# SEMI-ANNUAL PROGRESS REPORT COVER SHEET

- 1. Grant Number: \_\_\_\_\_
- 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: \_(802) 656-8210\_

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

5. Period of Performance: \_\_\_\_January 1, 2010\_\_\_\_ through \_\_\_\_July 31, 2010\_\_\_

- 6. Approved Project Period: <u>January 1, 2010</u> through June <u>30, 2010</u>
- 7. Period Covered by Report: <u>January 1, 2010</u> through June <u>30, 2010</u>
- 8. Author's Name and Telephone number: \_Tom Delaney, 656-9192\_\_\_\_\_
- 9. Date of report: \_8/20/2010\_\_\_\_\_
- 10. Comments (if any):
- Brenda, I have 3 different "grant numbers" for the evaluation—not sure which one to use! Sorry for the confusion on this.

# Major Activities and Accomplishments

Since January 2010, the main accomplishments of the YIT evaluation have included: 1) obtaining IRB approval (for the initial submission and several amendments), 2) completing the development of the data collection tools and procedures for the Common, Vermont and National studies, 3) working closely with the 12 regions to engage them in the evaluation (see the Evaluation FAQ document for regions: Attachment A), 4) rolling out the Services and Costs study, a companion study to the National study, 5) collecting data for all four of these studies, 6) beginning to report evaluation data to the ICF MACRO and federal TRAC systems, and 7) development of the draft data dashboard. We are most proud of the work we have done, in conjunction with the evaluation advisory team (the *E Team*), in designing, refining and then implementing several of the data collection tools for Vermont study (Attachment B). We believe this study will provide important, relevant information that the regions and State leaders will be able to use in order to improve their systems.

## **Problems**

As noted in the January 2010 report, we had considerable issues with the UVM IRB, and these persisted into March of 2010, when we were granted (final) approval. Since then we have had to make several amendments to the IRB as we developed additional data collection tools or made required (by ICF MACRO and SAMSHA) changes to already approved tools, and these have generally gone smoothly. Both SAMHSA and ICF MACRO have added and changed several items in some of their required data collection tools; these changes occurred mostly in April and May of 2010, and since then the forms we are using have not changed substantially. Changes in forms are problematic not just in relation to the UVM IRB, but also for the regions, since new data collection forms must be shared with, and then used by, them.

One problem that has come up in our outreach work with the regions is around collecting ASEBA data. Some regional staff are not mental health providers, or very closely affiliated with their local mental health agencies partner. In one region where the grant activities are primarily carried out by a youth services agency, there is an understanding that the local mental health agency and/or JOBs program staff will collect ASEBA data, in apparently this has been difficult to coordinate, and ASEBA data is only sometimes collected by the local region prior to a young person being enrolled in either the Vermont or National study (administered by VCHIP interviewers.) In these cases, it falls on the UVM interviewers to collect ASEBA data, which typically adds at least 10 minutes to the interview times. We are working with the regions where this has been an issue, and encouraging them to troubleshoot how to best collect ASEBA data locally, without needing the VCHIP interviewers. It should be noted that this is not an issue at many of the regions, where ASEBA completion is being done very regularly.

Another challenge we have faced is engaging young adult members of the evaluation advisory group, the E Team. The E Team has met twice since January 2010, although getting young adults to attend has been very difficult, despite getting commitments in advance that young adults would be able to be there. To boost participation, the recent meetings have included a phone-in option, but this has been used by adult participants only. In addition, the evaluation's Facebook page is not being accessed, as far as we know, by young adults. The meetings also provide a stipend, as well as reimbursing travel if attendees have to drive more than 20 miles. Attendees at the E Team meetings have typically been adult advocates and a "graduate" of the young adult mental health system of care, and these meetings have been very helpful (such as helping us to design the "Access and Barriers" tool.)

To address this participation issue, we are now attempting to schedule two meetings that will be held close together in time and will have similar agendas, but with one in Central Vermont and another in Southern Vermont. We are engaging our already existing members to attend these, but are also reaching out to the regional staffs to help us identify young adult clients, or former clients, that would be willing to attend. Our plan is to hold these meetings in September, 2010.

# Significant Findings and Events

Because the interviews have only recently started, we have not yet conducted any formal analysis of the findings. However, we have created a summary of key process and demographic measures of the participants that have so far been enrolled in the Common, National and Vermont studies (see Attachment C).

#### **Dissemination activities**

Other than sharing the preliminary process and demographic measures with the Outreach and Operations team, we have not disseminated data yet.

#### **Other Activities**

In addition to the major activities listed above, the VCHIP evaluation team has continued to participate in the Outreach and Operations team,

including helping this group to plan events, reporting and discussing the regions' progress in the grant, refining the project's logic model, and developing the draft data dashboard. Notable, the evaluators were able to hire and train a part time interviewer to help with Southern Vermont data collection, Stasia Savasuk, who has been tremendously helpful and significantly reduced the time the evaluators have to spend travelling.

## Activities Planned for Next Reporting Period

For the period of July through December 2010, we will conduct additional training and technical assistance work with the 12 regions, to collect data through Vermont and National study interviews, and continue to report data to the cross site evaluation and SAMHSA. We will also focus on formalizing the evaluation's process measures, including further defining them, specifying how they will be collected, and how they will be shared with both the State and local mental health agencies. Process measures will reflect areas such as recruitment of young adults and their caregivers into the evaluation, the effectiveness of how the Outreach and Outreach Team is supporting the mental health agencies are carrying out. This will tie in with the formalization of our the evaluation's QI activities, as well.

After further refinement, the first data dashboard will be shared with the regions and with State partners, reflecting aggregated (across regions) process and outcome measures, and feedback on the dashboard will be solicited. As part of refining the dashboard, VCHIP will conduct the first formal data analyses of data from the Common, Vermont and National studies. As noted above, the E-Team will continue to meet, but using a new approach to involving young adults. The first data for the Services and Costs study will be submitted by VCHIP to ICF MACRO.

Attachments:

A: Evaluation FAQ document for regions

B: Sample tools from the Vermont study (GIMB interview, Access tool, Strengths questionnaire)

C: Summary of process and demographic measures