possible to estimate (conservatively) that since YIT started delivering services, there has been at least a 20% reduction in the number of young people aged 16-21 (inclusive) under DOC supervision. Most of the reduction has been in community supervision rather than incarceration.

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

The Evaluation Team initially held 4 meetings of its advisory group (the "E-Team") to get input about the evaluation design from young adults and family members who are or have been consumers of services from the Vermont SOC. The first meeting included an encouraging number of youth and young adults, but the subsequent three meetings met with only mixed results and low attendance by young adults, although participation by family members and adult allies continued to be very strong. The Evaluation Team has tried to modify how it recruits and retains people onto the E-Team, including holding meetings at different locations and different times of the day and holding a phone meeting. The Team continues to explore other means of engaging young adults for the YIT evaluation, like visiting the Spectrum Drop-In Center and using Facebook. These issues have been discussed with MACRO representatives.

The YIT Evaluation Team took a new approach to hearing from young adults in early summer, 2011. The Team contracted with Dr. Nancy Pandina to conduct focus group interviews with young adults in 10 of the 12 regions to learn their opinions about what does or does not work about the services they have received. (Dr. Pandina was an evaluator for Vermont's earlier Children's Mental Health Initiative grants.) She has been doing quantitative analysis of the comments received from 82 young people from around the state.

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

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

With advice from Dr. Rusty Clark, starting in the fall of 2010 the YIT Evaluation Team took on the added task of assessing how well regions are implementing TIP. Dr. Clark approved VCHIP adaptation and use of two TIP self-assessment tools: the Self Study of TIP Implementation—Guidelines, and the Self Study of TIP Implementation—Organization and Structure. These tools were administered (the Guidelines tool as a structured interview, the Organization and Structure tool as self-report) and completed by representatives from a total of 16 Vermont SOC organizations. The YIT Evaluation Team summarized the findings, shared them back with the organizations at the June 2011 TIP training, and is now using them as the baseline for a study of how the organizations may be changing as a result of the TIP training. The assessment may enhance the likelihood of some or all of the 16 organizations adopting and sustaining TIP as an evidence-based practice. The YIT Evaluation Team will factor this research into its analysis of regional SOC and YIT results.

The distribution of DOC data has helped to raise awareness about the number of young adults in jail or on probation in the regions, and affected regional design and implementation of the plans. Local design, in turn, influences “ownership” and sustainability. The evaluation is measuring progress toward achievement of goals for the SOC and changes in functioning and mental health symptoms for transition-aged youth with SED. So far there are positive indicators of progress. The data will be used to support requests for State and community funding to sustain the project after the federal grant funds end.

IX. Technical Assistance and Training

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

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

- *Six regional site visits;*
- *Multiple CLC workshops;*
- *An evaluation poster and presentation at the Annual SOC Research Conference in Florida in March;*
- *Help with two workshops at the Youth Workers' Conference on May 20; both workshops highlighted the voices and leadership of youth and young adults.*
- *The YAVM Conference, held on May 27 and 28;*
- *Advanced TIP training, held on June 8 and 9;*
- *Bringing 3 young adults with their family or adult allies to the July SOC Grantees' Meeting; and*
- *The September 30, 2011 Learning and Sharing Day.*

Most of these events have already been mentioned in earlier sections of this report, so the next section will emphasize only the CLC and TIP training events.

How were these training activities used? Who completed these training activities? Were they effective in meeting community goals?

CLC training events: *During this reporting period, the following organizations hosted CLC training for over 249 staff and community members:*

- ✓ *New England Survivors of Torture and Trauma (NESTT)/Connecting Cultures – UVM College of Psychology, Burlington, Vermont; January 2011- 21 participants*
- ✓ *Vermont Interdisciplinary Leadership Education for Health Professionals (VT-ILEHP) Program – UVM College of Medicine, Burlington, Vermont; February 2011- 15 participants*
- ✓ *Vermont Federations of Families for Children's Mental Health (VFFCMH), Waterbury, Vermont; March/April 2011- 9 participants*
- ✓ *Two trainings at Northwestern Counseling and Support Services (NCSS), Saint Albans, Vermont; May 2011:*
 1. *Clinicians and Youth In Transition staff - 21 participants*
 2. *Community members - 10 participants*
- ✓ *Youth Services Inc., Brattleboro, Vermont; July 2011 –18 participants*
- ✓ *Third Annual Success Beyond Six Behavior Interventionist and Clinician Conference - Vermont College of Fine Arts, Montpelier, Vermont - Sponsored by The Vermont Council of Developmental and Mental Health Agencies & The Vermont Department of Mental Health; August 18 and 19, 2011–55 participants*
- ✓ *2nd Annual New England Survivors of Torture and Trauma (NESTT) Conference; September 2011—80 participants*
- ✓ *Champlain Valley Area Health Education Center (CVAHEC)1st Statewide Medical/Mental Health Interpreters' Training; Burlington, Vermont; September 2011 – 10 participants*
- ✓ *UVM Communication Sciences and Disorders Interdisciplinary Seminar in Neuro-developmental Disabilities (CSD311) graduate course; September 2011 – 10 participants.*

TIP training events: *As mentioned on page 10, in June 2011 the YIT State Operations and Outreach Team – with support from VR – hosted an advanced TIP training for 82 people from 16 organizations and programs throughout Vermont. **See Attachment J for a summary of participants' comments about the training.** At the training, participants identified needs for more technical assistance around fostering young adult leadership, family engagement, and involvement by SOC partners. As a result, these topics became the foci for the September 30, 2011 YIT Learning and Sharing Day. Also, following the TIP training in June, a core group of people interested in moving forward with TIP implementation created a proposal for further technical assistance from the NNYT to help organizations/programs become certified as TIP-informed and to certify locally-based TIP trainers. **See the proposal in Attachment K.** The NNYT accepted this proposal so YIT is in the process of contracting with them.*

X. Sustainability

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

A draft action plan for sustainability was formulated from the logic model. "State supports and sustains regional services for young adults" is one of the goals and is the basis for the action planning for sustainability. That action plan was added to the official YIT website (<http://www.youth-in-transition-grant.com> – see the State Operations and Outreach Team page) during this period.

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

Vermont's grants management adheres to the OMB requirements. DMH obtains certification of match for this grant from the relevant business and program managers; the match is reported annually on the Financial Services Report (FSR) as expected.

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

The information presented below is different from the information presented in the annual FSR, where only the required, minimum match is reported. The information below, instead, lists all match certified to the Department of Mental Health as State General Fund expenditures above baseline (average of FY2006 and FY2007) for youth of transition age by other State Departments in State FY2011. The information is here listed as in-kind since the expenditures are for related programs and services, not directly for YIT.

| Source | Percentage | Cash Match | In-Kind |
|---|-------------------|-------------------|----------------|
| Child Welfare | 24.7% | | \$820,236 |
| Mental Health | | | |
| Education | | | |
| Juvenile Justice | 1.1% | | \$36,305 |
| Substance Abuse | | | |
| Health | | | |
| Foundations | | | |
| Other (Please Describe): -Corrections -Diversion -Reach Up -Labor | 74.2% | | \$2,463,838 |
| TOTAL | 100.0% | | \$3,320,379 |

XI. Lessons Learned

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

Lessons Shared in Prior Reporting Periods:

Building a high-performing team requires a lot of time together and trust in each other's good will. The SOC Grantees' Meetings and other events (such as attendance at the annual conference of the national Federation of Families for Children's Mental Health) that count toward accomplishing the training expectation for sites provide stimulating learning opportunities combined with unstructured time for reflection and enjoying one another. This helps build common understanding, expectations, and trust. The training events also bring us face-to-face with national and other sites' experts and resources – an important way to assess what might be helpful. Therefore, it is critical that participation in these meetings continue to be required, especially in this economy.

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

While there is genuine excitement about seeking and hearing the voices of youth and young adults, figuring out how to involve them in an ongoing way in governance is challenging. As each region makes progress toward establishing its own broad-based youth/young adult leadership group, the VFFCMH may be able to take steps toward forming a centralized Vermont Youth MOVE chapter. While this depends upon a critical mass of continuing interest among young people, it offers the possibility of a structure upon which advocacy for sustainability could be built.

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

New Lessons for this Reporting Period:

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

Notably, the VFFCMH hired a new statewide Young Adult Coordinator, Matt Wolf, who is

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

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

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

ATTACHMENT A

Action Plan Chart

| | Person Responsible | Target Completion Date |
|--|--|---|
| Report Section I – System of Care Planning | | |
| <ul style="list-style-type: none"> Increase the participation of young adults (especially), their families and allies in planning and developing, monitoring, and modifying the system of care. | YIT State Operations Team, Outreach and Leadership Teams, Regional Steering Committees, DMH | Ongoing |
| Report Section II – System of Care Structure | | |
| <ul style="list-style-type: none"> Enhance YIT system of care structure, particularly to communicate with young adults and their Peer Outreach Workers. | YIT Leadership, Operations and Outreach Teams, Regional Steering Committees, DMH | Ongoing |
| Report Section III – Population of Focus | | |
| <ul style="list-style-type: none"> None | -- | -- |
| Report Section IV – System of care services and Supports | | |
| <ul style="list-style-type: none"> Increase learning and sharing opportunities (phone conferences and meetings) for regional YIT staff. | -YIT Operations and Outreach and Leadership Teams | -Ongoing |
| <ul style="list-style-type: none"> Develop and use tools to measure impact of activities and services for refugee communities. | -VCHIP, YIT Clinical TA Provider, CLC Coordinator | -Develop before end Year 3; quality assurance ongoing |
| <ul style="list-style-type: none"> Consistently develop crisis/safety response plans for YIT clients. | -DMH, DAs, YIT Clinical TA Provider, YIT Regional Administrators and CMs | -Ongoing |
| Report Section V – Fiscal Management | | |
| <ul style="list-style-type: none"> Develop additional strategies for Match. | PI, PD | As needed |
| Report Section VI – Cultural and Linguistic Competency | | |
| <ul style="list-style-type: none"> Develop resources to enhance cultural and linguistic competency efforts. | CLC Coordinator, PD, PI, DMH, DAs | Ongoing |
| Report Section VII – Family Driven Care | | |
| <ul style="list-style-type: none"> Increase family and/or ally involvement in planning and implementation committees. | -VFFCMH, LITs, DMH, YIT State Operations Team, Regional Administrators and Steering Committees, -VFFCMH with LITs, VFN, AHS, DOE | Ongoing Before end Year 3 |
| <ul style="list-style-type: none"> Develop a consistent definition of family across all regions. | -VFFCMH in discussion with federal Transition Aged Youth Learning Community and with State YIT Operations, Outreach and Leadership Teams | Ongoing |
| <ul style="list-style-type: none"> Augment efforts to sort-out who is driving the system of care | | |
| Report Section VIII – Youth Guided Care | | |
| <ul style="list-style-type: none"> Identify and support young adult leaders on a continual basis. | - YAC in discussion with federal TA Partnership Coordinator, the State YIT Operations, Outreach and | Ongoing |

| | | |
|--|--|---------------------------|
| <ul style="list-style-type: none"> • <i>Enhanced system structures (including budgeting for formalized sharing, learning and leadership opportunities) for YIT population of focus.</i> | <p>Leadership Teams, also with regional YIT Peer Workers and CMs. -YAC, regional YIT Peer Workers and CMs and Steering Committees – w/YDP, plus the YIT State Operations, Outreach and Leadership Teams.</p> | <p>-Ongoing</p> |
| <p>Report Section IX– Public Education and Social Marketing</p> | | |
| <ul style="list-style-type: none"> • Increase young adult involvement in creating messages and strategies for social marketing plan. | <p>- SMC with rest of YIT Operations, Outreach and Leadership Teams.</p> | <p>-Ongoing</p> |
| <ul style="list-style-type: none"> • <i>Move beyond an event focus strategy.</i> | <p>-SMC with TA from Vanguard</p> | <p>-Ongoing</p> |
| <ul style="list-style-type: none"> • <i>Develop a statewide social marketing committee.</i> | <p>-SMC (w/Bring Change2Mind and WEST)</p> | <p>-Before end Year 3</p> |
| <p>Report Section X – Evaluation</p> | | |
| <ul style="list-style-type: none"> • <i>Increase the numbers of young adults retained in the National Evaluation.</i> | <p>-VCHIP with TA from MACRO, Regional Evaluation Liaisons and CMs</p> | <p>Ongoing</p> |

ATTACHMENT B

The Company (VFFCMH) and the Contractor (United Counseling Service, UCS) agree to the following Scope of Services to be performed:

Purpose:

The Vermont Federation of Families for Children's Mental Health (VFFCMH) will help Vermont's transition-aged youth (16 through 21 inclusive, and their families) with serious emotional disturbance (SED) to have adequate preparation and the necessary supports to be productively engaged in the community and free from incarceration. To do this, in part, the Federation will expand its leadership in the system of care for children and adolescents with SED by contracting with United Counseling Services (UCS) of Bennington County to provide technical assistance to peer outreach workers and youth and young adult leaders and leadership groups throughout Vermont.

Activities/Responsibilities:

UCS will dedicate up to 10 hours per week of the time of its employee Katrina Hollis to provide the desired technical assistance to peer outreach workers and youth and young adult leaders and leadership groups around the state. Katrina will deliver this technical assistance in collaboration with the VFFCMH Youth in Transition (YIT) staff, including Lead Family Contact Cindy Marshall, Young Adult Coordinator Matt Wolf, and Social Marketing and Communications Coordinator Courtney Bridges.

Particular duties to be performed by the Contractor from October 1, 2011 – June 30, 2012 include at least some or all of the following:

- To build rapport with regional peer outreach workers and youth/young adult leaders and leadership groups, Katrina Hollis will visit one or two regions per month. She may bring one or more youth/young adult leaders from the Bennington Teens for Change with her. Together with the VFFCMH YIT staff, she and the young adults will present about and discuss various effective youth outreach and involvement efforts.
- Katrina Hollis will help the VFFCMH YIT staff plan the 2012 Young Adult Voice Movement (YAVM) Conference and other Children's Mental Health Awareness (Day, Week, Month) activities. She will help to recruit youth/young adult leaders to give input to the planning and to participate in the activities, including as presenters.
- When possible, Katrina Hollis will join the monthly YIT State Operations Team meetings in person or by phone or video-conference to represent the voice of youth/young adults.

ATTACHMENT C

Peer Worker Orientation & Training Key Points

The following information was given by existing Peer Workers in the YIT Grant statewide regarding what is needed to help a new Peer Worker acclimate to their new position, professional environment and prepare them for success in their work.

A. HIRING CONSIDERATIONS:

- ❖ A young adult being considered for a Peer Worker position needs some kind of past job experience (even just McDonald's) so they know about what it is like to hold a job; arrive on time, maintain general professional behavior, work with supervisors, etc.
- ❖ It is also very helpful if the Peer Worker is from the area that they will be working in so they already know of the unseen or unknown corners of the town that only youth know about. They may also know of or have relationships with some of the agencies or businesses in the area as well.

B. INITIAL TRAINING:

- ❖ **Professional Boundaries:** This should be sure to very clearly include the concept of not giving out personal phone numbers or personal information and how, there should absolutely not be any personal relationships with the peers being served. What to do and what not to do in your interactions with the peers being served should be very clear as well. While a Peer Worker's life experiences can help them in working with peers effectively, being told how to properly apply this experience appropriately, and not give out personal information in their interactions with peers is key. Training on mandated reporting & confidentiality (HIPPA) is very important, but training on how to effectively disclose that to the peers to ensure their comfort is equally as important (based on young adults' experiences with gossip in life and school, it is critical, and difficult, to ensure an understanding of and comfort with these concepts). It is also very important to ensure that the Peer Workers understand what they are qualified to do in their work and when they need to make referrals to service providers to help the peer with the more intense (possibly clinical) concerns that arise.
- ❖ **Personal Presentation:** It is very important to give new Peer Workers some guidance around how to act around the peers they will be serving and also emphasizing the value of informal meetings and peer level respect/understanding. Knowledge of how to approach peers confidently, (body language, posture, dress, etc) even in intimidating situations, but also present as accessible to the peer, is critical to the work. A social skills & awareness training related to outreach work and how to reach out to people in general is very important, but also needs to

include concepts around connecting with all youth for outreach; not just those within a given Peer Worker's social group, social class, clique, or sphere of interests. Peer Workers need to be equipped to transcend these age appropriate social conventions. It is also important for Peer Workers to have these peer related skills in combination with training around how to help translate/mediate between the peers and adults/service providers they will be helping the peers to work with. Similarly, these workers also benefit from training about being respectful, and sensitive, to the cultural differences that exist in their communities. This helps to build alliances and respect within the community in general.

- ❖ **Shadowing:** Learning by observing an experienced worker is extremely valuable to new Peer Workers. It helps them get involved with the peers they will be serving and also helps them to connect with the agencies they will be working with and the community in general (learning resources). This is also a subtle way to support some of the professional boundaries training the Peer Worker will have received. Being visually associated with an experienced worker lends credibility to the promise of confidentiality and the Peer Worker's knowledge of services and support.
- ❖ **General considerations:**
 - Given the type of work Peer Workers will be expected to do, knowledge of how to protect themselves will be very important. Being taught to be aware of the potential dangers a worker could run into in the field will be important. Things like knowing what a meth lab smells like, or what people look like when they're high or drunk and then knowing how to handle themselves safely and appropriately in such situations.
 - New Peer Workers will also need ongoing guidance and support around building confidence in discussing difficult subjects like drugs, sex, family issues, dating or domestic violence, etc. This will help them to be more effective Outreach Workers, but will also support them personally in the possible emotional struggles they may run into when supporting a peer on such subjects.
 - Similarly to any professional, Peer Workers benefit from ongoing training opportunities. It helps to expand their knowledge, re-energize themselves for the work, and help them to grow more as a professional. Sometimes the knowledge gained from experience in the field, helps prepare people to be better, more attuned, students in future training opportunities.
- ❖ Many of the concepts referred to in these key points (personal presentation, boundaries, shadowing, etc.) are part of Street Outreach training given by Jim Bolis of the Empire State Coalition. This training was brought to VT in May, 2010 by VCRHYP; the YIT workers were invited to attend.

C. AGENCY ORIENTATION & SUPPORT:

- ❖ It is very important for the adults within a given agency to be “ready” to work with, and support, a young adult both professionally and personally.
 - A new Peer Worker is more likely to be successful in the long run if his/her agency/supervisor does not expect too much all at once, especially at first. It will be important to give the new worker time, understanding and support to build up to being able to juggle multiple tasks and manage the high stress situations they often find themselves in doing this work. At the same time, it is beneficial to start working on a professional development plan with the new worker as early on as possible; potentially using this as a tool for thoughtfully adding to the worker’s list of responsibilities over time.
 - Successful orientations have included:
 - An explanation of the grant and the Peer Worker position itself.
 - The needs, expectations and accomplishments of the program so far.
 - A clear outline of who the supervisors are, what the supervision routines are, and how to access support & information relevant to the job and the experiences a worker may have in the position.
 - A policy manual that outlines some of the most basic expectations of any employee within the given agency.
 - Walking through the position in detail with clear explanations of daily expectations, paperwork requirements, tasks that need to be completed & staff that can be supportive in those efforts.
 - Within the clear expectations of what “needs” to be done for the position, there should also be acknowledgement of the less predictable & routine aspects of the work. Encourage new Peer Workers to be creative in their work and utilize other staff and supervisors’ thoughts & opinions to find new and possibly more effective ways to get the work done.
 - Elements of successful support of Peer Workers have included:
 - An office with several supervisors and staff who are very supportive of each other and look out for one another both personally & professionally. (A place where anyone would pull you aside to ask about things and if you need someone to talk to based on a change in your overall presentation that day.)
 - Mutually respectful and supportive inter-office relationships where honesty is most important and everyone is valued & knows where they stand within the agency.
 - A direct supervisor who is easy to approach, a very hard worker, and passionate about the work.

- A clear structure outlined from the beginning about whom the Peer Worker can talk to regarding possible issues with any staff member; also over time helping them identify an “extra outlet” - someone with whom they feel comfortable discussing more sensitive issues.
- New Peer Workers are also going to need support with balancing their work & home lives, and learning how not to “take work home with you.” Having someone to check in with about this subject before it becomes an issue would help to make for a more open conversation when concerns do start to surface.

ATTACHMENT D

The Vermont Youth In Transition (YIT) Grant **Call for Nominees for** **The 2011 Young Adult Leadership Awards**

BACKGROUND

The Vermont Youth In Transition (YIT) Grant is committed to the goal of developing & strengthening young adult leadership across VT. Starting in 2011, the YIT Grant is sponsoring a quarterly Young Adult Leadership Award which is open for nomination to all of the transition aged youth/young adults in the state of VT who exhibit exemplary leadership and initiative in their own lives and affecting the lives of others around them. We believe in honoring these community activists for their efforts, hard work, and dedication to improving the lives of themselves, other young adults and their communities in general.

ELIGIBILITY CRITERIA

Nominees will display initiative in developing their own leadership skills as well as inspiring leadership development in and empowering other youth/young adults through leadership groups, designing & implementing youth/young adult trainings, organizing community activities & projects, etc. Successful nominations will reflect the nominee's efforts & dedication to supporting others, drawing the community together through efforts that reduce the stigma associated with being a young adult in their area, partnering with local agencies & businesses, and creating lasting initiatives that will continue to guide & help others for years to come. Qualified nominees need to:

- Be between the ages of 16 and 25 years old
- Be a Vermont resident
- Be active in making a difference in a Vermont community
- Be committed to honoring cultural diversity and social justice

We firmly believe that the creativity, tenacity and inspiration these youth/young adults display in their daily lives should not go unnoticed and merit celebration & recognition locally & statewide. These youth/young adults are the activists of change for the future who leave a lasting influence on the lives of others around them and their communities in general.

The four winners of this award each year will be offered:

1. Official public recognition in their local region, and statewide at the annual Young Adult Voice Movement (YAVM) Conference by the Vermont YIT State Team.
2. An invitation to join members of the VT YIT State Team in attending a National Conference about excelling as a young adult leader.
3. A copy of a press release celebrating their accomplishments.

HOW TO NOMINATE A YOUNG ADULT FOR RECOGNITION

Fill out the attached application and return it with a letter of nomination to:
The Vermont Federation of Families for Children's Mental Health
PO Box 507
Waterbury, VT 05676
Attn: Matt Wolf

SUBMISSION REQUIREMENTS

1. A completed application for the Young Adult Leadership Award
2. A Letter of Nomination should describe the nominee's triumphs in rising to becoming an agent of change, accomplishments with other youth/young adults, activities in his/her community, and how all of this is positively affecting systems change. Nominations should also describe how the youth/young adult:
 - Displays adaptive skills and resiliency to overcome challenges & obstacles in life.
 - Displays self-control, responsibility and positive decision-making abilities in striving to achieve their goals.
 - Has built and displays teaming skills with other youth/young adults and community partners.
 - Is currently making a difference and changing the lives of other young adults and their community.
 - Takes responsibility for their successes & failures and is self-disciplined in working toward goals that contribute to the lives of others.
3. Contact information for the nominee and parent/guardian (if nominee is under the age of 18) must be included.

DUE DATES & DEADLINES

Nominations must include all requested information and be received by the following dates in order to be considered for that quarter's award.

| | First Quarter | Second Quarter | Third Quarter | Fourth Quarter |
|---------------------------------|---|---|---|---|
| Nomination due date (post mark) | June 30 th (June 28 th) | September 30 th (Sept. 28 th) | December 31 st (Dec. 29 th) | March 31 st (March 29 th) |

The YIT Grant State Team, in partnership with the local YIT Team, will present the award to the selected winner within six (6) weeks of the nomination due date for that quarter's award.

If you have any questions regarding submitting a nomination for the YIT Grant Young Adult Leadership Award, please feel free to contact Matt Wolf at the Vermont Federation of Families for Children's Mental Health (VFFCMH) at (802) 244-1955 or by email at mwolf@vffcmh.org



Young Adult Leadership Award Application

Contact Information (Yours)

| | |
|------------------|--|
| Name of Nominee | |
| Street Address | |
| City ST ZIP Code | |
| Home Phone | |
| Cell Phone | |
| E-Mail Address | |

Availability

During which hours are you available to talk about the nominee?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Special Skills or Qualifications

Summarize special skills and qualifications you believe the nominee holds.

Personal Story

Summarize one story about the nominee that highlights their reason to be a candidate.

Contact Information (Nominee)

| | |
|------------------|--|
| Name | |
| Street Address | |
| City ST ZIP Code | |

| | |
|----------------|--|
| Home Phone | |
| Work Phone | |
| E-Mail Address | |

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

| | |
|----------------|--|
| Name (printed) | |
| Signature | |
| Date | |

Other

Does the nominee know you are nominating them?

| | |
|----------|--|
| Yes | |
| No | |
| Not sure | |

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in the Young Adult Leadership Award.

ATTACHMENT E

Young Adult Voice Movement (YAVM) Conference Report

Operations Team

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The 2nd Annual Young Adult Voice Movement Conference was a great success. This year the event was primarily planned by young adults for young adults. The planning committee was composed of young adults, many of them of diverse minority background or at risk youth. The theme of the conference was “Diversity Rocks”. This year we tried a different venue and format. Our event was held at UVM and was an overnight, 2 day conference.

The overall structure of the day was developed with three primary goals;

- 1) Networking opportunities for young people from a variety of diverse backgrounds and regions of Vermont
- 2) Various opportunities for young adult leadership and teambuilding skills
- 3) Fun

Geographically the young people who registered were:

- 55% from Chittenden County
- 9% from Franklin/Grand Isle County
- 7% from South Windsor County
- 7% from Washington County

There was also representation from South Windham, Rutland, Orange, Lamoille, and Bennington Counties.

Seventy two percent of those attending were youth/young adults. 42% were Female, 58% were Male.

Ethnic and Racial Demographics of those who registered:

- 30% self-identified as Asian
- 22% self-identified as Black/African American
- 42% self-identified as White/Caucasian

Friday Evening- 114 Young People Attended

The evening consisted of networking, BBQ Dinner, DJ & dancing, team building and ice breaker activities, fun games, giveaways, and the inspirational premier presentation of the YIT Grant's new “Youth Leadership Award.” The 1st “Youth Leadership Award” was given to Katrina Hollis, a 21-year-old young woman from Bennington, Vermont who has been part of the Youth in Transition work for several years and a strong leader in her community and state. (In the future, the State YIT Operations Team will select four young adults for the award – one per quarter year. Any youth aged 16-21 can be nominated for his/her leadership.)

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Saturday – 75 Young People Attended Workshops, 60 Young People Attended the Team Building Activities

The workshop topics were specifically chosen by the young adults on the planning committee. These represented topics that were important to them. Also important to note, the young adults were specific about what they wanted in the structure of the workshop and the skills of the speakers. Speakers were told specifically that the workshops needed to be “young adult led” or at least “young adult friendly”. They could not be lecture based, but needed to be a story or experience based. Also important in each presentation was the inclusion of open “conversation” with the youth. They wanted information on each topic, while also being interactive and fun.

The Team Building activities were led by UVM’s Adventure Ropes Course (UVM ARC) team. Activities included games, stretches, initiatives, trust-building activities, and other elements to encourage mingling, bonding, discussion and reflection, and to address a myriad of focal points. The goal of this part of the conference was to provide and promote adventure-based, experiential learning and cooperative team-building opportunities.

Workshops

1. **LGBTQ-** 10 Participants- *This workshop included an interactive panel and a short activity. Panel members discussed their experiences surrounding their LGBTQ identities and leadership around advocacy for their communities.*
2. **Substance Use/Abuse-** 24 Participants - *This workshop consisted of viewing a video about substance abuse and use issues that have hit young adults in Vermont. The video is a production done by young adults who sit on the Young Adult Advisory Team funded by ADAP. The video documents raw, real, and emotional footage that allowed for young adults to ask the hard questions about substance use/abuse they may never have had opportunity to ask before.*
3. **Suicide Prevention** – 8 Participants - *Shock, grief, guilt. Just a few emotions we feel when someone takes their life. Suicide may come as a surprise yet, often, there were indications that the person needed help. Learn the warning signs of suicide, discover how to intervene, find out how to stay strong because, as a friend, you matter!*

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IT Progress Report for 2/1/11-9/30/11

4. **Military Families** – 7 Participants- *Workshop was delivered by 1LT/02, a 24 year old Vermont native who has served two tours overseas fighting for our country. He designed the workshops on the spot, adapting to whatever the young adults wanted to learn, hear, or ask.*
5. **Nutrition and Health** – 21 Participants- *This workshop was led by a UVM Nutrition Faculty, who is a registered dietitian and board certified specialist in pediatric nutrition. The presentation included several related activities, one of which consisted of asking young adults to examine how much sugar is actually in sodas by conducting sugar and water experiments.*
6. **Life Skills** – 5 Participants - *This workshop was presented by an employee of the Vermont State Colleges System; he discussed higher education options available to young people and demonstrated how they could use an interactive website to explore their interests, colleges, and financial aid.*
7. **Diversity** – 33 Participants- *This workshop was led by a refugee young adult from Chittenden County. The session included three parts: a) U.S. racial categories and the social construction of race: through an interactive activity with i-clickers participants learned that there are more than just physical traits involved, and what we often interpret by just looking at people is not always accurate, mainly because skin color is only skin deep. b) Connecting the dots: participants experienced the fact that we often subconsciously limit our perspectives and alternatives. c) Proverbs: participants discovered that, in many ways, people from different backgrounds and cultures hold similar values and beliefs.*
8. **Leadership** – 27 Participants- *This workshop included a panel presentation by three young adults from the Franklin/Grand Isle area. These youth discussed the stories of their lives leading to their involvement in the YIT programming that supported their growth as leaders. They also discussed some of the events/activities of their own design they had held in their communities through their leadership group. This was followed by an open conversation about developing leadership & leadership groups in other areas and the supports/inspiration that facilitates that leadership development in young adults.*
9. **Mental Health** – 9 Participants- *This workshop looked at the stories of the individuals in the room as well as experiences of their peer group to generate an idea of the typical stressors of today's youth. Through discussion and role play they explored*

resources within themselves and each other to improve their mental wellness.

10. **Small Business** – *18 participants- This was an interactive workshop where the youth participants made chocolate treats, while simultaneously learning about developing a small business (like “Chocolates for Change”) and the community partners who could potentially be involved in that process. Some fundraising and marketing strategies were discussed as well, and there was an open conversation with the youth about starting to work with their entrepreneurial ideas.*

In 2009, the Vermont Department of Mental Health received a 6-year grant from SAMHSA (Substance Abuse and Mental Health Services Administration) to improve the system of care for transition-aged youth and young adults 16 through 21. The goal of this six year project is to ensure that Vermont's transition-aged youth and young adults have adequate preparation and the necessary supports to be productively engaged in the community and free from incarceration.

The Youth In Transition (YIT) project is being designed and implemented at the state and regional levels. Each of Vermont's twelve Agency of Human Services (AHS) districts has its own unique configuration of public and private services and providers. In response to an [Invitation to Communities](#), issued in February 2009, the district Local Interagency Teams (LITS) are overseeing the drafting and implementation of regional strategic plans for the YIT work.

The [Vermont Youth in Transition organizational chart](#) includes the Leadership, Operations, and Outreach teams. These teams include partnering agencies and organizations such as: Department of Labor, Department of Education, Department of Health, Department of Children and Families, and Department of Corrections, among others; and the 12 Agency of Human Services (AHS) regions.

Fifty participants completed the exit evaluation at the conference. The evaluation results from this event indicate that:

- 98% of the participants enjoyed Friday somewhat, quite a bit or lot.
- 96% of the participants enjoyed Saturday somewhat, quite a bit or lot.
- 88% of the participants agreed somewhat, quite a bit, or a lot with the fact that the event inspired them to be leaders.
- 86% of the participants agreed somewhat, quite a bit, or a lot with the fact they overall had a good time at the conference.

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IT Progress Report for 2/1/11-9/30/11

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At the YAVM conference we filmed testimonials from young adults who shared their views and experiences of being part of the Youth in Transition grant and/or participating at the conference. The video will be available on our website. Below we have included a couple of testimonials from minority young adults who attended the Young Adult Voice Movement Conference this year:

"For me Young Adult Voice Movement Conference meant best place to get socialize and to gain knowledge about self and the society. This is my second time being part of this conference and it definitely had offered more than last year. I have seen many youth leaving this conference with lots of hope and dreams for their life and what I hope to see next is the support, support that might help them to acquire their dreams." -Jeetan Khadka, 20-year-old Asian young adult.

"I am so glad and feel privilege to participate in this conference. Thanks to Jeetan who told me about this. This conference was so much fun and at the same time it was very enlightening. I learned a lot and met new people. I wanted to attend all the workshops but due to the limit of two, I attended "Diversity" and "Mental Health". Both were fantastic! I feel sad that this would be my last year to participate since I'm already 21 but I'd definitely go back next year as a volunteer! I encourage every young adult to get involved in this conference. Don't think twice 😊"- Esther Doh, Asian young adult (originally from Burma) who came to the United States/Vermont in 2010.

ATTACHMENT F (next page)

CELEBRATE

Children's Mental Health



As a village, we can build resiliency

Things we know..

- ✓ 1 in 5 Vermont children have a diagnosable mental illness
- ✓ 1 in 4 children will experience a traumatic event before the age of 16
- ✓ Traumatic events could include: bullying, loss of a loved one, natural disasters, abuse & neglect, etc.

Resilience is important for all children

Resilience: The natural ability to accept and overcome life's challenges




Vermont Federation of Families
for Children's Mental Health
Phone: (802) 244-1955
Toll-Free: 1(800) 639-6071
www.vffcmh.org

Vermont Child Trauma Collaborative
Phone: 802-241-2601
www.mentalhealth.vermont.gov/cafu/vctc

ATTACHMENT G





**Elements that
Grow Resiliency**

Safety & Basic Needs

Courage & Confidence

Art, Dance & Music

Hope & Optimism

A sense of
meaning & Joy

Contribution &
Participation


Competencies

Supports & Services

Expectations &
Accommodations

Self Wisdom

Validation & Valuing
Justice



www.vffcmh.org
www.mentalhealth.vermont.gov/cafu/vctc

ATTACHMENT H

Navigating the Maze to Adulthood in Knoxville, Tennessee *(continued)*

Some of the ways that young adults from K-Town's YAC and the community have been involved in evaluation efforts:

- Holding "data parties" to help with evaluation analysis and interpretation.
- Selecting survey instruments to ensure that they measure "transition to adulthood" from their perspective. (They chose "Adult Needs and Strengths Assessment-Transition Version.")
- Participating as active members in the community's evaluation work group.



- Developing conference presentations, from first ideas to the final delivery.
- Presenting evaluation outcomes, along with personal stories, to a variety of audiences.
- Interviewing potential evaluation staff.

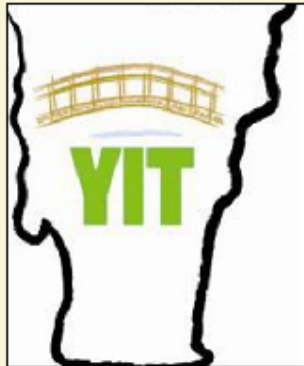
K-Town's commitment to empowering youth and young adults is obvious in the many ways that young adults are engaged in using evaluation data to shape services and policies, which in turn supports their successful transition to adulthood.

Bridging Gaps for Youth and Young Adults in Vermont

Thomas Delaney, Program Evaluator
Vermont Youth in Transition, VT

Vermont's Young Adults in Transition (YIT) is

a statewide system of care that serves all 12 human services regions in the State. YIT activities are focused on youth and young adults aged 16–21, but the 12 agencies vary in their specific populations of focus. For example, youth and young adults at risk for homelessness are the focus in one region, while youth and young adults involved with corrections and court diversion are the focus in another.



The YIT evaluation team is based in the Vermont Child Health Improvement Program, which is part of the University of Vermont College of Medicine. Entering their fourth year of SAMHSA funding, one of the main ways the evaluation team supports YIT is by providing regional agencies and State leaders with detailed information about how youths' and young adults' lives are changing as they continue to participate in the system of care. For example, recruitment has been a challenge for YIT, so the evaluation team

uses data to produce a quarterly two-page "Dashboard" that summarizes the agencies' recruitment successes.

The Dashboards also report on a variety of measures related to youth and young adult outcomes. In the most recent Dashboard, the team was able to report improvements in areas such as housing and mental health. The percentage of young adults living in independent housing or with their family increased from 54% at time of intake to 68% after 6 months, and the percentage who agreed or strongly agreed that they were able to cope increased from 61% at intake to 74% after 6 months.

As the number of youth and young adults enrolled in the evaluation continues to increase, the team is beginning to develop new Dashboards that present data by region alongside the statewide numbers. This allows youth and young adults, agency staff, and policy makers to see how their successes and challenges compare to other regions and helps them identify areas in which to focus their quality improvement efforts. As more local data are collected, the evaluators are in a much better position to support regional

quality improvement work, as well as to continue "building the case" for the effectiveness of system of care services in our state.

This year at the Summer System of Care Community Training conference in Chicago, the Vermont Youth in Transition evaluation team was selected to receive a silver-level Honoring Excellence in Evaluation award in the evaluation operations category for our accomplishments and sustainability efforts.

Future Evaluation Updates

This *Evaluation Update* is the final issue in the series. This and past issues will be available through the Children's Mental Health Initiative (CMHI) online library (<http://cmhi-library.org>). The success of this publication is due to the enthusiasm, commitment, and expertise of the system of care communities that have contributed to it over the years, as well as members of the CMHI National Evaluation Team and its partners at the Child, Adolescent and Family Branch, Center for Mental Health Services (CMHS) in the Substance Abuse and Mental Health Services Administration (SAMHSA). Thank you.

ATTACHMENT I



**Youth in Transition Summary of Enrollment
Period July 01, 2011 – Sept. 30, 2011**

| Region | SICC ¹ | Enrolled in Common Study ² | % reported female enrolled in Common Study | % reported minority enrolled in Common Study | Enrolled in Vermont Study | Enrolled in National Study |
|----------------|-------------------|---------------------------------------|--|--|---------------------------|----------------------------|
| Barre | 2 | 2 | 50% | 0% | 0 | 0 |
| Bennington | 3 | 3 | 33% | 0% | 1 | 1 |
| Brattleboro | 2 | 2 | 0% | 0% | 1 | 1 |
| Burlington | 8 | 7 | 85% | 0% | 0 | 1 |
| Hartford | 2 | 2 | 50% | 0% | 2 | 1 |
| Middlebury | 2 | 2 | 0% | 50% | 1 | 0 |
| Morrisville | 4 | 4 | 25% | 0% | 2 | 0 |
| Newport | 9 | 9 | 55% | 0% | 5 | 0 |
| Rutland | 0 | 0 | 0% | 0% | 0 | 0 |
| Springfield | 0 | 0 | 0% | 0% | 0 | 1 |
| St. Albans | 1 | 1 | 0% | 0% | 0 | 0 |
| St. Johnsbury | 4 | 3 | 66% | 0% | 2 | 2 |
| Overall | 37 | 35 | 30% | 4% | 14 | 7 |

| | | | | | | |
|--|------------|------------|------------|------------|-----------|-----------|
| Statewide Enrollment 4.1.10 – 9.30.11 | 345 | 288 | 41% | 12% | 71 | 85 |
|--|------------|------------|------------|------------|-----------|-----------|

¹ SICC=Study Inclusion Criteria Checklist

² Depending on when the young adult was enrolled into the Common Study, the young adult/family may still be eligible to be enrolled in either the VT or National Study through October 30, 2011. Outcome Study baseline data collection must be completed within 30 days of initiation of service delivery or within 30 days of formal intake if services are initiated first.

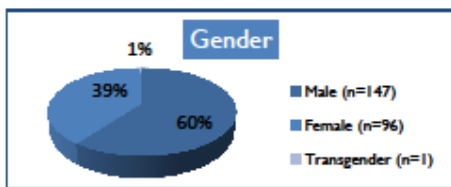
10/31/2011

ATTACHMENT J (NEXT PAGE)

Vermont YIT Descriptive Data: Who Are We Serving?

Intake sample includes 255 young adults from across Vermont.*

| Age | Mean | SD** | Range |
|-----|------|------|------------|
| | 19 | 1.4 | 15.9 to 22 |

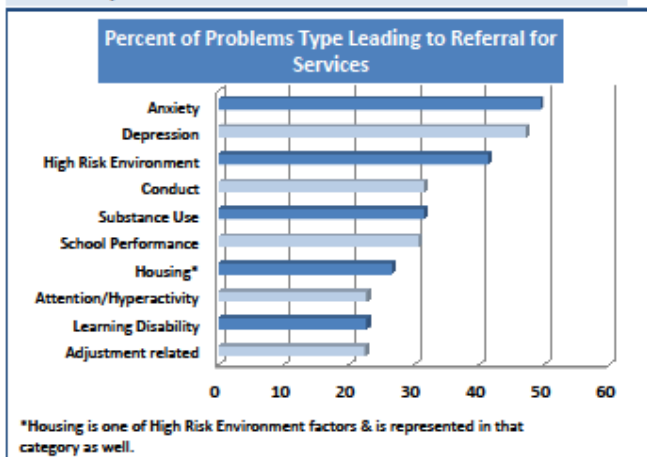


| Race/Ethnicity | n | Intake |
|---|-----|--------|
| White | 224 | 92% |
| African American | 11 | 5% |
| American Indian/Alaskan Native | 16 | 7% |
| Asian | 9 | 4% |
| Belonging to one or more race | 20 | 8% |
| Not of Hispanic, Latino, Spanish origin | 198 | 81% |
| Hispanic, Latino, or Spanish* | 8 | 3% |

*16% missing data for whether Hispanic, Latino, Spanish

Problems Leading to Referral for Services

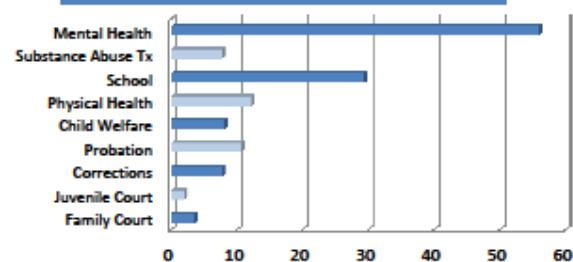
| | Mean | SD | Range |
|--------------------|------|-----|---------|
| Number of problems | 4.3 | 3.5 | 0 to 19 |



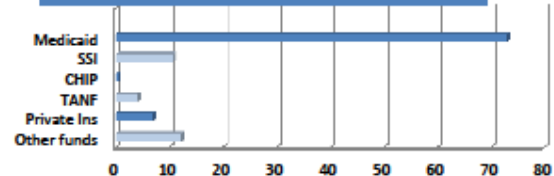
*Sample size in any given category may vary due to missing data.

**SD = standard deviation

Percent of Agencies YA Involved with at Intake



Percent of YAs receiving specific types of funds



YIT Outcome Indicators (Vermont)



Note: The Intake Sample includes all young adults who completed an interview for the Common Study Intake. The Follow-Up Sample includes only those who completed Common Study interviews at intake AND 6 months later. The sample size changes across indicators because not all interview questions were answered.

| | Intake Sample | | Follow-Up Sample | | | |
|--|---------------|--------|------------------|--------|-------|----------|
| | n | Intake | n | Intake | 6 mos | Progress |
| Corrections | | | | | | |
| Arrested in past 30 days | 232 | 4% | 54 | 2% | 4% | ● |
| Spent at least one night in correctional facility in past 30 days | 195 | 2% | 43 | 0% | 0% | ● |
| Education | | | | | | |
| In school during the past 30 days | 242 | 40% | 58 | 48% | 43% | n/a |
| 18 and older who have completed High School or GED | 203 | 50% | 49 | 53% | 59% | ● |
| 18 and older who received post-secondary training (e.g., TECH, College) | 203 | 8% | 49 | 6% | 8% | ● |
| Health | | | | | | |
| Report they are currently in excellent or very good health | 214 | 29% | 46 | 37% | 26% | ● |
| Housing | | | | | | |
| Primarily living independently in past 30 days | 251 | 13% | 61 | 13% | 33% | ● |
| Primarily living with others in community in past 30 days | 251 | 72% | 61 | 72% | 54% | n/a |
| Primarily living in more restrictive settings in past 30 days | 251 | 6% | 61 | 7% | 8% | ● |
| Spent most nights homeless in past 30 days | 251 | 9% | 61 | 8% | 3% | ● |
| Spent at least one night homeless in past 30 days | 192 | 18% | 42 | 21% | 7% | ● |
| Relationships | | | | | | |
| Report agree or strongly agree know people they can rely on in past 30 days | 253 | 70% | 64 | 73% | 81% | ● |
| Strengths | | | | | | |
| Report agree or strongly agree can handle daily life in past 30 days | 255 | 32% | 64 | 33% | 47% | ● |
| Mental Health / Substance Use | | | | | | |
| Report anxious or depressed feelings all or most of the time in past 30 days | 219 | 4% | 47 | 2% | 4% | ● |
| Report at least weekly tobacco use in past 30 days | 219 | 58% | 46 | 54% | 48% | ● |
| Report at least weekly alcohol use in past 30 days | 216 | 12% | 46 | 17% | 11% | ● |
| Report at least weekly illicit drug use in past 30 days | 218 | 29% | 47 | 26% | 11% | ● |

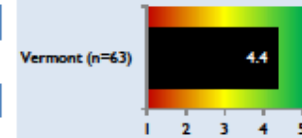
Progress: Intake to 6 mos

- at least 5% in pos direction
- No change
- at least 5% in neg direction
- n/a Progress is not applicable

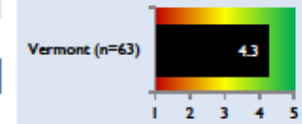
YIT Satisfaction-Follow-Up

(1 = Poor, 3 = Neutral, 5 = High)

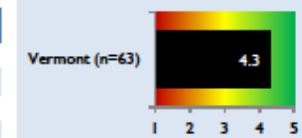
Cultural Sensitivity



Participation in Treatment



Suitability of Services



Questions: Contact Tom Delaney
thomas.delaney@uvm.edu 802-656-9192



ATTACHMENT K

ADVANCED TIP TRAINING JUNE 8 AND 9

EVALUATION

NNYT Training Evaluation Form *QUANTITATIVE RESULTS*

3 Trainers; 81 participants; 65 evaluation forms completed (65/81=80% response rate). All quantitative information is number/percent of people who Strongly Agree or Agree with the statement.

CONTENT

The information covered in training was pertinent to my job and its challenges. 64/98%
The exercises were valuable and helped me to apply the skills learned. 50/77%
The training materials are useful and added value to the learning experience. 55/85%
The amount of information presented was appropriate for the length of the class. 38/58%
The information covered was thorough and complete. 50/77%

THE INSTRUCTORS

Demonstrated knowledge and comfort with the material. 64/98%
Presented information clearly and understandably. 63/97%
Was attentive to my individual needs. 46/71%
Trained at an appropriate pace. 46/71%
Was able to answer questions effectively. 59/91%
Created a comfortable learning environment. 54/83%
Treated participants professionally. 63/97%
Was concerned with my overall learning. 52/80%

OVERALL

With the knowledge and skills I have gained from this training, I will be able to efficiently perform my job function. 53/82%

QUALITATIVE RESULTS – THEMES

1. Discuss the most important things you learned in the training.

- Our JOBS program has been doing a lot of the TIP model already.... This training was purely review...of basic skills....I already adhere to TIP....For the most part we already use TIP modules formerly or informally. .. Many of us are already doing a lot of what we came to the training for; we just didn't call it TIP....It is helpful to label skills that we are already using....Continue to do what we do....++++
 - It was ridiculous that this was forced on staff; not even one "aha" moment.

- This was a good refresher...Just the fact it provided the opportunity to explore TIP model more in depth reinforced learning and verbalizations.
- Review of guidelines. I must be mindful of the principles taught at this training. ...I got the most out of the actual exercises – a good way to point out when TIP is being used and when we need to re-focus. I learned how I am currently implementing TIP and what areas I need to work on. +
- TIP Case Review – the different perspectives. We do something like this informally. However, to be able to do it formally is great, exciting! Especially appreciated use of actual, current cases. ++++++
- SODAS process. Having a structure to use to help young people process their decisions. Plusses and minuses of the SODAS model...I learned a lot.... ++++++
- Collaboration with JOBS.... Information from other agencies....How others are implementing and adapting TIP in different programs....I was able to make community partners, new connections, also learn about the connection of organizations and accomplishments of teams statewide.
- TIP monthly supervision meeting.
- Learned about involving family and community in efforts to improve. ... Got a lot of ideas with discussing YIT progress in groups on Day 2. Examples helped...I plan to ask clients more who they consider “family” and build upon that....Will include family and other supports on a more consistent basis....Learned that others are struggling in similar situations such as involving families....Learned additional methods for supporting consumers and families. +++++
- Strengths-based Approach, Discovery, Assessment Tool....Reminders of importance of using strengths-based, person-centered planning as a focus of our work. Consumer input, including during their transition (to age 18) planning....The young person is the most important part of the TIP model....Their goals, not ours! Do not impose my personal opinions or feelings in a kid’s plan....Remain non-judgmental.... Even if a youth is choosing negative options, still list the options as theirs (not the case manager’s)....Be a proactive listener....How we interact with the youth is very important....Switch from a more directive role to an absolute youth-driven supporting role....Importance of youth voice. Work at their level (speech). +

- The importance of the structure of the TIP model and how it can benefit and support the young person....The breakdown of the overall TIP model was extremely important to my being able to really understand it and process all information....How to apply the TIP model or a TIP-informed approach with a youth.... Structured delivery format for planning and treatment. Worksheets were very helpful! +
- How to build competencies....Practical, effective application of skills.
- That one should read Rusty's book and be comfortable with the concepts before practicing them.
- As a group facilitator I learned a lot about helping others/guiding them through practicing and learning during the role plays and discussions.
- Rationale – what makes it solid. +
- Learned about need for more regional discussion and approach....and how to propagate TIP at the community level.
- Trainings like this help me (a Special Educator) begin to understand the needs of youth in a new way – e.g., seeing the situation as a whole life, not just a school life. Working with at-risk youth involves so much more than the academic perspective. I am more aware now of [*importance of*] teaching life skills as part of the curriculum. Would love to learn more about how to implement the TIP model into the day-to-day activities in school. Thank you for this fantastic training!
- Being still in college and new to my job, I found the training an amazing learning experience. The instructors and professionals taught me a lot and gave me lots of new ideas and information.
- Learned that I am confident and take criticism well.

What was the most helpful part of the training?

- Universal language for consistency among programs.
- I really like how the concepts were discussed as a whole before we did the group work....Instructors being able to explain the theory clearly made understanding more complete and addressed a number of learning styles (+). ...I walked away with a complete understanding of this model.
- Structured framework for utilizing info we already apply to differing degrees....Validating we have been doing things right....The break-down of the

overall TIP model....The structural framework of the TIP model and focus on implementation by doing.

- How to apply the model. Examples of how to apply different techniques....Practice and application, also de-briefing (+)...Hands-on training pieces: strength discovery and assessment (+), rationales (+), in-vivo teaching (+), SODAS. +++++++
- Having three trainers....Engagement of presenters....Tried to be humorous....Having the pros here to help and assist in using the TIP structure/model....Joe was a very good trainer... Guiding my group and getting help with that from Joe (trainer).+
- Real case plan reviews using TIP methodology....The brainstorming on the second day for a case I was involved in. +++++++
- *[Ideas about]* Youth taking the lead....More involvement of youth and families...Discussion with colleagues about engaging families in the process.
- Everything, honestly....The overall training was extremely helpful. +
 - I did not find this training very helpful.
- Group conversations, discussions, working with like-minded people....Working with/input from others – including the local team - at the conference...Brainstorming....Listening to others' success stories and areas of concern....Networking opportunities. Collaboration with other agencies and regions. +++++++
- Day 2 activities....The small group work was great! Great format!....Interactive learning style....role play. +++++++
- Demonstrations....of SODAS. The speaker was great and it did not go on too long.
- Breaks and coffee were helpful.
- Binder with materials. +

What was the least helpful part of the training?

- Redundant....Repetitiveness from last year (1 day).... I did not gain any new knowledge or skills from these two days. The expectation was that this was “advanced” training beyond last year’s training and the modules we had to read. I

- disagree that this occurred....After completing the modules/reading, the training was too elementary.... The training was not advanced as described/expected.
- Length of first morning overview....I knew the material well so some of the content review took longer than it needed to for me, personally....Reviewing basics of TIP.... After previous (1 day last year) training and modules completion, I had hoped for more individualized strengths training. ...I felt I was being “talked at” for many points of the training. I would have appreciated being given longer to voice our experience...and more “diving in”. +
 - Doing the TIP modules ahead of time was too time-consuming on top of this training....Why did we have to spend so much time completing modules when we had to hear it all in a two day training? Modules plus 2 days of training is overkill – feels like it’s getting shoved down our throats....The training felt a little repetitive after taking the online modules, and the hands-on activities were repetitive. +
 - The least helpful part was the schedule. ...I found how extensive the day was to be difficult. My attention span is short....Few break times....The length of some of the sessions (especially case-based review, which seemed very long...and did not need that much time)....Hard to be focused later in the day. +++++
 - Too much jammed into small time-frame....Too much information to put together in 2 days....Rushing.+
 - The format...The extended first day, going to 8 p.m. It was hard for people to stay for the whole day/evening.... I feel very strongly that as a family-focused training, it’s very family unfriendly to have a training go until 8 p.m. (+) I could not stay because of my children; couldn’t get home to them at 9:00 p.m.... I saw that many others had to leave, too....The group as a whole could not benefit from the material presented in the evening. ...I was disappointed to miss the evening time. Plus in a state that is so spread out, we have to drive an hour plus, and our agency has no dollars to pay for hotel (I could not have stayed overnight anyway).
 - Almost too much role-playing....First role play too extensive.... Not sure they were helpful or realistic...Some of the over-the-top stories!....Only 3 minutes to review the information.... Role playing made it difficult to pay attention to the problem at hand because we had to think about the role we were playing. Forced participation felt like being treated as a child at times....+ +
 - SODAS is very long and drawn out and will lose interest of youth quickly.

- Case-based review – e.g., working on cases you don't know...The team meeting role play was not unhelpful, just not new. Though maybe helpful for others, I facilitate these all the time.
- In-vivo; we've been practicing in-vivo for a long time now.
- Too much practice with people who don't understand the big picture of TIP.
- Going around to each table after reviewing the TIP guidelines.
- The scripted demonstration of SODAS.
- Always not enough time to network, have more interaction with other regions.
- The storytelling the second day was interesting but not really necessary and educational.
- As a program manager, I found participating in the case management activities least helpful.
- Going over the pie charts about Vermont's involvement....Need more training in evaluation/outcomes and TAPIS tracker.
- Air conditioner: loud and cold.+
- AV issues
- Not enough moving....too much sitting for long periods of time +
- Not enough protein in the day (first day's lunch)....The lunch was too light to match the length of the first day.

What suggestions/recommendations do you have for improving the training?

- Survey prior to training to see where folks are re: specific areas they'd like TIP training in (to avoid differential frustration)....Using the data from the interviews to tailor the training to the group needs identified would have been useful.... Next time split the level of people attending the training...have a better understanding of level of experience of group.
 - I was hoping for more practical role playing in mediation skills (SCORA).
+
- I cannot imagine how much money this cost – money that could have been used to directly help youth instead of retraining direct service staff. What a waste!....I feel like this training is more for individuals who do not know how to work with

youth. Many of the things in this training are already used by the majority of the participants....I feel like my region had a good handle on many of the skills practiced. I feel that we spent time practicing skills that many participants already are comfortable with....Don't think the training was completely necessary. It was very long and drawn out. Lecture portions were very difficult to sit through.

- More lecture on ways to learn structure and ways to use TIP as a model. Appears many already do most of the concepts yet don't do it in any form or order. Need help in how to implement to work (*well?*) and possibly a quick guide or cheat sheet....The training was very useful for the work I do daily.
- The interactive components this time around were very helpful and engaging. Maybe some larger, whole group activities where we could discuss and process together as a statewide group.
 - Smaller group exercises and role plays.
- I feel like I could have absorbed more information if I were given a bit more time to process the materials. (+)...Give attendees role plays ahead of time to give opportunity to familiarize with material....Lengthen, slow down (please tell State people). ...Give longer for people to chime in rather than having the trainers talking to each other.
 - For me – move faster...More brisk pace....Don't go to all the tables after a learning segment (repetition loses interest). Reflect with half the group, then do the other half of the group on the next segment....Keep it concise [*so there is*] enough time to incorporate all parts of TIP.
- I would recommend a shorter first day (+++++++).At least limit the first day to 8 hours, with all of us travelling to the site. Including travel time the first day was 13.5 hours. By 8:00 p.m. I was too tired to focus; would have liked to have ended the day sooner (++)....Two days of 9-5 instead of 9-8 and 9-2:30 p.m. (+++). ...Perhaps this could be made into a 2.5 day training (+)....Three six-hour days might be more beneficial to keep interest and focus of participants at a higher level.
- More time with local area partners....Comparing our regions' programs to others was helpful to collaborate and generate some useful ideas....Email addresses of participants for networking.

- Further training in family support and informal supports....More on involving parents and community partners.... Regional [*meetings?*] with others who work with youth.
 - I would have liked to see more about the Circle of Courage woven into TIP implementation, such as how to create strengths (through Mastery) and how to help youth connect to their communities (through Belonging).
- How to collaborate with other service agencies who are not using TIP model?...Encourage other organizations like DOC (probation and parole), law enforcement, teachers to be part of the trainings so they can learn.
- Information on the TAPIS Progress Tracker and other tools for documentation....How to connect NYTD (DCF-FS) with YIT data collection?
- Regular trainings, feedback... no need to be extensive.... 1 day every 3 months, keeping people fresh with the TIP model....Consider for TIP the CWTP model used to support DCF Family Services practices: technical assistance, training, certification, observation tools, etc. This has helped with true implementation. ...Statewide approach.
 - Have advanced training to walk supervisors through how to help guide case managers succeed with youth....Program managers and supervisors could have used a more in-depth training on how to supervise some of the TIP information.
- Being attentive to other learning styles....Diverse, inside and outside activities...movement (++)...Sitting all day is kind of rough, plus movement helps with the ability to retain information. It's a win-win. ...Do some stretching/yoga warm-up exercises to start the day.
- Shorten examples and demos....Consolidate some of the review (less repetition).
- The case reviews could be the evening activity.... More applications; overview of variety of different situational case scenarios....Use more real cases, not text...
- More planned break times (+)...It was hard for the CART reporter to type as fast as people were talking for the entire 8 hours with few breaks.
- More, better food selections for lunch (+)...Provide meat/protein for both days for lunch. Set up lunch table so people can access it from both sides to speed up the time and save time for more learning.... Less time for dinner and lunch and work through those times to allow for earlier release.

- Include website information on hand-outs so workers can access them electronically.
- Climate control.
- Meet in the middle of the state. (+)

ATTACHMENT L

Revised Proposal for Next Steps of TIP Implementation

Goal of TIP Implementation: For the YIT system of care to be one TIP-informed site.

Site, for TIP purposes: For the YIT Grant, the entire state of Vermont (starting with 18 programs and organizations) is one site.

System of care, for TIP purposes: The 18 programs/organizations with staff (including workers from JOBS, YIT, Green JOBS, DCF YDP, MH, etc.) who have already completed the baseline readiness survey, evaluation of TIP practices, and advanced TIP training on June 8 and 9, 2011.

Becoming TIP-informed: via “The TIP Model Site Certification: NNYT Protocol & Process” of:

Receiving at least a minimum of 5 days of on-site consultation and technical assistance services from a NNYT TIP Model Consultant/Trainer; **and** Providing a summary of the results from at least two administrations of the *Fidelity QI Probe on TIP Practice Implementation*. The *Fidelity QI Probes* [has already been and will be again] conducted by the VCHIP YIT Evaluation Team from UVM. Rusty Clark will discuss with the Evaluation Team using a newer version of the Probes for the second administration.

NOTE: The summary report needs to include an associated action plan to address any areas of weakness shown within the assessment process and a written review of the progress in strengthening these areas of weakness.

With the required action plan and additional TIP training and consultation, perhaps we could be certified as TIP informed by next summer.

YIT support for organizational change to achieve TIP-informed: We will ask each participating program or organization to develop an action plan based on their results from this year's assessment, in preparation for demonstrating progress by the time of next year's assessment. Regarding any item for which the program or organization scored less than a 4 on the Fidelity QI Probe, we will ask for an action plan which addresses the following three questions: “What are you doing now? What could you stop doing [something not effective]? What could you do differently [something proven to be effective]?” The idea behind this action planning is not to do more but to do better.

We will ask the 18 programs or organizations to bring their action plans to the September 30 YIT Fall Learning and Sharing Day. On that day the State YIT Operations Team will offer learning experiences related to increased youth and family involvement and cultural and linguistic competence, also use of evaluation results for quality improvement – all for both individuals and systems. These are the TIP practices most in need of development according to the statewide summary of the Fidelity QI Probes completed this spring, 2011.

YIT support for introducing new audiences (including other staff members of the 18 programs or organizations, maybe even young adults and family members) to the TIP concepts and skills: So far, 7-8 people who received the advanced TIP training have expressed interest in becoming Certified TIP Model Site-Based Trainers. Though the broad set of expectations is described in the document about the "NNYT Process and Protocol for ...

Certified TIP Model Site-Based Trainer," the document does not specify the amount of time a trainer must spend doing the training to either become certified or to meet Vermont's TIP training needs. It appears that both kinds of time commitment must be individually negotiated with/for each trainer. Rusty Clark said one of the most important variables is how skilled the trainer already is as a trainer. The people who expressed interest in becoming trainers have already passed the quizzes for the modules so will primarily have to demonstrate their proficiency in presenting the information from the modules to an audience. This is done in the presence of an NNYT Trainer.

Rusty Clark suggested that the trainers-in-training could perhaps deliver 1 or 2 days of training for people in Vermont who want a review or who have not yet received any information about TIP. If this is done at a central location, then 1 or 2 NNYT Trainers could supervise the training done by the local people becoming site-based trainers. If not all trainees can demonstrate their proficiency with all modules at that time, they might be able to submit to a NNYT Trainer a videotape and audience evaluations from other local training they do about TIP.

Doing the training is likely to be intrinsically rewarding for the trainers who have volunteered. Their employers may (or may not) be willing to contribute their employees' time to doing the training, particularly if it is for other than agency personnel or clients. This must be explored with each program or organization whose employee has volunteered to be a TIP trainer.

YIT support for on-the-ground fidelity adherence to use of strengths-based discovery, rationales, SODAS, case-based reviews, etc.: For FY2012, the State YIT Operations Team will contract with NNYT to deliver the rest of the necessary training and consultation for Vermont to be certified as one TIP-informed site by next summer. This will include training about SCORAS [perhaps using a local mediator] and prevention planning, also consultation about case-based reviews, supervision, and Building a Community of Practice. The consultation can be done by the NNYT trainers via video-conferencing or other distance learning technology, maybe on a monthly basis. The advanced TIP trainees who participate in these consultation opportunities will comprise and be sustaining the TIP Community of Practice in Vermont.

In the future, at least a few of Vermont's certified site-based trainers could perhaps provide this consultation (e.g., coaching) for programs or organizations moving toward fidelity of TIP practice.

***Training Budget: (not yet discussed with Rusty Clark or any other NNYT Trainer):
The above proposal implies the following kinds of costs, aside from the September 30 Sharing Day:***

--1 or 2 days with 1 or 2 NNYT Trainers to supervise the training done by local trainers

for a new audience (centralized), as practice.

--1 or 2 days with 1 or 2 NNYT Trainers and/or a local mediator to finish delivering to the people already trained on June 8 and 9 the remaining modules (SCORAS, prevention planning).

--monthly consultation via video-conferencing or other distance learning technology for 1-2 hours to address case-based reviews, supervision, and building/sustaining the statewide community of practice for TIP.

More details needed to estimate costs.