

Central Vermont Youth in Transition Regional Plan September 24, 2009

Vision

We are committed to developing and maintaining a system of care for transition age youth, 16 through 21, and their families, with severe emotional disturbance so they may be productively engaged in their communities.

Central Vermont Commitment to Principles in Action

The following Principles to Action were prepared by a committee from our LIT and presented at a 2006 LIT-sponsored training event. They're adapted from *The Wraparound Process User's Guide Handbook for Families, a product of the National Wraparound Initiative*

- 1. Family voice and choice.** Family and youth/child perspectives are intentionally elicited and prioritized during all phases of the planning process. Planning is grounded in family members' perspectives and the team strives to provide options and choices such that the plan reflects child/youth and family values and preferences.
 - Team meetings are scheduled with consideration for days/times that are convenient for families.
 - At the beginning of team meetings, the primary child/youth and family are given the opportunity to speak first.
 - Family perspectives and priorities are heard and acknowledged.
 - Important discussions and decisions about the youth and family are made when the family and team are present.
 - Plans are written in consideration of the family's perspectives and priorities.

- 2. Team based.** The child/youth and family team consists of individuals agreed upon by the family and committed to them through informal, formal, and community support and service relationships.
 - The child/youth and family are actively encouraged to participate in the team process.
 - Family members are encouraged and supported in bringing a support person to meetings.
 - Family members are asked about whom else they would like to have included on the team.
 - Teams develop ground rules that outline positive behaviors associated with successful team meetings.

- 3. Natural supports.** The team actively seeks out and encourages the full participation of team members drawn from family members' networks of interpersonal and community relationships. The individualized child and family plan reflects activities and interventions that draw on sources of natural support.

 - Families are asked to identify people who are important to them (extended family and friends) and then encouraged to consider these individuals as resources toward meeting family needs.
 - Teams strive to create a plan that includes individuals who are not paid professionals, eg. clergy, friend, neighbor as well as natural resources (non-paid services) in the community.

- 4. Collaboration.** Team members work cooperatively and share responsibility for developing, implementing, monitoring, and evaluating a single individualized child/youth and family plan. The plan reflects a blending of team members' perspectives, mandates, and resources. The plan guides and coordinates each team member's work towards meeting the team's goals.

 - Individuals identified as team members attend the meetings. Team members bring their calendars to meetings so that subsequent meetings can be scheduled.
 - Team members attempt to learn about the mandates and policies of each other's agencies in order to prevent false assumptions or expectations.
 - Teams respect individual member's decisions about the use of his/her agency resources and interpretations of the agency's rules and mandates.
 - Decisions about coordination are made through a consensus-building process.
 - Team members are accountable to one another and take responsibility for following through on commitments.

- 5. Community-based.** The child/youth and family team implements service and support strategies that take place in the most inclusive, most responsive, most accessible, and least restrictive settings possible; and that safely promote child and family integration into home and community life.

 - A team's primary goal is to help the child/youth be successful within his/her own home, school and community.
 - Teams assist families in identifying community-based resources such as activities with family members, civic organizations, recreation programs, churches and clubs.

- 6. Culturally competent.** The child/youth and family planning process demonstrates respect for and builds on the values, preferences, beliefs, culture, and identity of the child/youth and family, and their community.

 - Team members seek opportunities from the family to learn about their beliefs and traditions.
 - The team assists others in understanding individual differences presented by child/youth and family, including the cultural aspects of socio-economic differences.

- 7. Individualized.** To achieve the goals laid out in the child/youth and family plan, the team develops and implements a customized set of strategies, supports and services.
 - Team members get to know the child/youth and family well enough to develop an effective plan.
 - Team members talk with families first about what the child/youth and family needs rather than focusing on specific programs that may be available.

- 8. Strengths based.** The child and family planning process and the plan identify, build on, and enhance the capabilities, knowledge, skills, and assets of the child/youth and family, their community, and other team members.
 - Team members ask about strengths and interests, resources or activities that build on what the youth likes or does well.
 - Teams focus on what's working well instead of what problems there are.

- 9. Persistence.** Despite challenges, the team persists in working toward the goals included in the plan until the team reaches agreement that a formal individualized planning process is no longer required.
 - There is a commitment among team members to participate throughout the entire planning process.
 - The team agrees to revise, update and change directions with the planning process, if needed.

- 10. Outcome based.** The team ties the goals and strategies of the plan to observable or measurable indicators of success, monitors progress in terms of these indicators, and revises the plan accordingly.
 - Teams acknowledge and celebrate the incremental steps toward achieving the goals.
 - Teams use data such as satisfaction and progress toward goals to make decisions at meetings.

Collaboration Principles -

1. A respect for each agency & organization's individuality while sharing an agreed upon mission, set of values, goals & measurable outcomes

2. A relationship that is characterized by mutual trust, respect, genuineness & commitment

3. A relationship that builds on our strengths & assets, but also addresses the areas in which we all need to improve

4. A balance of power amongst agencies, organizations & families making it a continual priority to listen to one another & our needs, to develop a common language & to clarify the meaning of terms, policies & procedures
5. The establishment of agreed upon roles, norms & processes at all levels, including the individual family or treatment teams, our local interagency groupings or at the policy or political level
6. A flow of feedback within the team with the sole purpose of strengthening the collaborative & supporting the individual or family
7. Sharing equally in the success of the collaborative as well as sharing equally the responsibility & accountability when the collaborative is not successful
8. Recognition that collaboration takes time to develop and evolve, & requires nurturance, patience, listening, respect & commitment

R-4/8/08

Central VT System of Care – Purpose, Goals, Principles

Description of the 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

The Washington County System of Care Team charted the existing services at a meeting in May 2009. (See attachment A). The matrix is not refined but it does give a snapshot of the available services for Youth in Transition ages 16-21. Data shared at the June meeting included the following:

JOBS - 22 youth were served in 2008; 40 in 2009. These are out of school youth and there is a high percentage of young adult parents. It is also a highly mobile client group which may skew the numbers: the actual number may be higher.

Youth Development Program: 54 students, 36 male, 18 female. All DCF referrals, most in foster homes, some in residential homes. There is a lot of mobility in this group as well. Most (87%0 are 16 year olds.

Building Bright Futures: 45 teen parents under the age of 18. 3 out of 4 have their education disrupted

Department of Corrections: 115 youth (out of 300 individuals); Under age 22, 9 from area currently in jail.

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

Youth and adults who participated in focus groups overwhelmingly said that there were services available in all the outcome areas, with the exception of safe and secure housing, but the nature of the young adults lives (highly mobile, many changes) makes it difficult to access services in a meaningful way.

The need that was identified was for a better way to provide access to and coordinate existing services.

There are currently 3 single occupancy apartments on Nelson Street in Montpelier serving 3 young adults. Sierra House is planned to house 4 families in double occupancy. The number of young adults needing housing averages between 20 and 30 at any given time based on data from Washington County Youth Service Bureau and Washington County Mental Health Services. Need for supportive transitional housing was cited by both young adults and providers in focus groups as an effective program to help youth transition successfully to independent living. When housing is a problem – either homelessness or unsafe and unstable housing - all other aspects of the young person's well being and independence are compromised. The recommendation of the family court judge was to focus the available resources on a small number of youth and provide the support they need to succeed: go deep rather than broad. As the supports are developed and put into place for the young adults in the supervised, supported housing, existing system components will be tied to their system of care, broadening those services where needed, and new components will added. This includes staff preparation to provide appropriate support and ongoing supervision and training to ensure sustained quality of service. What is learned through the support of the participating young adults will inform the entire system of care.

Evidence based models that support the importance of adequate, safe and secure housing include:

Transitioning Youth with Mental Health Needs to Meaningful Employment.
http://www.ncwd-youth.info/assets/reports/mental_health_case_study_report.pdf
Transition to Independence Process
http://tip.fmhi.usf.edu/files/TIP_Model_Overview_011909.pdf

Desired outcomes:

By January 2011, we will create

- 3 to 4 supportive transitional apartments* in Washington County serving young adults, ages 18-22, or families with young adults who are head of household
- 5-6 scattered site apartments** in Washington County serving young adults, ages 18-22, or families with young adults who are head of household
- Individualized plans for each of these youth will include but are not limited to:
 - Contract with the youth (see attached)

- Individual paid mentors or other appropriate support such as existing case managers
- High school completion
- Training and employment
- Transportation
- Recreation and pro-social activities
- Child care
- Mental health services

And ensure

- youth decision making in their own plans
 - staff with skills to engage youth in a competent, safe and respectful manner
- All youth without a plan for housing will be staffed through the Youth in Transition Team (representatives from Washington County Mental Health, Washington County Youth Service Bureau, JOBS Program who are involved in housing for youth in transition)

Population Indicators:

- *Number & percentage of youth who have safe & stable housing as a result of an interagency team staffing*
- *Number and percentage of youth who are engaged in the housing initiative who have stable housing when they leave the program*
- *All youth without a plan for housing will be staffed through the Youth in Transition Team*

Program Performance Indicators:

- *10-12 additional transitional apartment for youth in transition in Washington County*
- *Individual plans for youth that include housing*

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

ACTION STEPS	RESOURCES	WHO'S RESPONSIBLE	TIMELINE
<p><u>1. A System of Care Team Leader hired</u> (1/2 FTE)</p> <ul style="list-style-type: none"> ● create job description ● recruitment ● hire 	<p>\$30,000 SAMSHA</p>	<p>YIT Management Team & Fiscal Agent</p>	<p>December 1, 2009</p>

<ul style="list-style-type: none"> • orientation 			
2. Create local <u>youth & family advisory team</u>	\$1,500 SAMSHA	System of Care Team Leader	February 1, 2010
3. Housing opportunities for Transition Youth are increased through the development of 3 to 4 transitional apartments with private landlords		System of Care Team Leader	April 2, 2010
4. Youth in Transition Intake Team is in place <ul style="list-style-type: none"> • review current operations • make recommendations needed to meet the challenge of using the intake team as the gate for Youth in Transition to obtain housing 		System of Care Team Leader	February 1, 2010
5. A System of Care Evaluation Liaison (up to .25 FTE) is hired	\$14,500 SAMSHA	YIT Management Team and Fiscal Agent	December 1, 2009
6. A Youth in Transition Support Fund is in place and distributing funding. <ul style="list-style-type: none"> • Develop clear funding parameters (for whom, by whom, for what for how much) 	\$14,500 SAMSHA	YIT Management Team, Fiscal Agent, Leader System of Care Team Leader and YIT Intake Team	February 1, 2010
7. <u>Housing opportunities</u> for Transition Youth have	\$6,000 SAMSHA	YIT Management Team &	November 1, 2009

<p>been increased through the creation of a group housing model</p> <ul style="list-style-type: none"> hire consultant to pursue funding sources to support this outcome 			
<p>8. <u>Interagency Professional Development Plan</u> is in place and supported through participation by the youth serving agencies</p> <ul style="list-style-type: none"> Develop training outcomes & of the yet-to-be formed methods to achieve those youth and family advisory team outcomes 	<p>\$5,769.40 SAMSHA</p>	<p>YIT Management Team & YIT System of Care Team Leader, and representatives from the Youth and Family Advisory Team</p>	<p>May 1, 2010</p>

- Management structure, fiscal agent, and contact people (for administration and evaluation of the grant)**

The housing initiative will be managed by _____ executive director will attend the monthly System of Care meetings and sit on the Management Team. This will ensure effective and timely communication about the progress and outcomes of the grant activities. The System of Care Team as a whole will receive monthly updates on the grant with the opportunity to discuss the progress and provide input where appropriate. The existing Youth in Transition Team will serve as the gateway/screening for the supervised apartments. A Youth and Family Advisory Team will be formed and involved in development and planning activities. An Americorp Volunteer with the Agency of Human Services in Barre will serve as the liaison with the State evaluation team.

If additional grant funding is not procured for the housing initiative, the System of Care Team will revisit the other areas of concern that were raised in the planning process and consider how to address those issues with the available SAMSHA funding.

**Central Vermont Youth in Transition
1st Year Budget
** PROPOSED ****

System of Care Team Leader	½ FTE	\$30,000.00
System of Care Evaluation Liaison	up to ¼ FTE	\$14,500.00
Youth & Family Advisory Team		\$ 1,500.00
Youth in Transition Support Funds		\$14,500.00
Training, Professional Development, & Consulting		\$11,769.40
Administration (10%)		\$ 8,000.00
YIT Budget		\$80,269.40

Budget Explanation/Details

System of Care Team Leader (.50 FTE) -

- create and manage youth and family advisory group(s)
- provide staff support to the Youth in Transition management and intake teams
- manage the Youth in Transition funds respecting the rules and limits provided by the state team and as outlined in the federal grant
- exercise expenditure authority for local Youth in Transition intake team to disburse Youth in Transition Support Funds
- pursue further development of the local system of care to increase the engagement and integration of Youth in Transition

System of Care Evaluation Liaison (up to .25 FTE – depending on experience) -

- liaison with state evaluation team and local organizations involved in the individual youth evaluation component
- serve as lead in any process or program evaluation requested by key stakeholder

Youth & Family Advisory Team –

- team will be created and staffed by the System of Care Team Leader

- the team will assist in all aspects of the further development of the local System of Care with an emphasis on the training and professional development plan
- budgeted funds are for stipends and food

Youth in Transition Funds -

- allowable expenses include:
 - those which support the delivery of mental health activities and the individualized plan such as
 - screening
 - training
 - therapeutic recreational activities
 - mentoring/individual supports
 - suicide prevention/intervention
 - flex funds cannot be used for:
 - educational services
 - health services
 - substance abuse prevention and treatment services
 - acute inpatient or residential care
 - vocational counseling
 - protection and advocacy
 - apartment rents/securities

Training, Professional Development, & Consulting

- 6,000 for engaging the services of a consultant to assist the local team in examining strategies to plan the development of community resources that allow Youth in Transition to retain stable ties to their community
- 5,749.40 for youth/adult training and related costs such as:
 - Trainer fees
 - Individual reservation fees
 - Venue reservation
 - Copying
 - Purchase of materials
 - Travel to training and professional development activities

Administration

- costs related to the local management of the Youth in Transition funds by the fiscal agent

Attachment A

Y.I.T. Partners	Housing	Healthcare	Caring Relat.	Employment	Ed./Training	Free/Incar.	Living Skills	Voice
AHS	X					X		X
DCF	X	X	X			X		X
CHSV					X	X		
CVSAS		X	X			X		
WCYSB	X	X	X			X	X	X
WCMH	X	X	X	X	X	X	X	X
Local Law Enf.						X		
Corrections				X		X		
Court System						X		
Attorneys						X		
Schools			X			X		
Commun. Justice						X		
VFFCMH	X		X		X			
VHA	X							
VCLT	X							
CVCAC	X				X			
Local Housing	X							
Landlords	X							
Parents/Families	X		X	X			X	
Shelters	X							
Mentoring			X					
WWSU				X	X		X	
WCSU				X	X		X	
Faith Community							X	
Peers							X	
DOL					X		X	
Private Practicion.		X						
Emergency Servic.		X						
WICK		X						

VDH		X					
OVCA		X					
Planned Parent.		X					
Peoples Clinic		X					
VR				X	X		
Employers				X			
WIB				X			
Chamber Commerce				X			
Community Connect.				X	X		
VSAC					X		
VAL					X		
ABE					X		
Jobs Corps					X		
Barre TCC					X		
Econom. Services					X		
CCV					X		
Altern. Schools					X		
Other							
New Directions							
Child Care							
Recreation							
Transportation							
Food Shelf							
Parenting Skills							
Family Center							