SEMI-ANNUAL PROGRESS REPORT
COVER SHEET

1. **Grant Number:** <u>03150-7074</u>

2. **Grantee Name and Address:**
   <u>Vermont Child Health Improvement Program, University of Vermont</u>
   <u>College of Medicine, St. Josephs 7, UHC Campus, One South Prospect</u>
   <u>Street, Burlington, VT 05401</u>

3. **Telephone Number:**   <u>(802) 656-8210</u>

4. **Project Title:**   <u>Evaluating Vermont's Youth in Transition (YIT) Grant</u>

5. **Period of Performance:** <u>July 1, 2010</u> through <u>December 31, 2010</u>

6. **Approved Project Period:** <u>July 1, 2010</u> through <u>December 31, 2010</u>

7. **Period Covered by Report:** <u>July 1, 2010</u> through <u>December 31, 2010</u>

8. **Author's Name and Telephone number:** <u>Tom Delaney, 802-656-9192</u>

9. **Date of report:** <u>1/25/2011</u>

10. **Comments (if any):**

Major Activities and Accomplishments

Since July 1, 2010 the Young Adult in Transition (YIT) evaluation team at the University of Vermont has been engaged in a wide variety of activities, all designed to assess and then help with the implementation of the YIT grant. The major accomplishment during this period is that, including a relatively small number of individuals enrolled in the evaluation between April through June 2010, the evaluation has been successful in enrolling young adults into the three component evaluation studies: the Common Study (NOMS and demographic information for all participants), Vermont (local evaluation) and National (national cross site evaluation). As of Dec. 31st 2010, a total of 157 individuals have enrolled in the Common Study, 52 in the National Study and 33 in the Vermont Study. Participants in the National and Vermont studies are drawn from the pool of participants in the Common Study, which acts as a recruitment "feeder" for involvement in the subsequent studies.

An additional accomplishment is that we have made substantial strides in the development of an evaluation of how the 12 YIT regions will be implementing the Transition to Independence Program (TIP). We have developed tools to assess, both prior to and after an early round of TIP training, the regions' readiness, capacity, understanding and initial implementation of TIP. Specifically, we have developed the *Self Study of TIP Implementation: Organization and Structure* and the *Self Study of TIP Implementation: Guidelines* tools. These tools were adapted from similar questionnaires developed by the National Network for Youth in Transition, and are included in Appendix A. The Vermont versions were developed in collaboration with the Vermont Project Director, Brenda Bean, and were approved by the University of Vermont Institutional Review Board. The *Self Study of TIP Implementation: Organization and Structure* was distributed to the 12 regional System of Care teams in January 2011 and will be due back to the evaluators in early February 2011. After members of the regional teams complete on-line TIP trainings in the winter/early spring of 2011, the *Self Study of TIP Implementation: Guidelines* will be administered with trainees from each region, by the evaluators, as a semi-structured interview.

Also significantly, we have continued working closely with regional YIT teams, and most closely with the regional evaluation liaisons, to begin and then expand their collection of the Services and Costs data required as part of the national cross site evaluation. This has involved training on: 1) using the cost reporting flex funds forms, 2) helping regional staff make decisions about what and how various service events should be reported, and 3) how to transmit data to the UVM evaluators. This work has also involved a significant "learning curve" for the evaluation team, since we have been working with a wide variety of region-specific barriers to obtaining accurate and timely cost data, as well as learning how to report the data for the national cross site evaluation.

Relating to the increased numbers of young adults enrolled in the evaluation studies, we have also provided regions with coaching and additional tools about how, and which, young adults should be approached as potential participants in the YIT grant activities and subsequently into the evaluation. The evaluation team itself has also been developing new approaches to recruitment and retention, including implementing a new participant locator form (Appendix B), increasing the stipend for participating in the local evaluation (Vermont Study) and adjusting the *Study Inclusion Checklist* and *May We Call You*? forms that serve as an initial point of contact connecting young adults with the local (Vermont) and national evaluation studies.

In order to inform the regions, state leaders and others about the progress that is occurring as the grant progresses, we have developed the quarterly Dashboard (Appendix C). This 2 page document provides an overview, both at the level of the regions and statewide, of progress towards the goals of the YIT project. The indicators on the Dashboard were selected to reflect the outcome domains that the State Outreach and Operations team identified in 2009 and 2010, and include indicators about enrollment, strengths, incarceration, employment, education, health, mental health, housing and relationships. The Dashboard also includes brief written vignettes about young adults' experiences while participating in the YIT programs in different regions. We anticipate that the indicators on the Dashboard will serve a quality improvement function for both the regions and the State team, also that the indicators will change as additional data are obtained and we receive feedback about the usefulness of the document.

In September 2010, the evaluators met with the evaluation advisory group, called the E-Team. 5 community members attended, including a caregiver of young adults in the Vermont system of care and a young adult graduate of the system of care. This meeting featured corroborative agenda setting and sharing of perspectives on how services are being provided. A major outcome of this meeting was a series of suggestions for how the E-Team, and by extension the evaluation, might better engage young adults who are currently in the system of care to be participants in the group. These suggestions included recruiting participants in the evenings from the Community College of Vermont (CCV), holding meetings in youth centers or at CCV, and reaching out to regional YIT staff in order to identify young adults who might be willing to participate, then having region specific meetings to minimize young adults' travel. Based largely on these suggestions, the evaluation team is planning for the next E-Team meeting(s), which will likely occur in February, 2011.

Working with an MS Access database programmer, we have achieved further refinement of the database that contains data for all aspects of the Vermont evaluation. The database is beginning to be used to track enrollment and retention numbers; will eventually prompt the evaluators

about reassessments that are coming due for the Common Study, Vermont Study, and the National evaluation; and serve as the basis for reporting Common Study and National evaluation data to the federal TRAC and ICF MACRO web-based data systems.

Problems

Significant problems have been encountered in two areas. In the first, we believe that the evaluation is slightly lagging in recruiting young adults and their caregivers into the Common, and subsequently the National and Vermont Studies. To address this, we have stepped up our efforts to engage regional YIT staff in how they are "selling" participation in the evaluation study, have modified recruitment forms to allow for better opportunities for contacting young adults who express interest in participating, and are taking steps to improve retention in the National and Vermont studies, including by setting up a reminder system for participants and increasing the stipend for participating in the Vermont study from $10 to $20 per interview. We are monitoring these changes to see if they are effective, and exploring new ways to boost enrollment and retention.

Te second problem we have encountered concerns the regions' ability to obtain Services and Costs data that is both comprehensive and consistent. To achieve this, we have spent considerable time teaching about how the Services and Costs forms should be filled out, including holding three statewide telephone conferences and site visits to individual regions. The key problem is the unavailability or in some cases perceived unavailability of the actual services and costs data. We have worked with staff to identify ways they can learn about services and costs that occur outside their immediate awareness (e.g., a cab ride paid for by a different agency in the regional system of care) as well as how to identify the associated costs of those services (e.g., obtaining the in-patient daily hospitalization rate at a psychiatric hospital). We believe that regions have made, and will continue to make, considerable progress in this area.

Significant Findings and Events

Data analyses to date have focused on a preliminary examination of data from the Vermont Strengths assessments tool and the Access and Barriers assessment tool. A summary of preliminary findings is in Appendix D, in the form of 2 submissions that were accepted for presentation at the national Systems of Care research conference in Tampa in March, 2011. These analyses are ongoing and will be finished prior to the Tampa conference, after which we will begin to examine data from other local evaluation tools and the National Evaluation, as well data provided by the State Department of Corrections regarding trends in

incarcerations of young adults.

Dissemination activities

Since July of 2010 we have submitted, and had accepted, two proposals for the Systems of Care Research Meeting in Tampa in March, 2011. The first, titled *Initial Development of the Young Adult Strengths Questionnaire*, shares preliminary findings from our Strengths Assessment data collection that is part of the local evaluation (the Vermont Study). This proposal was selected as a half hour presentation. The second, titled *Evaluating Access and Barriers to Services in a Young Adult System of Care,* describes preliminary findings from the Access and Barriers assessment which is also part of the local evaluation. This was selected as a poster presentation.

Finally, the evaluation team collaborated with the Vermont Cultural and Linguistic coordinator, Mercedes Avila, in developing a workshop proposal that was submitted for the 2011Summer System of Care meeting in Chicago. This submission is titled *The Social Construction of Race and Health Disparities: Core Components for Effective Cultural and Linguistic Competence (CLC) Trainings* and will partly deal with the how the Vermont CLC and evaluation personnel are working together to enhance each others' efforts.

Other Activities

The evaluators have continued to participate in the monthly State Outreach and Operations team meetings, as well as the State Youth in Transition Leadership Team quarterly meetings. We participated very actively in the federal 2-year site visit that occurred October 4-7 2010, including making an extended presentation about our evaluation findings, challenges and successes. The evaluation team also participated in the Sept. 17th statewide Learning and Sharing day, at which the evaluators conducted several sessions relating to how regions are part of the evaluation, including a session on recruiting and obtaining data from potential participants and how the Vermont System of Care can build relationships with medical homes. Evaluation Team concerns were actually used to shape the agenda for that day.

Activities Planned for Next Reporting Period

The main areas of focus for the coming six months will include:
- Conducting a series of E-Team meetings to ensure that the evaluation is being conducted in a young adult friendly manner and addresses their goals for it;

- Continuing to support regions' efforts to enroll young adults and their caregivers into the Common Study;

- Improving the initial marketing of, and retention in, the three evaluation studies;

- Refining the Dashboard and sharing it more broadly with state leaders and the regions;

- Supporting the State and regions in using the Dashboard and other measures to drive quality improvement processes for the grant;

- Continuing to refine the YIT state and region level process measures, including conducting a more in-depth analysis of Corrections data as an indicator for YIT activities;

- Continued refinement of the local evaluation tools, especially the non-standardized tools such as the Strengths Assessment and the Access & Barriers measurement, and

- Additional data analysis for all of the components of the evaluation.

List of Appendices

A: TIP assessment tools

      Self Study of TIP Implementation: Organization and Structure

      Self Study of TIP Implementation: Guidelines

B: Locator/tracking form

C: Evaluation Dashboard

D: Research proposals accepted for presentation

      Initial Development of the Young Adult Strengths Questionnaire

      *Evaluating Access and Barriers to Services in a Young Adult
System of Care*

APPENDIX A

Self-Study of TIP Implementation – Organization and Structure

Adapted from:

Allred, C., Markiewicz, J., Amaya-Jackson, L., Putnam, F., Saunders, B., Wilson, C., Kelly, A., Kolko, D., Berliner, L., & Rosch, J. (2005). *The Organizational Readiness and Capacity Assessment.* Durham NC: UCLA-Duke National Center for Child Traumatic Stress.

Deschênes, N. & Clark, H.B. (2010) *Self-Study of TIP Implementation.* Tampa, FL: National Network on Youth Transition (NNYT) for Behavioral Health

Directions: For each item please circle the number that best matches your YIT program's <u>current</u> level of implementation from 1 (Not currently implementing) to 5 (Consistently implementing). <mark>Please answer each item thinking about the whole population your system of care is serving, rather than any single individuals.</mark>

		Not currently implementing	Planning / preparing for implementation	Beginning to implement	Implementing with some regularity	Consistently implementing
1	**Staffing**					
1.1	Program personnel (i.e., those who are part of your region's YIT supports and strategies) are available to work with young adults and their informal and formal supports as relevant to the young adult's progress and well being during the transition period.	1	2	3	4	5
1.2	The program maximizes use of peers, mentors, and other informal community resources.	1	2	3	4	5
1.3	Program personnel agree with the rationale for using TIP.	1	2	3	4	5
1.4	Program personnel, agency, and administrative leadership in our region actively support the adoption of TIP.	1	2	3	4	5

		Not currently implementing	Planning / preparing for implementation	Beginning to implement	Implementing with some regularity	Consistently implementing
1.5	All personnel who will be involved with TIP know that changes are coming and are prepared to offer feedback about its implementation & adoption.	1	2	3	4	5
1.6	Personnel at all levels of our region's system of care perceive the advantage of implementing TIP.	1	2	3	4	5
1.7	Internal and external "champions" or "cheerleaders" are in place to support implementation of TIP.	1	2	3	4	5
2	**Caseload**					
2.1	Transition Facilitators (i.e., personnel who work & develop plans with young adults) maintain an effective caseload (15 young adults per young adults – MAX).	1	2	3	4	5
2.2	Caseload and direct care hours can be adjusted in response to the requirements of TIP.	1	2	3	4	5
3	**Staff Management and Supervision**					
3.1	Each Transition Facilitator is provided weekly office-based supervision and quarterly field-based supervision.	1	2	3	4	5
3.2	The supervisor of the program meets at least bi-weekly with the all program personnel. At least 2 of the young adults are reviewed in-depth during each meeting as ongoing staff competency enhancement and to create and guide creative ways to address the challenges presented by the young adults being reviewed as well as possibly other young adults with similar circumstances.	1	2	3	4	5
3.3	Periodic record reviews ensure the completeness and accuracy of the records and files of young adults.	1	2	3	4	5

		Not currently implementing	Planning / preparing for implementation	Beginning to implement	Implementing with some regularity	Consistently implementing
3.4	Supervisors are prepared to learn about TIP through training, careful study of literature, and consultation with experts.	1	2	3	4	5
3.5	Program personnel services hours can be adjusted to allow for supervision in TIP.	1	2	3	4	5
4	**Access to Consultants**					
4.1	Transition facilitators have consultative access to a variety of skilled professionals who have experience working with young adults (e.g., psychologist, nurse, applied behavior specialist, psychiatrist).	1	2	3	4	5
4.2	Our personnel have opportunities for interaction with others who have already implemented or are currently implementing TIP.	1	2	3	4	5
5	**Continuity of Services**					
5.1	Program personnel are acquainted with all of the young adults enrolled in the program and share backup and on-call responsibilities as necessary for good program coordination with the young adults.	1	2	3	4	5
5.2	Access to supports and services provided by the transition program is not dependent on the young adult's ability to pay.	1	2	3	4	5
5.3	Young adults' access to program personnel and services can be adjusted in response to the requirements of TIP.	1	2	3	4	5
6	**Training**					
6.1	Transition program personnel are provided adequate pre-service orientation and training.	1	2	3	4	5

		Not currently implementing	Planning / preparing for implementation	Beginning to implement	Implementing with some regularity	Consistently implementing
6.2	Transition program personnel are provided on-going training to enhance their competencies and communicate topics of interest and importance to them.	1	2	3	4	5
6.3	Program personnel have adequate time to formally learn about TIP.	1	2	3	4	5
7	**Admission Criteria**					
7.1	The transition system's stated mission defines the population to which the system will provide transition support and services.	1	2	3	4	5
7.2	The transition system has and uses measurable and operationally defined criteria to ensure acceptance of appropriate referrals, without the exclusion of young adults based on their behavioral or emotional challenges.	1	2	3	4	5
8	**Outreach**					
8.1	The service delivery system uses multiple, culturally appropriate channels to reach young adults requiring transition supports and services.	1	2	3	4	5
8.2	Outreach provided by our program can be adjusted in response to the requirements of TIP.	1	2	3	4	5
9	**Location and Accessibility of Services**					
9.1	Transition program personnel attempt to provide supports and services at locations and at times that are convenient to the young adults and their families.	1	2	3	4	5
9.2	The facilities and settings where program personnel provide services and supports are young adults-preferred, comfortable, stigma free, and safe.	1	2	3	4	5
10	**Hours of Operation**					

		Not currently implementing	Planning / preparing for implementation	Beginning to implement	Implementing with some regularity	Consistently implementing
10.1	Hours of operation are geared to the needs of program participants. Program personnel attempt to provide supports and services at times that are convenient to the young adults and their families and natural supports (e.g., evening hours, Saturday afternoon).	1	2	3	4	5
10.2	Our program's hours of operation can be adjusted in response to the requirements of TIP.	1	2	3	4	5
11	**Community Resource Development**					
11.1	Program personnel develop community resources to meet the needs of young adults in transition (in line with Guidelines).	1	2	3	4	5
12	**Financial Management**					
12.1	TPP have access to flexible funds to meet the critical needs of the young adults and his or her family that cannot be addressed adequately from other sources.	1	2	3	4	5
12.2	Funds are available to pay for any added cost of implementing and delivering TIP, even if they must be shifted from other areas.	1	2	3	4	5
13	**Evaluation & Measurement**					
13.1	We have measurement systems that will provide feedback on our progress in adoption of TIP.	1	2	3	4	5
13.2	Our evaluation and progress monitoring can be adjusted in response to the requirements of TIP.	1	2	3	4	5

Self-Study of TIP Implementation - Guidelines

Developed by Nicole Deschênes & Hewitt B. "Rusty" Clark (2010)
National Network on Youth Transition (NNYT) for Behavioral Health http://nnyt.fmhi.usf.edu

<mark>Instructions for the interviewer: Please emphasize to the participants that they should not refer to specific individuals when providing examples or describing their work. If any mentions of specific individuals do occur, they must not be noted and the participant should be reminded to not provide information about specific individuals or any identifying information.</mark>

Guideline 1: Engage young adults through relationship development, person-centered planning, and a focus on their futures
For the following items, please think about how you help engage young adults.

Guideline 1		Examples: "How do you do this?"	Rating
1.1.1	The strengths of the young adult are identified and evident in the transition planning process		1 2 3 4 5
1.1.2	Program staff engage the young adult in positive areas of interest to him or her		1 2 3 4 5

Guideline 1		Examples: "How do you do this?"	Rating
1.2.1	Program staff provide the young adult and relevant key players with information to make informed choices and set transition goals		1 2 3 4 5
1.2.2	The young adult and facilitator meet regularly for planning, working on goals, reviewing progress and, in general, supporting, guiding, and challenging the young adults. These meetings may include other informal / formal supports based on the young adult's voice, choice, and needs		1 2 3 4 5

Guideline 1 (cont.)		Examples: "How do you do this?"	Rating
1.2.3	With his or her facilitator, planning partners and necessary connections, the young adult is encouraged to set goals, voice needs, solve problems, establish steps to achieve desired goals, and plan for working together with the team to achieve these goals		1 2 3 4 5
1.2.4	Planning is done and decisions are made in partnership with the young adult		1 2 3 4 5

1.3.1	The young adult, program staff, and planning partners identify risk behaviors, situations, safety concerns, and problems relevant to the young adult's transition. If risk is identified, they develop an appropriate prevention plan.		1 2 3 4 5
1.4.1	The perspectives, cultural preferences, and family values of the young adult and his or her family are considered, respected, and integrated into services and supports throughout the transition process.		1 2 3 4 5
1.4.2	Program staff interact in respectful ways with the young adult, family members, and other informal team members.		1 2 3 4 5

Guideline 2: Tailor services and supports to be accessible, coordinated, appealing, non-stigmatizing, & developmentally-appropriate, and build on strengths to enable the young adults to pursue their goals across relevant transition domains.
Tell me briefly how you make sure the services and supports meet your young adults' needs.

Guideline 2		*Examples: "How do you do this?"*	*Rating*
2.1.1	The young adult has access to a range of relevant services and supports across all relevant transition domains (employment, education, living situation, well being, community life functioning)		1 2 3 4 5

2.1.2	Individualized supports and services are provided in natural community settings or, as appropriate to the needs of the young adult, are provided in simulated settings, with supports to assist the young adult to function more effectively in his or her natural settings.		1 2 3 4 5
2.2.1	The young adult's services and supports are effectively coordinated across relevant transition domains		1 2 3 4 5
2.3.1	The type and intensity of services and supports are built upon the strengths of the individual young adult and are tailored to meet his or her individual needs		1 2 3 4 5
2.3.2	Services and supports are offered in a flexible manner and are quickly adjusted to meet the changing needs of the young adult and his or her informal team members		1 2 3 4 5
2.3.3	Program staff appropriately shift responsibility for transition activities to the young adults, his or her family members, and other team members, while monitoring and coaching to support the execution of the responsibility		1 2 3 4 5

Guideline 3: Acknowledge and develop personal choice and social responsibility with young adults.
Think about how you may coach and/or encourage young adults to understand the consequences of their actions and make informed decisions.

Guideline 3	*Examples: "How do you do this?"*	*Rating*

3.1.1	Staff provide young adults with coaching and encouragement in using decision-making and social problem solving methods to assist in making better choices. *Should cover 5 areas: (a) Situation, (b) Options, (c) Disadvantages, (d) Advantages, (e) Solution*		1 2 3 4 5
3.1.1	Staff use "rationales" to help young adults understand the link of one's behavior and choices and likely benefits or risk to oneself and others. *Rationales are (a) two-part statements, (b) behaviorally specific, (c) benefit or natural consequence, (d) personal.*		1 2 3 4 5
3.2.1	Staff allow young adults to experience the positive and negative consequences of their choices, decisions, and behaviors.		1 2 3 4 5
3.2.1	Staff provide coaching beforehand to maximize the likelihood of being successful and safe, and provide support and coaching afterwards to assist in learning from his or her positive and negative experiences.		1 2 3 4 5

Guideline 4: Ensure a safety-net of support by involving a young adult's parent, family members, and other informal and formal key players.
Think about ways you may involve the young adult's parents, friends, relatives, and other key people in your planning.

Guideline 4		Examples: "How do you do this?"	Rating
4.1.1	Program staff assists the young adult in nurturing and expanding his or her social support network of informal supports (e.g., parents, friends, relatives, trusted mentor, and community resources)		1 2 3 4 5
4.1.2	Program staff assist the young adult in identifying family or other informal supports who may participate in transition support and service delivery and encourage their participation		1 2 3 4 5
4.1.3	Family members and other informal supports (e.g., mother, girlfriend, roommate, friend) are accessing and receiving supports and services needed to support the young adult's transition		1 2 3 4 5
4.2.1	Program staff effectively mediate differences in perspectives between the young adult and key players		1 2 3 4 5
4.3.1	Program staff are committed to the young adult and have their best interests and wellbeing for the future at heart		1 2 3 4 5

4.3.2	Program staff encourage the young adult to be hopeful, have fun, and focus on the future		1 2 3 4 5

Guideline 5: Enhance young persons' competencies to assist them in achieving greater self-sufficiency and confidence
Think about ways you may encourage young adults' self-reliance and confidence.

Guideline 5		Examples: "How do you do this?"	Rating
5.1.1	The young adult's transitional needs are assessed in all relevant transition domains using informal and formal methods *Domains: Employment, Education, Living Situation, Personal effectiveness and well being, Community life functioning*		1 2 3 4 5
5.2.1	Relevant and meaningful skills are being taught in all relevant transition domains *Domains: Employment, Education, Living Situation, Personal effectiveness and well being, Community life functioning*		1 2 3 4 5
5.3.1	Program staff teach and coach relevant and meaningful skills in community settings in which skills are to be applied *Moving from role-plays in simulated settings to actual in-vivo teaching*		1 2 3 4 5

5.4.1	Program staff encourage the young adult to advocate for his or her goals, concerns, rights, needs, and the provision of essential services and supports and to use advocacy skills in settings relevant to the young adult		1 2 3 4 5
5.5.1	Program staff focus on developing competencies that will enable the young adult to be more self reliant and confident in addressing everyday issues		1 2 3 4 5

Guideline 6: Maintain an outcome focus in the TIP system at the young person, program, and community levels.
Think about ways you may help the young adult identify specific and measurable outcomes in their plan.

Guideline 6		*Examples: "How do you do this?"*	*Rating*
6.1.1	The transition plan clearly specifies outcomes written as measurable goals and objectives		1 2 3 4 5
6.2.1	The young adult actively participates in assessing his or her progress		1 2 3 4 5

6.22	The young adult's progress toward the defined outcomes is routinely documented and reflected in subsequent planning		1 2 3 4 5
6.3.1	Evaluation and quality improvement measures are used to assess and improve the responsiveness and effectiveness of the transition system and the satisfaction of the young adult and other consumers		1 2 3 4 5

Guideline 7: Involve young adults, parents, and other community partners in the TIP system at the practice, program, and community levels
In what ways does your program involve young adults, family members, and community partners in running your program?

Guideline 7	Examples: "How do you do this?"	Rating

7.1.1	Young adults, parents, and other community partners are involved in the governance and stewardship of the program		1 2 3 4 5
7.2.1	Young adults and their informal supports have opportunities to collaborate with peers, other families and other transition stakeholders to advocate for an effective and responsive transition system		1 2 3 4 5

APPENDIX B

Participant Locator Form

How do we keep in touch with you?

We know folks have busy lives that sometimes lead to changes in phone numbers and addresses. We would like to be able to contact you for the follow up research meetings discussed earlier. Having more than one way of reaching you helps to make sure we can reach you when it is time for those research meetings. It also allows us to keep you updated on any information related to the research study. For these reasons, we are asking you to take a minute and provide us with the information below. Please note that this information will be stored with your consent form and kept separate from the data you provide during our research interviews. This information will be kept in locked file cabinets in a locked office.

Should you choose not to fill out this form, you can still take part in the research study. In addition, your choice to complete part or all of this form does not affect the services you are receiving or will receive in any way.

…

```
               Your current contact information:


Your Name:   _____

Address:     _____

Email:              _____


Phone Numbers:

Home:_____ Cell:_____
Work:_____
```

Who would know how to reach you if your address, email or phone number change?

Please list the names of at least 2 people in your life who would know how to reach you if your contact information changes. You can list spouses/partners, parents or grandparents, friends, key service providers in your life, or anyone else you think would know where to find you if we lose touch.

1. Person's Name: _____

    Address: _____

    Email: _____

Phone Numbers:

Home:_____ Cell:_____
Work:_____

****

2. Person's Name: _____

    Address: _____

    Email: _____

Phone Numbers:

Home:_____ Cell:_____
Work:_____

By signing this, I give staff from the Mental Health Services for Transition Age Youth research study permission to contact the people I've listed here in order to contact me for research related activities. I understand that if my current contact information is no longer correct, the research staff has my permission to contact the people I've listed above for help contacting me. The research staff will leave messages for me if needed. They will not release any personal information about me other than I agreed to take part in a University of Vermont research study.

_____
Young Adult Signature   Date   Young Adult Printed Name

_____
Signature of Legal Guardian/Legally Authorized Representative   Date
(applicable for subjects under 18 years of age or otherwise unable to provide consent)

_____
Name of Legal Guardian/Legally Authorized Representative Printed

Relationship to Young Adult:_____

The Vermont Young Adult in Transition Grant:
STATEWIDE EVALUATION DASHBOARD
April, 2010 through November, 2010

VCHIP
VERMONT CHILD HEALTH IMPROVEMENT PROGRAM

Questions? Contact Tom Delaney at 656-9192; thomas.delaney@uvm.edu

Vision Young adults in Vermont are empowered, healthy, valued and engaged in their communities.
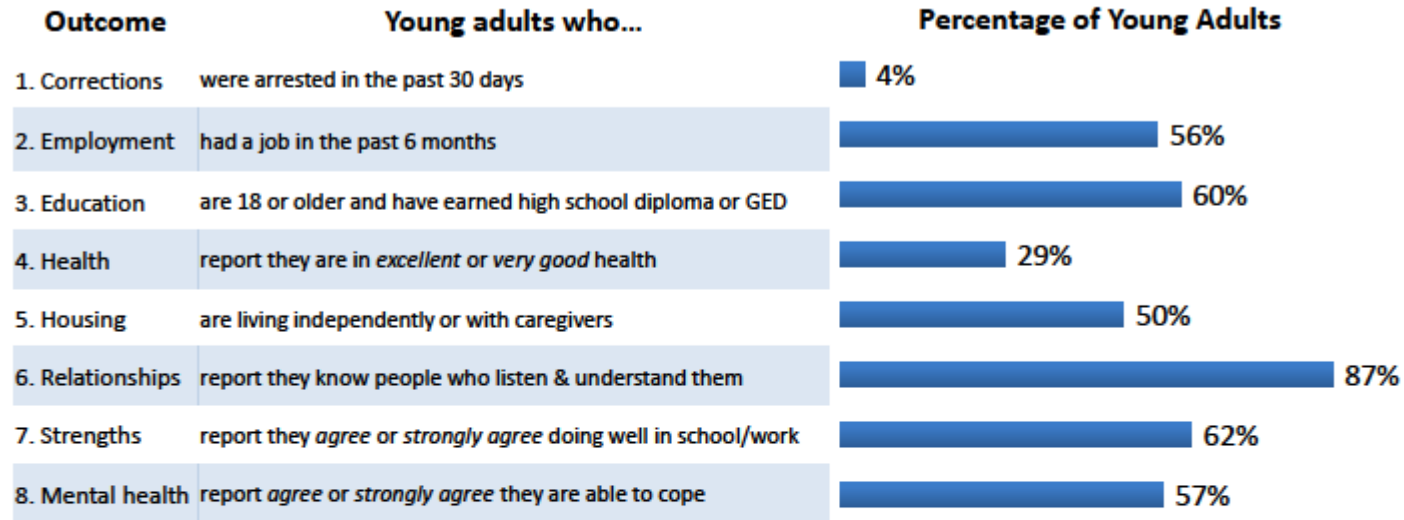
Stories from the Field

"Jane" is a 20 year old whose life has been impacted by mental health and substance abuse. Prior to taking part in the YIT program Jane was not able to leave her house for longer then very short increments of time. Upon entering the YIT program, Jane's goals included gaining full custody of her child and maintaining stable housing. To reach these goals, Jane knew she needed to stay connected with services over time. Six months later, Jane continues to be engaged in services, attending counseling and other youth-in-transition related services. In addition, she is now working as a YIT peer advisor, is able to participate in public events, and works part time. As the YIT coordinator in that area shared, it is a long road but she is making progress.

Regions	SICCs Received	% of To Be Served Target Reached	% of YA Served Enrolled in Common Study	% of YA in Common Study Enrolled in VT or Nat Studies
Barre	4	18%	75%	0%
Bennington	12	100%	100%	67%
Brattleboro	11	100%	91%	30%
Burlington	39	66%	69%	41%
Hartford	17	113%	88%	53%
Middlebury	5	31%	80%	25%
Morrisville	12	116%	25%	67%
Newport	2	23%	100%	50%
Rutland	16	77%	69%	55%
Springfield	8	80%	100%	63%
St. Albans	10	60%	80%	88%
St. Johnsbury	20	176%	95%	68%
Total	156	74%	78%	53%

(over)

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.
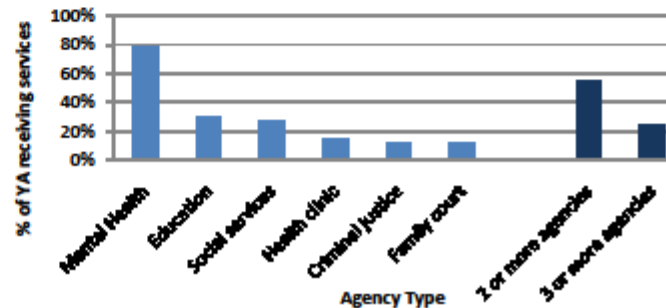
How are young adults doing on measures of YIT outcomes at intake?

Outcome	Young adults who...	Percentage of Young Adults
1. Corrections	were arrested in the past 30 days	4%
2. Employment	had a job in the past 6 months	56%
3. Education	are 18 or older and have earned high school diploma or GED	60%
4. Health	report they are in *excellent* or *very good* health	29%
5. Housing	are living independently or with caregivers	50%
6. Relationships	report they know people who listen & understand them	87%
7. Strengths	report they *agree* or *strongly agree* doing well in school/work	62%
8. Mental health	report *agree* or *strongly agree* they are able to cope	57%

Strengths: Percentage of Young Adults Who Responded *Like Me* or *Completely Like Me*

79%
I know how to access the supports and services I need

54%
I live in a community where people believe youth and young adults are important

Agencies involved in providing services to Young Adults in the past 6 months

26

Presentation type: Poster

Theme: Youth leadership and transition to independence

Title: Initial Development of the Young Adult Strengths Questionnaire

Authors: Jesse Suter, Jody Kamon, Thomas Delaney, Paula Duncan, & Barbara Frankowski

Abstract (75 words)
This study describes the development of the *Young Adult Strengths Questionnaire* (YASQ) and a preliminary examination of its internal consistency. Based on the Circle of Courage framework, current findings show early support for two of the domains (Belonging and Independence) and less for two others (Mastery and Generosity). Next steps include making more explicit connections to Positive Youth Development's framework for developmental assets, item revisions, and reliability and validity studies.

Summary

Introduction
There is a growing emphasis on measuring the strengths and developmental assets of youth. In Vermont, one strength-based approach adopted by a wide range of service providers is the Circle of Courage (Brendtro, et al. 2002). There has been some effort to examine young adults' strengths among young adults within the Circle of Courage framework (Coughlan & Coughlan, 1999; Duncan, et al. 2007; Gilgun, 2005). However, we have not found an evidence-based tool that meets the following criteria maps onto the four Circle of Courage domains and allows young adults to report on their own strengths. The present study describes the initial development of the *Young Adult Strengths Questionnaire* (YASQ).

Method
To create the YASQ we reviewed existing strengths measures in the literature (Epstein, et al., 2004; Goodman, 2001; Lerner et al., 2005; Lyons, et al., 2004) and a progress-tracking tool created by young adults and service providers in Vermont. This initial version of the YASQ has 42 items. Each item is worded as a positive statement (e.g., "I matter") and young adults are asked to rate how well the item describes them during the past six months using a 4-point scale: 0 (*Not at all like me*), 1 (*Not much like me*), 2 (*Like me*), and 3 (*Completely like me*).

The YASQ was administered as part of the evaluation of Vermont's Youth in Transition System of Care during a one-hour battery of measures. This study shares responses from the first 20 participants. Half identified themselves as female. Mean age of participants was 19.3 years (*SD* = 1.5; range = 16 to 22 years). The majority identified as White (*n* = 18) and two as Asian.

Findings
Descriptive item statistics are summarized in Table 2. Overall, young adults reported exhibiting many of the strengths in YASQ. Most responses were either 3 (*Completely like me*, 40%) or 2 (*Like me*, 40%), with relatively few 1 (*Not much like me*, 13%) and 0 (*Not at all like me*, 7%) responses. Mean item scores ranged from .68 ("I am part of a religious community") to 2.80 ("I help my friends"), with an overall mean of 2.13 (*SD* = .36).

Internal consistency was adequate for the full measure (Cronbach's α = .90), Belonging, and Independence, but not for Generosity and Mastery. To examine problematic items we examined item correlations with the sum of the other items from each domain and the total measure. Twelve items were found to have correlations below .30, suggesting they are not good indicators for their domain, the total scale, or both.

Discussion
These findings show initial promise for the YASQ Belonging and Independence domains and suggest the Mastery and Generosity items need significant work. It was notable that the Generosity items had higher correlations within their domain than with the full measure. In the field of Positive Youth Development Generosity is represented as two separate domains: Caring and Character (Lerner et al., 2005) so this domain may need to be split. Five Mastery items were not included because they asked about strengths in school and jobs (applicable only for a few participants). Therefore this domain will need to be reexamined when all items can be analyzed, and of course more comprehensive reliability (e.g., test-retest) and validity studies (e.g., comparison with other strengths measures) are needed.

References

Brendtro, L. K., Brokenleg, M., & Van Bockern, S. (2002). *Reclaiming Youth At risk: Our hope for the future (Rev. ed.)*. Bloomington, IN: National Educational Service.

Coughlan, F. J. & Coughlan, N. S. (1999). Goal attainment scaling: An outcomes-based approach to developmental assessment for South African youth in residential settings. *Southern African Journal of Child and Adolescent Mental Health, 11*, 27-37.

Duncan, P. M., Garcia, A. C., Frankowski, B. L., Carey, P. A., Kallock, E. A., Dixon, R. D., Shaw, J. S. (2007). Inspiring healthy adolescent choices: A rationale for and guide to strength promotion in primary care. *Journal of Adolescent Health, 41*, 525-535. doi:10.1016/j.jadohealth.2007.05.024

Epstein, M. H., Mooney, P., Ryser, G. & Pierce, C. D. (2004). Validity and reliability of the Behavioral and Emotional Rating Scale (2nd Edition): Youth rating scale. *Research on Social Work Practice, 14*, 358-367. doi: 10.1177/1049731504265832

Gilgun, J. F. (2005). The 4-D: Strengths-based assessment instruments for youth, their families, and communities. *Journal of Human Behavior in the Social Environment, 10*, 51-73. doi: 10.1300/J137v10n04_04

Goodman, R. (2001). Psychometric properties of the Strengths and Difficulties Questionnaire. *Journal of the American Academy of Child and Adolescent Psychiatry, 40*, 1337-1345. doi: 10.1097/00004583-200111000-00015

Lerner, R. M., Lerner, J. V., Almerigi, J. B., Theokas, C., Phelps, E., Gestsdottir, S., et al. (2005). Positive Youth Development, Participation in Community Youth Development Programs, and Community Contributions of Fifth-Grade Adolescents: Findings From the First Wave Of the 4-H Study of Positive Youth Development. *Journal of Early Adolescence, 25*, 17-71. doi: 10.1177/0272431604272461

Lyons, J. S., Weiner, D. A., Lyons, M. B. (2004). Measurement as communication. The Child and Adolescent Needs and Strengths tool. In M. Mariush (Ed.) *The use of psychological testing for treatment planning and outcome assessment 3rd Edition* (pp. 461-476) Mahwah, New Jersey: Lawrence Erlbaum Associates, Inc.

Tables / Graphs

Table 1: Definitions of Strength Domains for Circle of Courage

Domain	Definition
Mastery	Positive view of one's competencies and skills in specific areas
Independence	Belief in ability to get things done on your own, confidence
Belonging	Positive bonds and relationships with family, friends, communities, and institutions
Generosity	A sense of compassion and empathy as well as taking concrete actions to help others

Table 2. YASQ Item Means, Response Profiles*, and Correlations with Domains and Total

Domain & Item	M	SD	Responses 0 1 2 3	Item-Domain Correlation	Item-Total Correlation
Belonging (Cronbach's α = 0.83)	**1.95**	**0.86**		**0.52**	**0.54**
I have close friends who I can count on.	2.05	0.97		0.71	0.76
I have good relationships with adults other than my parents or caregivers.	2.32	0.82		0.53	0.70
My relationships with friends and family have lasted a long time.	2.42	0.90		0.69	0.68
I have at least one person I know would help me if I really needed them.	2.47	0.84		0.69	0.59
I feel safe in my home, school, and community.	2.42	0.51		0.64	0.58
I am part of a religious community (e.g., I attend church, synagogue, or mosque).	0.68	1.06		0.61	0.58
People like me.	2.05	0.78		0.55	0.54
I have good relationships with my parents or caregivers based on love, respect, and communication.	2.37	0.76		0.35	0.47
I live in a community where people believe youth and young adults are important.	1.47	0.90		0.40	0.44
I have spiritual or religious beliefs that comfort me during difficult times.	1.05	0.85		0.33	0.38
I make friends easily.	2.11	1.10		0.21	0.18

Note: * "Response Profiles" depict a simple line graph of the responses (0, 1, 2, or 3) for each item

Table 2. (cont.) YASQ Item Means, Response Profiles, and Correlations with Domains and Total

Domain & Item	M	SD	Responses 0 1 2 3	Item-Domain Correlation	Item-Total Correlation
Generosity (Cronbach's α = 0.57)	**2.43**	**0.69**		**0.32**	**0.14**
I respect the needs, opinions, and property of others.	2.55	0.51		0.30	0.41
I try to see things from other people's points of view.	2.70	0.66		0.70	0.31
I help out with my family.	2.30	0.80		0.43	0.26
I believe it is important to help other people.	2.55	0.60		0.52	0.17
I respect the beliefs, interests, and traditions of people who are different from me.	2.55	0.76		0.33	0.04
I volunteer in my community.	1.55	1.00		-0.03	0.04
I help my friends.	2.80	0.41		0.36	0.00
I stick up for people when others say or do something that might hurt them.	2.40	0.75		-0.03	-0.08

32

Table 2. (cont.) YASQ Item Means, Response Profiles, and Correlations with Domains and Total

Domain & Item	M	SD	Responses 0 1 2 3	Item-Domain Correlation	Item-Total Correlation
Independence (Cronbach's α = 0.87)	**2.15**	**0.79**		**0.60**	**0.58**
I am satisfied with who I am.	1.90	0.97		0.76	0.86
I know who I am.	2.15	0.81		0.68	0.75
I am good at thinking things through and making decisions on my own.	2.05	0.69		0.68	0.69
I believe I have a purpose in life.	2.00	1.03		0.68	0.63
I matter.	2.20	0.77		0.60	0.63
I have positive goals for my future.	2.60	0.75		0.72	0.55
I have control over things that happen to me.	1.95	0.76		0.61	0.49
I am good at solving problems on my own.	2.05	0.60		0.65	0.46
I am good at communicating with others (i.e., they understand me and I understand them).	2.15	0.81		0.36	0.39
I am successful in at least one thing in my life.	2.45	0.69		0.21	0.35

Table 2. (cont.) YASQ Item Means, Response Profiles, and Correlations with Domains and Total

Domain & Item	M	SD	Responses 0 1 2 3	Item-Domain Correlation	Item-Total Correlation
Mastery (Cronbach's α = 0.42)*	**2.05**	**0.81**		**0.22**	**0.29**
I am good at coping when things don't go well.	1.85	0.93		0.54	0.62
I know what my strengths are and how to use them.	2.15	0.67		0.66	0.61
I know how to access community resources.	2.00	0.79		0.34	0.49
I know how to access the services and supports I need.	2.15	0.81		0.40	0.36
I can recognize and avoid situations that put me at risk.	2.10	0.79		0.11	0.28
I am good at resolving conflicts peacefully.	1.95	0.76		0.22	0.25
I have hobbies or talents (e.g., sports, art) that I am good at.	2.15	0.93		-0.13	0.13
I am good at using computers and technology.	2.05	0.76		-0.39	-0.41

Note: * Five additional Mastery items were not included in the current analyses because they were only applicable for young adults employed or in school and too few participants met these criteria.

Web address for editing online submissions:
http://cmhtampaconference.usf.edu/home/call-for-papers/

Login / password: Vermont / socyit1

Title: Evaluating access and barriers to services in a young adult system of care.

Abstract (75 words)

In evaluating the Vermont Young Adult System of Care, we collaborated with a community-based evaluation advisory group (the *E-Team*) to design our local evaluation. One result was the *Access and Barriers Survey*, a brief (approximately 10 minute) structured interview that assesses a broad range of factors impacting a young person's participation in a system of care. Preliminary results suggest this may be an effective tool for proactively identifying mental health care access issues.
Summary (500 words)

In 2008 Vermont received SAMHSA CMHI funding to enhance the young adult mental health System of Care (SOC) statewide. In evaluating the young adult SOC, we have been collaborating with a community-based evaluation advisory group (the *E-Team*) to design our local evaluation. One result is the creation and use of the *Access and Barriers Survey*, a brief (approximately 10 minute) structured interview that assesses a broad range of factors impacting a young person's participation in the SOC. Interviews are conducted separately with young adults and, when possible, with caregivers, and are done at the time of starting in the SOC and then at 6 month intervals.

Areas of young adults' lives assessed in the *Survey* include transportation, housing, education, employment, mental health and health care. For each of these areas, there is a general question (e.g., "Do you have a driver's license?") followed up by discussion of the specific factors that acted as facilitators if they answered "Yes" (e.g., "My mom helped me study for it", "My counselor helped pay for the test") or barriers if they answered "No" (e.g., "I failed the first attempt and can't afford another yet", "Have a license and car, but can't afford insurance"). The language is adjusted as needed for the caregiver interviews. Respondents are allowed to indicate barriers and facilitators other than the ones presented.

To date, we have collected data from 20 young adults who are in the SOC. Not surprisingly given the rural nature of Vermont,

transportation emerged as a major issue. Nine interviewees had a driver's license, with the greatest facilitators being wanted/needed one (8), knew how to get one (6), could afford one (6) and had help getting one (5). Three interviewees cited being able to afford drivers education as a facilitator. Of 11 without a license, 6 reported not wanting/needing one, and 5 cited cost as a primary barrier. 10 interviewees had regular access to a car, with 8 reporting having help in getting access. For those without car access, the most commonly cited barrier was cost (8). Only 7 interviewees reported having access to or using public transportation. All 20 interviewees reporting wanting to obtain a job, with 6 actually having one. Interviewees without jobs reported transportation (6) and lack of availability of jobs (6) as key barriers. There were too few data points from caregivers to summarize, but future analysis will examine the consistency of young adults' and caregivers' responses.

Preliminary results suggest the *Access and Barriers Survey* may be an effective tool for identifying SOC and mental health care access issues. Only in relatively few interviews did respondents cite barriers and facilitating factors from outside those included as options in the *Survey*, suggesting the factors listed in the tool are sufficiently wide ranging. It is likely that some, or even many, of the barriers and facilitators from the interviews would not otherwise have come to the attention of people working in the SOC, or would have been identified so early in the young person's participation.