

A Plan for
Youth in Transition

in the

Springfield AHS

District

October 2009

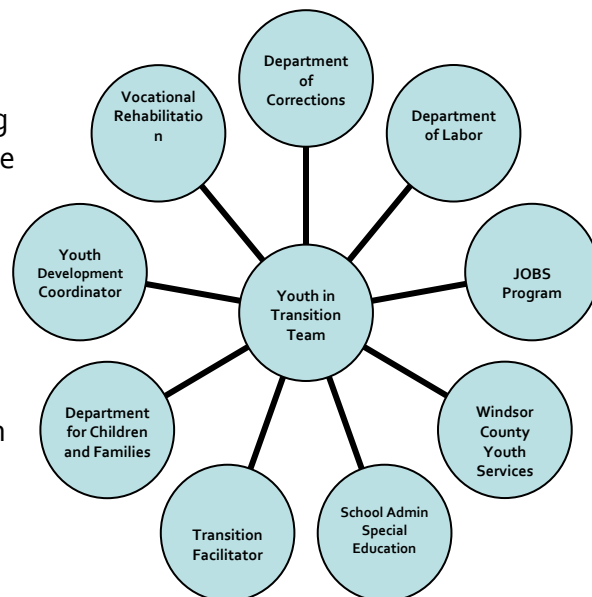
Description of Regional Vision

In the words of the Springfield area community planners, “We need to build bridges across the holes”; “We need someone who is at the center to keep things moving and who looks at the strengths of all agencies to move everyone forward”; and, “We need to build communication between the systems. For example, if schools knew that a student became involved in the Corrections System, we could work to provide support to that student.”

Through 10 focus groups with 82 youth, 2 with family members, 4 with community partners, five individual interviews, and a community meeting, we learned that while there are some services and supports for youth 16 through 21, there is not a consistent way to connect these youth with the available behavioral health, education, employment, and housing services. In particular, there are many youth who do not intersect with any services/supports after they drop out of school, those who leave school with significant needs, but without connections to assist them in transitioning to the next step as they are not eligible for Developmental or CRT services, and those without insurance or resources, prohibiting them from accessing the treatment or case management services that they need.

Currently, the Core Transition Team consisting of representatives from Vocational Rehabilitation, school personnel, the Department for Children and Families, Developmental Services, the JOBS program, Department of Labor, and the Youth Development Coordinator meet on a monthly basis. The focus of this group is on youth who are in school and are in need of additional supports, services, or assistance in transitioning out of school. While the Core Transition Team is a strong resource for youth in the school system, it does not meet the needs of youth who have left school or who, as described by a school administrator, “have two feet out the door and a head in.”

Through the Youth in Transition grant planning process the Springfield Steering Committee has come to realize that there needs to be a “Youth in Transition” team that focuses on youth who are out of the school system, have a severe emotional disturbance and/or are displaying high risk behavior, and are clearly in need of intervention in order to be able to complete their education, gain



employment, and live safely in their communities. As a result of this grant, such a team will be created.

The role of this team will be to review referrals made to the team as well as strategize on how to best provide the referred youth with the supports and services that they need to be educated, employed, healthy, and free from incarceration.

This collaborative approach would allow all providers to pool resources and information and avoid duplication. In addition to new referrals, the oversight team will review cases monthly to determine whether existing plans are effective or need a revision.

Thus, the regional vision is to identify and locate youth with severe emotional/behavioral needs or at risk to be so who are not visible in current systems and to create a means to link and connect youth with existing services. This is not seen as another initiative, but rather as a connector to existing services. An integral part of its success will be to have a Transition Facilitator who facilitates youth referrals and serves as a recruiter and bridge from the community and youth to the Youth in Transition team. In addition, for those youth who do not meet the criteria for other programs, such as JOBS, the Transition Facilitator will provide case management services to the youth.

Description of services already in place for behavioral health treatment for Youth in Transition (aged 16 – 21, inclusive, and their families) with severe emotional disturbance, especially those who are out-of-school

Behavioral Health Treatment Options

| Service | Provider |
|------------------------|---|
| Psychotherapy | <ul style="list-style-type: none"> • HCRS • Private Providers |
| | |
| Case Management | <ul style="list-style-type: none"> • HCRS (Primarily Medicaid and under 18) • Jim Bartley – Service Coordinator for Field Services Director and HCRS • Department of Corrections – Mike Malick • Windsor County Youth Services (For youth in the shelter/transitional living) • JOBS Program • BF/Springfield Police Social Worker • DCF Social Workers • School-based clinicians • Alternative school program staff |

| | |
|----------------------------------|---|
| | <ul style="list-style-type: none"> • Windham County Youth Services (BF) • Youth Development Coordinator |
| Substance Abuse Treatment | <ul style="list-style-type: none"> • HCRS: WRAP and intensive outpatient programs • Turning Point • School-based clinicians • Private clinicians including Valley Vista |
| Psychiatric Care | <ul style="list-style-type: none"> • HCRS • Dartmouth Hitchcock • Private Providers |
| | |

Statement of remaining unmet needs (gap between the regional vision and the current situation/services)

Accompanying this proposal is a grid that outlines in detail identified gaps and areas of need identified through the focus groups and interviews. What follows are the priorities as identified by the Youth in Transition Steering Committee.

Currently, eleven unique programs offer case management services to youth. However, most of those programs are provided as a component of a program with which the youth is involved, such as being on probation with the Department of Corrections or Department for Children and Families, receiving behavioral health services through the school or HCRS, or residing at the Windsor County Youth Services shelter. According to the youth interviewed, those who have aged out of the aforementioned systems and do not receive behavioral health services reported that they were not aware of the services and supports that may be available to them.

Youth reported the need for employment, but other than traditional job seeking strategies, they were not knowledgeable about how to access support to locate a job. Some of the youth expressed concern that many available jobs are entry level, something that they were not interested in. Others voiced frustration with the expectation of having to complete an application and go through an interview process. The youth believed that the current economic situation was also making it difficult for them to find work. And, for the few who were able to locate a job, transportation was noted to be a significant issue. The youth interviewed voiced day-to-day concerns and challenges where they are currently mired, "I need a job and money to get an apartment or a car – anything." While some youth could allude to the fact that a high

school education would improve their ability to get a job, for the most part the thought of post-secondary education and a career was too far in the future for these youth.

Their need for behavioral health counseling was minimized despite their descriptions of behaviors that included involvement with the law, drinking and drugging binges, anger management issues, the inability to focus on what he or she needed to do, and poor relationships with the community and/or family and/or peers.

Currently, there is not a system to identify out of school youth who are in need of services and support. In cases where youth are identified, a service provider who becomes aware of the youth tries to arrange for services. Working in a vacuum, the service provider may not know of all resources available to the youth or have an accurate picture of the needs of the youth.

Another issue identified by parents and service providers was that behavioral services and supports require insurance, which the youth do not have and do not know how to access. The majority of youth interviewed who were over 18 did not carry any health insurance and were not aware of VHAP or other options available to them. Their assumption was that they were not eligible for insurance, period. When pressed further, it became clear that they also did not know where or how to apply for insurance. Overall access to health care was not considered to be a priority for the youth interviewed, even though many lacked health care coverage.

One youth summarized the feelings of his peers well when he said, *"If I could go to someone who wanted to talk to me and help me, I would go. But, all of the people now just think they know everything and have an attitude of 'it is my way or the highway'."*

Desired outcomes and possible indicators

Attached is a grid that identifies area resources, gaps, strategies to address the gaps, outcomes, and indicators for the areas of employment and career, educational opportunities, housing, caring relationships, access to healthcare, and leisure activities. The strategies that will be addressed by the grant are highlighted in yellow. The Youth in Transition Advisory Committee will work with community partners to facilitate the implementation of other strategies.

Description of priority services/strategies, including interagency agreements and methods for responsiveness to youth and families, public outreach, training for implementation, etc.

Priority Services/Strategies, Interagency Agreements, and Methods for Responsiveness to Youth

Based on the needs assessment and identified gaps, bridges need to be built to identify and engage youth in their futures. A Transition Facilitator will be hired with the role to:

- ⇒ Provide general case management, service planning and coordination, and community support services to youth between the ages of 16 and 22, regardless of insurance coverage or the lack thereof
- ⇒ Work in collaboration with the JOBS case manager
- ⇒ Be available to schools to assist in plan development for youth who are indicating they want to drop out
- ⇒ Be a liaison between the family, school, and youth
- ⇒ Work with youth to define individual housing needs and how to access resources
- ⇒ Provide ongoing monitoring and training in everyday living skills from transitional housing
- ⇒ Support youth in getting appropriate health care insurance
- ⇒ Provide coordination to youth to access primary care services and develop a “medical home”
- ⇒ Support youth in gaining access to healthcare and behavioral and substance abuse services as needed
- ⇒ Support youth in engaging in healthy physical activities for leisure and health improvement
- ⇒ Conduct trainings for teachers, human service workers, employers, and community members in asset development.
- ⇒ Provide periodic updates to the YIT Steering Committee on activities and programs, while maintaining client confidentiality.
- ⇒ Coordinate/collect NOMS data
- ⇒ Work with HCRS grant evaluation lead, Will Shakespeare, to collect data for the YIT grant.

Develop a Youth in Transition Team consisting of representatives from Vocational Rehabilitation, Department of Labor, Department for Children and Families, Department of Corrections, Windsor County Youth Services, the JOBS program (representing HCRS services, also), Youth Development Coordinator, and Transition Facilitator who will:

- ⇒ Meet at least monthly to learn about or present newly identified youth, make recommendations regarding the best resources for the youth, and to conduct case reviews on all youth brought to the team to assure that each youth is getting the services and supports needed.
- ⇒ Provide services to youth as agreed upon through the Youth in Transition plan disposition (what’s this?)
- ⇒ Provide data for the project as needed.
- ⇒ Provide outreach to the community regarding the team’s ability to act as a resource to strategize on how to meet the needs of identified youth. Outreach will begin with the community partners who participated in the YIT grant focus groups.
- ⇒ Provide training to school support teams on how to understand, support, and access youth, and to serve as consultants to teams, as needed.

- ⇒ Work with community partners to begin to address the service gaps as identified in the needs assessment that will not be addressed through the grant.
- ⇒ Meet regularly with youth, their families, and adult allies for support and to receive input into the work of the grant.

This approach to addressing the needs of youth builds on a practice that was employed when the previous JOBS program was active, and will be recreated with the evolving JOBS program. A team of people who work with Youth in Transition including Vocational Rehabilitation, the Department of Labor, Department of Corrections, NFI/Youth Development Coordinator, Windsor County Youth Services, JOBS program case manager, and Transition Facilitator have agreed to meet at least monthly to serve on the Youth in Transition team.

An area of planning that has been a challenge for the Steering Committee is the continued involvement of youth in the planning and upcoming oversight process. The Youth in Transition team, Transition Facilitator, and focus group facilitator will identify youth who were involved in the focus groups and may be interested in an ongoing oversight role with the grant. Individual contact will be made with those youth, when possible. In addition, in collaboration with the Youth in Transition team, Vocational Rehabilitation, Vermont Adult Learning, the Springfield Area Parent Child Center, and Probation and Parole will be contacted to seek their assistance in identifying youth who may be interested being part of the oversight process.

The Youth in Transition team realizes that as the needs of a youth change, so, too, might the best way to meet those needs change. In developing a seamless system that supports youth, the JOBS, School Alternative, and Transition programs have all agreed to create plans with youth using the Transition to Independence Process (TIP) System. The youth will have one plan that will be used across systems and programs, reducing the need for youth to start another planning process. And, as relationship is key to success with a youth, whenever possible, the person who first started working with the youth will remain with him or her.

The ability to move seamlessly between programs will be enhanced as the JOBS, Springfield School Alternative program staff, and Transition Facilitator will receive TIPs training together. This process will allow them to do their work in sync while developing interpersonal relationships that will ultimately foster their ability to work together as a team.

For example, a youth may be identified by the supportive housing program as someone in need of support and services and referred to the Youth in Transition Team. The Transition Facilitator will follow-up upon the referral and meet with the youth, completing a brief assessment, and getting permission to present his or her “case” to the Youth in Transition Team. The team, after input from the youth and family members/adult allies when possible, may determine, for example, that working with

the Transition Facilitator is the best situation for the youth. Together, the Transition Facilitator and youth would go through the TIPs planning process and begin to work on the goals identified by the youth.

After a period of time and evaluation, the Transition Facilitator may determine that the youth is in need of different or additional supports. Upon this determination, the youth's situation would again be presented to the Youth in Transition Team. At that time, the youth may be ready for the JOBS program or involvement with one of the other Transition Team member resources, and a smooth transition can happen through this collaborative meeting process.

The model described above will be a community and home-based model with the expectation that the Transition Facilitator will "do what has to be done" including conducting a needs assessment, developing a TIPs plan, and providing direct services wherever the youth is most comfortable and willing to receive services.

Another role of the Youth in Transition team/Transition Facilitator will be to serve as a resource to local schools or other service providers who are in need of support, training, and expertise on how to best work with these challenging youth.

Training/consultation will be youth specific as well as a more global effort to assist those working with youth to structure the program to best meet their needs.

Outreach

Together, the Youth in Transition team will conduct a comprehensive outreach strategy which includes informing the community, youth, their families, and adult allies regarding the role of the team and the referral process. Included in these outreach efforts will be a youth who can serve as a bridge between the 'system' and the world of the youth. The 45 individuals and organizations involved in the YIT planning process, as well as local schools, the restorative justice program, and the courts, will be the target of the first outreach efforts by the YIT team. Outreach to the Springfield and Bellows Falls Police will be done in collaboration with the Transition Facilitator and the Police Social Worker, both HCRS employees. In addition, the YIT team will develop a brochure and distribute it throughout the community to organizations and businesses, including the medical community, that intersect with youth. These efforts will be coupled with a more global outreach effort that will include articles placed in local newspapers.

Training

Soon after the Transition Facilitator is hired, the Youth in Transition team will participate in TIPs training so that there is a shared approach to working with youth in a strength-based manner. The team, in turn will provide training to schools,

organizations who work with youth, and the community at large on using a strength-based approach to working with youth.

Management structure, fiscal agent, and contact people

Health Care and Rehabilitation Services will be the fiscal agent and will hire, train, and supervise the Transition Facilitator as identified in this grant. The Director of HCRS' Children's Services, Will Shakespeare, will be responsible for the overall management of the SAMHSA Youth in Transition Grant, and will be the single point of contact for budget, contract, and program administration as well as for reporting on the project to local and state entities and to the University of Vermont evaluation team. Quarterly grant reports will be submitted to the Youth in Transition team for review. Members of the Youth in Transition Team who are members of the LIT will serve as liaisons between the two oversight bodies.

Lydia Barnes from the JOBS program in Brattleboro will assist with the internal, HCRS, coordination of referrals between the JOBS program and the Transition Facilitator. Lydia will meet with both the Transition Facilitator and the Springfield JOBS case manager on a weekly basis to review caseload and service delivery, assist in outreach and client engagement strategies, ensure full productivity of case managers, and assist in making sure the program is meeting the goals and objectives that it has set. She will report to Mr. Shakespeare on a weekly basis.

Gina Watson, LICSW, Clinic and Community Supervisor at HCRS, will provide direct clinical review and oversight of all clinical services provided to youth participating in the YIT Program as well as day-to-day supervision of the Transition Facilitator. This will include assigning a clinician to open the case, providing a comprehensive clinical assessment, developing an integrated treatment plan that incorporates the unique needs of the youth, and monitoring the on-going care and services provided by the clinical and case management staff.

The Youth in Transition Steering Committee will continue to provide an on-going program advisory capacity to ensure that the original intent and plan of the program is adhered to with some of the original fidelity as outlined in the plan, strategies, and outcome expectations.

Once the project is funded and staffed, HCRS will work with the membership of the Springfield LIT and the YIT Steering Committee to establish an ongoing advisory committee who will monitor and advise on the JOBS program and the YIT program, and who will be briefed on the progress and outcomes of these two young adult transition assistance programs. Many members of the Planning committee, as well as members of the CORE team, will be represented on this Advisory committee.

Project budget summary with line item details follows:

SPRINGFIELD YOUTH IN TRANSITION BUDGET

| | Total Program Cost | Federal Grant Funds Requested | Regional Contribution | Notes - Source of Funds |
|---|--------------------|-------------------------------|-----------------------|--|
| Salaries - Transition Facilitator (.80 FTE Fed, .20 FTE Regional) | 32,000 | 25,600 | 6,400 | |
| Salaries - MH Clinician (.2 FTE) | 7,600 | | 7,600 | |
| Fringe | 14,250 | 9,210 | 5,040 | Fringe @ 36% |
| Consultants, youth incentives, program supervision | 5,485 | 3,600 | 1,885 | |
| In-state travel - auto | 2,990 | 2,990 | 0 | 6500 miles @ .46 |
| Out-of-state travel | 0 | 0 | 0 | |
| Space costs, inc heat & utilities | 6,000 | 4,800 | 1,200 | |
| Phone | 1,200 | 1,200 | 0 | |
| Office supplies, materials, postage | 2,700 | 2,100 | 600 | 2 Computer Lap-Tops |
| Training | 500 | 500 | 0 | |
| Indirect - Agency Admin. Fee | 7,275 | 5,000 | 2,275 | Agency Admin @ 10% of all direct costs |

| | | | | |
|--------------|---------------|---------------|---------------|--|
| Total | 80,000 | 55,000 | 25,000 | |
|--------------|---------------|---------------|---------------|--|

Completed budget, including estimated Medicaid revenue

The Springfield Youth in Transition Program will have an annual budget of \$80,000, with \$55,000 coming from the SAMHSA grant, \$19,000 coming from HCRS' Children's Mental Health Medicaid program and \$6,000 from HCRS' in-kind contributions for all program supervision and program oversight.

- The program will include 1.2 FTE's, including a full-time Transition Facilitator case manager and a .2 FTE mental health clinician.
- Fringe benefits are calculated at 36% of the employee's salary.
- HCRS proposes to have a small budget of \$300 per month for providing small incentives and rewards for youth to encourage completing goals and accomplishing specific objectives.
- Space cost \$500 per month for the Transition Facilitator.
- The Transition Facilitator will have both a cell and office-based phone to ensure safety and accessibility, at a cost of \$100 per month.
- Office supplies are estimated at \$100 per month but also include the purchase of two laptop computers for use by young adults under the supervision of the Transition Facilitator.
- There is a small training budget for the Transition Facilitator of \$500 per year.
- Indirect costs are calculated at 10% of all direct costs.

