

COMPREHENSIVE COMMUNITY MENTAL HEALTH SERVICES FOR CHILDREN AND THEIR FAMILIES PROGRAM

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

GRANTEE PROGRESS REPORT – SUGGESTED FORMAT

Project Number: **5 SM058485**

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

Reporting Period: ***October 1, 2012 - September 30, 2013***

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I. Goals of the Project

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

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

Cumulative record of progress prior to this reporting period:

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

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

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

*The regions submitted their plans, which were reviewed and – sometimes after negotiations – approved by the State YIT Outreach and Operations Team. (The regional plans can be found on the corresponding regional pages of the YIT website <http://www.youth-in-transition-grant.com>.) Sub-grants for regional service implementation were then awarded by the Department of Mental Health (DMH) to the fiscal agents chosen by the regions to handle the funds and administrative duties. Regional YIT staff - including part-time peer outreach workers - were hired and are doing outreach and service delivery as planned. Progress reports from each of the 12 regions are posted on the YIT website (<http://www.youth-in-transition-grant.com>), also summarized in compilations under Reports Archives > Regional Document Summaries. ***This document reports the activities of the YIT State Operations and Outreach Team in support of the regions.****

On March 15, 2010 the University of Vermont (UVM) Independent Review Board (IRB) announced approval of the YIT evaluation design. Amid intensive training by the YIT Evaluation

Team with the regional evaluation liaisons, the evaluation began on April 1, 2010. From then through September 30, 2013, 657 youth and young adults met the Study Inclusion Checklist Criteria (SICC). This figure is certainly an under-count of the young people contacted by YIT staff in their outreach efforts. Of these 657, 536 or 81.6% of the youth and young adults agreed to be enrolled in the Common Study that provides NOMS data through the TRAC system. (For more enrollment information, see Attachment A. For more information about the evaluation, see the YIT website evaluation pages at <http://www.youth-in-transition-grant.com> .)

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

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

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

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

training about TIP so the Project Director, the YIT Evaluation Team, and the statewide Vocational Rehabilitation (VR) Director of the JOBS Programs then began exploring with Dr. Clark how to move the regions toward TIP fidelity.

On September 23, 2010, the State YIT Outreach and Operations Team provided nearly 100 regional YIT staff and Steering Committee members, including young adult and family leaders, a Learning and Sharing Day about Building the Young Adult System of Care (SOC). Children's Mental Health Directors, State YIT Leadership Team members, and other key partners attended the day, which was organized to discuss the YIT Logic Model, its basis in SOC strategies, and the goals to strengthen each regional SOC and produce the desired outcomes for individual youth and young adults and their families. Each region left the day with agreement to undertake 1 or 2 action steps to improve their existing SOC.

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

During the first week in October, 2010, the YIT Outreach and Operations Team received SAMHSA Federal Project Officer Bethanie Parrish and her consultation team (Marty Hydaker, Nadia Cayce, and Beth Picora) for the formal Year 2 site visit to Vermont. As officially reported, they appreciated much about the visit; they also made recommendations for the coming years of the grant. They were satisfied enough with YIT progress that the SAMHSA Center for Mental Health Services' Child, Adolescent and Family Branch subsequently decided to not conduct its usual Year 4 site visit.

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

The key statewide accomplishments from February 1- September 29, 2011 included:

- Presentation of YIT findings by the YIT Evaluation Team at the annual SOC Research Conference at the University of South Florida in Tampa.*
- Production and dissemination of over 200 posters and 2,400 bookmarks to educate the public about children's mental health, saying "As a village, we can build resiliency", especially for weathering trauma. The posters and bookmarks were sent to public service agencies and advocacy organizations. In addition, the YIT Social Marketing Coordinator produced 200 postcards, one for each of Vermont's Legislators. The postcards carried messages that Children's Mental Health Matters" and to "Celebrate Children's Mental Health Week".*
- Advocacy by the YIT Family Lead Contact through testimony to the Legislature's Joint Appropriations Committees and participation in a statewide rally held by multiple*

organizations to protest planned cuts to State mental health and developmental services budgets. The advocacy was effective; the planned cuts were reduced by half.

- Delivery of youth-driven workshops at the Sixth Annual Youth Workers' Conference in Killington, VT in May. One of the workshops was by the Franklin-Grand Isle YIT Young Adult Group about their process for discovering and developing their own leadership. Matt Wolf helped Franklin-Grand Isle YIT Coordinator Ebony Nyoni organize this workshop and later encouraged and supported the Young Adult Group to bring the content of the workshop to young people in the Hartford, Burlington & Morrisville regions.
- Production of the second annual Young Adult Voice Movement (YAVM) Conference with multiple workshops, this time as an overnight event on the UVM campus over Memorial Day weekend. On Friday evening 114 young people attended the event; on Saturday morning 75 attended the workshops; and on Saturday afternoon 60 attended the team-building activities. 52% identified themselves as either Asian or Black/African American.
- Creation of the Young Adult Leadership Award, with the first presentation of it at the YAVM Conference, followed by solicitation of nominations for other leaders for future awards. The YIT State Operations Team plans to make 4 Young Adult Leadership Awards per year and bring those 4 young people - each with a family member or other adult ally - to a national SOC conference. For State FY2012, 3 of the 4 young people have been selected so far.
- Two days of advanced TIP training for 82 participants from 16 organizations from throughout Vermont, on June 8 and 9, 2011 in Burlington;
- The State YIT Team brought 3 young adults and their families or other adult allies to the national SOC Grantees' meeting in Chicago. There the young adults - with Courtney Bridges, YIT Social Marketing Coordinator - presented a workshop entitled "If YOUth Build It, They Will Come" about designing and promoting the YAVM Conference.
- The CLC Coordinator brought young adult Jeetan Khadka and a second community organizer-interpreter to a CLC training event in Atlanta, GA sponsored by the National Technical Assistance Partnership in early September.
- An on-site TA visit to VT in September by the National Technical Assistance Partnership and Vanguard, with Leah Holmes-Bonilla and Brittany Smith as part of the Caring for Every Child's Mental Health Campaign - helping Courtney Bridges of YIT deliver a "Social Marketing 101" training event. Though Tropical Storm Irene had very recently destroyed roads, offices and homes (especially in Southern Vermont), 40 people (9 young adults) from 7 of the 12 regions attended to learn about the "who, what, when, why, and where's" of social marketing and social media.
- On September 30, 2011, the annual YIT Fall Learning and Sharing Day was held with the dual foci of strengthening systems of care (SOC) and family- and young adult-driven partnerships. 110 people attended from all 12 regions. Most of the regional YIT Steering Committees brought young adult leaders, and 4 brought 6 family leaders. YIT Social Marketing Coordinator Courtney Bridges contributed to the planning for the Day by thinking of the theme of a road map and creating materials (pre-printed maps, road signs, street-light-colored stickers, etc.) for each region to use to illustrate the partnerships and relationships (including with family and young adult leaders) constituting their SOC's.

The key statewide accomplishments from October 1, 2011- January 31, 2012 included:

- Because Tropical Storm Irene ruined the VFFCMH office in Waterbury at the end of August, 2011, YIT Social Marketing Coordinator Courtney launched a "We've Moved!" temporary

marketing campaign to help families, young people, and SOC partners find the new space in Williston (same building as the Vermont Family Network, VFN). Through social media, new business cards, and other hard materials, VFFCMH was able to start over in strength.

- The VFFCMH partnered with the VFN and the Vermont Center for Independent Living (VCIL) to deliver a training event in Bennington for families and care-givers with young adults of transition age. The YIT Lead Family Contact, Cindy Marshall, explained the differences between the child and adult mental health systems. The VFN staff talked about services available through Developmental Disabilities, and VCIL staff discussed guardianship, Medicaid, and employment. This training is now available for other regions.
- On October 27, 2011 at the annual conference for the Vermont Association for Mental Health & Addiction Recovery (VAMHAR), YIT Young Adult Coordinator Matt Wolf co-presented a workshop with Jennie Schoerke, then the Project Director for the DMH Adult Division's Transformation Grant. The workshop consisted of an overview of both projects, how they are similar in philosophy – emphasizing the importance of strengths-based and peer-delivered support – but different in the populations served and in the available services.
- In November, 2011, to honor the 20th year of the national Federation of Families for Children's Mental Health and having been the first chapter of the Federation, the VFFCMH handled registration for the Federation's 5 –day annual conference in Washington, D.C. To do so, the VFFCMH sent 11 people: 5 VFF staff, 3 VFF Board members, 1 family leader, 1 young adult peer outreach worker, and the YIT Grant Project Director – 6 of whom were directly involved with the YIT Grant.
 - In preparation for this event, YIT Social Marketing Coordinator Courtney Bridges created a postcard and a bumper sticker for the bags for each of the 800 registered participants at the conference. She also designed a T-shirt worn by the VFFCMH team and delivered to Vermont's Representative and Senators on Capitol Hill.
 - At the conference, Mercedes Avila presented a poster illustrating the pre-post test results from participation in her CLC training.
- The WEST campaign and another VFFCMH youth leadership initiative were combined with a mini-grant opportunity from the Vermont Department of Health's (VDH's) Office of Minority Health to produce one new Request for Proposals (RFP) for up to \$2,000 per region. The RFP was announced for projects to be completed by September 30, 2012, with applications due anytime between December, 2011 and June, 2012. The goal of the projects is to assist and empower youth and young adults in transition to use their voice of experience to positively impact the system of care and their communities while strengthening their self-advocacy skills and mutual support. The activities can range from positive social opportunities and community organizing to mental health awareness campaigns.
- The VFFCMH staff collaborated with the VDH Office of Minority Health to plan the 2012 Conference with the help of a more formal Executive Committee of young adults selected by their YIT groups as regional representatives. Executive Committee members met in person and/or through the use of OoVoo video-conferencing. They decided to hold another overnight conference, this time in southwestern Vermont. (The two prior conferences were held in northwestern Vermont.)

Key statewide accomplishments from February 1- September 30, 2012 included:

- In February at the Pediatric Grant Rounds of the UVM College of Medicine (COM), the YIT Evaluation Team presented data about young adults' utilization of health care.

- *The YIT Evaluation Team presented a poster at the University of South Florida's annual research conference in March, 2012 in Tampa, Florida. The poster was about YIT involvement viewed through the perspective of the Sequential Intercept Model (SIM).*
- *In the spring of 2012, the YIT State Operations Team made its annual site visit to each of the twelve regional YIT programs, meeting with the Local Interagency Teams or Steering Committees. Evaluation findings were shared, which led to increased enrollment in the evaluation. The strengths and challenges of each program were discussed, along with upcoming State training and technical assistance opportunities.*
- *The YIT State Operations Team delivered two workshops at the 7th Annual Youth Workers' Conference held on May 17, 2012 at the Sheraton in Burlington. Mercedes Avila offered her 3-hour CLC curriculum as one track over two workshop periods. It was so well received that the Youth Workers' Conference Planning Committee decided to ask her to deliver it again at a future conference (in 2014 since she was not available for the 2013 conference). The other YIT workshop was delivered collaboratively by the YIT Evaluation Team and young adults from the Franklin-Grand Isle region. It was entitled "Straight Talk: What young adults have to say about trying to access Vermont's Mental Health System of Care and the quality of services offered." In this workshop Dr. Jody Kamon presented highlights from a focus group study conducted by Drs. Tom Delaney and Nancy Pandina with 86 young adults from around the state. The New Generation Youth Group from Franklin-Grand Isle added their personal experiences relevant to the findings and responded to questions from the audience.*
- *The third annual Young Adult Voice Movement Conference was held as planned with about a dozen workshops on June 1 and 2 at Castleton State College. Over 100 youth and young adults attended, with close to half of them being from minority groups.*
- *On July 10-12, 2012 National Network for Youth in Transition (NNYT) Trainers Nicole Deschenes and Coral Huntsman returned to Vermont to conduct further TIP training. On July 10 they offered Part II to the people who completed Part I in the summer of 2011, including the 7 Vermont Apprentice Trainers. Then on July 11 and 12 the NNYT Trainers supervised delivery of the Part I training by the VT Apprentice Trainers to a new cohort of over 50 front-line workers and administrators.*
- *During the week of July 22, the YIT State Operations Team attended the Georgetown System of Care Training Institutes, bringing the 4 young people who received YIT Young Adult Leadership Awards during the prior year: Katrina Hollis, a YIT Peer Outreach Worker from Bennington; Jeetan Khadka, a young adult Bhutanese refugee and then Ameri-Corps Worker who had helped deliver CLC training and formed a Diversity Rocks! youth group in Burlington; Mikah Hughes, a consumer of YIT services who became a YIT Peer Outreach Worker in the Orange/No. Windsor region; and Cheyenne Knuth, a YIT consumer who was a leader in the Franklin-Grand Isle New Generation youth advisory group. Mikah's mother and Cheyenne's aunt also attended as their adult allies. Mercedes Avila helped the national TA Partnership plan and deliver the CLC Community of Practice activities at the Institutes, where she presented about her training curriculum. Also, Courtney Bridges helped to deliver some of the Social Marketing workshops as well as finalize the ECCO awards, for which she had again served as a national judge. The Vermont Evaluation Team won a Silver ECCO Award for its graphic presentation of results.*

Key statewide accomplishments during this reporting period (October 1, 2012-September 30, 2013) were:

- *The YIT Fall Learning and Sharing Day for October 24, 2012 included work the evening before with young adults who came together to plan how to facilitate the next day's event. The theme was Sustainability Of Movement Toward A Young Adult-Driven System of Care.*
- *The Executive Committee of Young Adults who helped to facilitate the YIT Fall Learning and Sharing Day were invited by the Governor's Office to, with the help of YIT Social Marketing Coordinator, produce Vermont's contributions for the 2012 National Christmas Tree Display. The 24 ornaments produced were so appealing that they were asked to do it again for 2013.*
- *On November 1 and 2, YIT staff from 4 regions were among the 25 people attending Mental Health First Aid Training put on by the VCRHYP. One of the YIT Case Managers (Ebony Nyoni from Franklin-Grand Isle) plus JOBS and other children's mental health staff from Bennington and Washington Counties subsequently completed a week of training to become Youth Mental Health First Aid Trainers. That training was provided by SAMHSA through the Vermont Department of Health (VDH) in September, 2013 in Burlington for 30 participants from Connecticut, Maine, and Vermont.*
- *November 28 and 29 Part II TIP Training of 35 people by the VT Apprentice Trainers, who were observed and coached by the National Network for Youth in Transition (NNYT) trainers.*
- *Subsequent delivery of 3 days of TIP training in 5 regional locations (Bennington, Caledonia/So. Essex, Orange/No. Windsor, Orleans/No. Essex, and So. Windham) for 80 more people from February – November, 2013. Through this process the 7 Apprentice Trainers were observed via video-tape or Skype as they delivered each of the 9 TIP modules. They then applied to be certified by Dr. Rusty Clark as Locally-Based TIP Trainers. Their applications are pending at the time of this progress report.*
- *The dozen programs/organizations which initially expressed interest in being certified as TIP-informed were interviewed for a second time by the YIT Evaluation Team to measure any gains in knowledge of TIP and use of its guidelines subsequent to the first interview. The Evaluation Team has not yet analyzed the results.*
- *Delivery of 3 poster or workshop presentations at the National Children's Mental Health Research Conference in Tampa, Florida on March 3-6, 2013: one about the pre- and post-test results for participants in Vermont's CLC training, one about reduced criminal justice involvement for YIT participants, and one assessing the partnerships in the System of Care in Vermont based on the road maps developed at the September 30, 2011 YIT Learning and Sharing Day.*
- *After attending the Emerging Adult Track at the Research Conference, the YIT Project Director advocated with the AHS Secretary to re-activate the Senior Leadership Team for Transition-Aged Youth. Despite agreement, it did not happen during the time of this progress report.*
- *The YIT Spring Sharing Day (planned for March 19 but snowed out and then held) on April 24 continued to help regions identify the strengths of their work with young people and in their systems of care, as the basis for advocating for sustainability.*
- *Effective April 1, 2013 provided a sub-grant for the Diversity Rocks! youth/young adult group. This led to more youth-driven activities and more adult advisor support such as*

that provided by the new CLC Outreach Assistant for Chittenden County (Jeanine Bunzigiye, whom Mercedes Avila hired in July, 2013).

- *May 9, 2013 National Children’s Mental Health Day – 2 PSAs aired, including on WCAX TV and on the VFFCMH and YIT websites, also through a table set up on Church Street in Burlington.*
- *YIT shared expenses and training slots with the Vermont Coalition of Runaway and Homeless Youth Programs (VCRHYP) and the Youth Development Program (YDP) for the MaleBox training held on May 23, 2013 at Killington, VT as a pre-conference day to the Youth Workers’ Conference.*
- *The Youth Workers’ Conference was held on May 24, 2013 at the Killington Grand Hotel.*
- *The Young Adult Voice Movement Conference was held on May 31 – June 1 at the University of Vermont (UVM).*
- *Quarterly Young Adult Leadership Awards were given during this year to Esther Dol, Jacques Okuka, Brittany Goodwin, and Heather Houle. Several of the current or prior awardees spoke on panels at conferences at the request of the DMH Commissioner during this reporting period.*
- *As part of sustainability planning, the National TA Partnership staff joined the statewide YIT Operations Team for its monthly meeting on June 13, 2013 via Skype and teleconference to brainstorm about the most important accomplishments of YIT.*
- *Helped the National TA Partnership deliver a webinar and teleconference on July 29 about effective strategies for working with young adults with mental health needs and criminal justice involvement (with Evaluator Dr. Jody Kamon and the Lamoille YIT Case Manager, Outreach Worker, and mentor for the Get Your Stuff Together group for young adult males).*
- *Conducted the annual site visits to all 12 regions in July to September, 2013.*
- *After meeting with senior Integrated Family Services (IFS) staff in the spring and summer, met with Agency of Human Services (AHS) Secretary Doug Racine and Department of Mental Health (DMH) Commissioner Paul Dupre on September 11 to present the outcomes of YIT and request funds (State and/or Medicaid) starting in FY2015 to replace the grant and sustain the work. Though YIT was then placed on the list for possible additions to the budget, subsequent communication from the Governor’s Office about the FY2015 budget instructed agencies to seek only level-funding.*
- *All preparations for the October 1, 2013 YIT Fall Learning and Sharing Day were made during this reporting period. The theme for the Day was “Coming Full Circle” with a continued focus on sustainability – i.e., helping regions understand their data, prepare young adults to tell their stories, and develop materials like tri-folds and “elevator speeches” for effective advocacy (see the agenda in Attachment C).*

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

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

Vision:

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

Mission:

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

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

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

Services for Children who have Serious Emotional Disturbance

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

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

Indicate the number of children newly enrolled in services **this period** (Note: Include children who have been enrolled even if they are no longer receiving services): *The consistent method of collecting this information is through enrollment in the YIT Evaluation Team’s Common Study, which gathers the required NOMS data for young adults enrolled in services and reports that data through the TRAC system. 47 – 44% Males; 60 – 56% Females; 107 -100% Total in Evaluation “Common Study” from October 1, 2012 – October 31, 2013. This does not include the many other youth and young adults served by YIT only through its outreach efforts and*

activities and not enrolled in case management.

Indicate the total number of children served **to date** (Note: Include both currently enrolled children and children who are no longer receiving services): 295 – 55% Males; 241 – 45% Females; 536 -100% Total in Evaluation “Common Study” from April 1, 2010 – October 31, 2013. **(See Attachment A - the bottom of the table showing cumulative enrollment. This will be final tally even though young people will continue to be enrolled in services through the end of the grant, September 29, 2014.)** *This total does not include the many other youth and young adults served by YIT only through its outreach efforts and activities and not enrolled in case management. That number is better (but, again, not completely) captured by the difference between the SICC and the Common Study enrollment: 657-536 = 121.*

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

*Though only approximately 5% of Vermont’s population is **non-White, 80 or 15%** of the youth and young adults aged 16-21 and enrolled in the Common Study statewide from April 1, 2010 – October 31, 2013 reported being a member of a minority population.*

The Invitation to Communities instructed regions to reach out to and involve in their strategic planning and ongoing program implementation youth and families including those of diverse backgrounds, also to reach out to and involve representatives of cultural organizations. The YIT CLC Coordinator has been very active with this outreach in the Chittenden area. She introduced representatives from other regions to CLC concepts through a webinar, on-site meetings, materials on the YIT website, and her 3-hour training curriculum. Regions have responded by hiring YIT staff of greater diversity than the general population in Vermont, which is 95% White. For YIT, with approximately 15 FTEs hired in the regions, at least four (or 27%) of the positions are or have been filled by people who are Non-White: a case management position in Franklin-Grand Isle filled by a black woman; a case management position in Orange-No. Windsor filled by an Abenaki Native American man; a case management position in Chittenden filled by a woman of Asian descent (who succeeded a woman from Pakistan); and a Young Adult Peer Navigator position in Chittenden filled by a Bhutanese male [Jeetan Khadka] who had earlier earned a Young Adult Leadership Award from YIT. One of the YIT supervisors (in the Orange-No. Windsor region) is a Latina. In addition, several current or former staff (in Franklin-Grand Isle, Chittenden, and So. Windham) have experience as international educators. The perspectives and experiences of these YIT staff help multi-cultural youth and young adults engage with them.

These YIT staff and young adults whom they mentor formed with the CLC Coordinator a “Hands of Friendship” CLC Workgroup to increase awareness of CLC issues and opportunities throughout the Vermont SOC. The Workgroup held meetings in different regions, inviting regional YIT staff, Steering Committee members, and family and young adult leaders to attend. In this way, the Workgroup built a base of knowledge and support across the regions for more effective outreach to and interactions with youth, young adults, and families of diverse backgrounds. In addition to educating the regions, members of the Hands of Friendship

Workgroup gave the CLC Coordinator feedback about the curriculum she was developing, also delivered training at the statewide level, including at the Youth Workers' Conference and the YAVM Conference.

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

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

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

Enrollment into the National and Vermont Studies ended on March 31, 2013. Enrollment into the Common Study ended on October 31, 2013. Service delivery will continue until 9/29/13.

II. Child and Family Services/Supports

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

All mandated services are being implemented. Case management and individualized services planning are provided by YIT staff in all regions through either the community mental health center (in 8 regions) and/or through runaway and homeless youth programs (in 4 regions). All twelve regions have long been served by community mental health centers which provide the full range of services mandated in the GFA for children's mental health. The community mental health centers and runaway and homeless youth programs have years of experience collaborating with each other to provide services for adolescents in each region. In some regions, the runaway and homeless youth programs were started by and/or are part of the community mental health centers.

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

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

III. System Level Coordination/Infrastructure and Management Structure

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

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

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

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

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

The body most akin to a Governance Council was the YIT Leadership Team, an interagency group formed in 2005 by the Agency of Human Services (AHS) to respond to former Governor Jim Douglas' interest in better supporting youth of transition age. Scott Johnson, the former State-Local Liaison for the YIT grant, chaired the YIT Leadership Team until he resigned from State service in June, 2010. His AHS position was then assigned to other purposes, so Charlie Biss (YIT Principal Investigator) took over chairmanship of the YIT Leadership Team.

The YIT Leadership Team members were very knowledgeable; some worked closely with the YIT Operations Team and offered State outreach to the regions about planning and implementation of this project. The VFFCMH was represented on both the YIT Leadership Team and the Act 264 State Interagency Team (SIT). The Vermont Family Network (VFN, a merger of the former Vermont Parent Information Resource Center [VPIC, a PIRC] and Parent-to-Parent of Vermont) was also represented on the YIT Leadership Team, as was the VCRHYP. All representatives had equal opportunity for voice and vote on all business. Though the YIT Leadership Team (like SIT) influenced policy and budgets, it did not have authority to set policy or the budget for the AHS or any of the participating departments or organizations.

After Tropical Storm Irene caused flooding and closing of the State Office Complex in Waterbury, VT in late August, 2011, collaborations such as the YIT Leadership Team became much harder to sustain. Despite attempts by the YIT Operations Team and promises by the AHS Secretary's Office to resurrect it, the YIT Leadership Team has not met since March, 2012. At that meeting the participants affirmed the importance of having an ongoing Working Group like itself to continue to advocate for youth and young adults of transition age.

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

The most significant change to public policy after the original grant application was submitted was the State's response to a multi-year Medicaid deficit and to the world-wide recession of State FY2009 and subsequent Sequester. Even with Vermont's receipt of federal economic stimulus funds, hundreds of State employees and community service workers were laid off or had their jobs cut back in time (voluntary "furloughs"). The remaining workers are hard-pressed to handle all the tasks. SOC partners at both the State and regional levels are less available for collaboration.

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

Another major public policy development was the law approved by Vermont's Governor Peter Shumlin and the Legislature in 2011 for health care reform that is above and beyond the 2010 federal Patient Protection and Affordable Care Act. Over the next several years, the law is intended to produce: universal coverage for all Vermonters with an Essential Benefit Package (including mental health care); integrated delivery of care by medical homes and Accountable Care Organizations; use of a single administrative "pipe" or channel for billing, claims processing, and payment of uniform (capitated) rates; and a payroll (or other) tax for generating the budgeted revenues. This set of reforms may help YIT accomplish its desired outcomes for young people of improved access to medical homes/care and, possibly, employment since a benefit of the reform is said to be job creation.

The 2011 Legislature appropriated \$75,000 for new housing for homeless youth in the Chittenden region, through Spectrum (a YIT sub-contractor with the HowardCenter).

The 2011 Legislature also expanded the Vermont Medicaid program to pay for services for income-eligible legal immigrant children and pregnant women regardless of how long they have been in the United States. Federal Medicaid requires service for this population only after they have been in the United States for five years. Linda Li, then the YIT Case Manager for minority populations in the Chittenden region, initially brought the need for this policy to the attention of State Senator Ann Pugh, who was also her Master's Program instructor.

The 2012 Legislature approved another expansion to Medicaid so that pregnant and post-partum women of any age can receive full dental care; this will benefit many transition-aged women.

The 2012 Legislature extended juvenile/family court jurisdiction to 6 months past a youth's 18th birthday. This improves the odds that a State's Attorney will decide to prosecute a 16 or 17 year-old in juvenile rather than criminal court. The advocacy organization "Voices for Vermont's Children supported this bill because research and evidence show that young people prosecuted as juveniles are much more likely to receive the services necessary for their rehabilitation and are much less likely to reoffend."

On August 29, 2011 flooding from Tropical Storm Irene destroyed huge sections of the Vermont landscape – e.g., re-routing rivers; washing out roads, bridges, and homes; and causing the Vermont State Office Complex, including the Vermont State Hospital, in Waterbury to be abandoned. Governor Shumlin's Administration responded to this catastrophe on many fronts. For months following the storm, the Field Services Directors and other AHS staff spent much of their time helping residents and/or the 1,500 State employees who had been displaced find new offices and homes. This prompted promulgation of the first telecommuting "TeleWork" policy by the State Agency of Administration in February, 2012.

Also, since homelessness and the need for affordable housing were already at critical levels before the storm, the added dislocation led the AHS to, on August 22, 2012, promulgate a new policy to "promote greater housing stability for all persons served by the" AHS and its sub-grantees and contractors. The policy addresses homelessness prevention and rapid re-housing, outreach, emergency shelter, supportive services (case management/housing case management), transitional and supportive housing, and affordable housing. It allows "unaccompanied youth

under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless” to be eligible for homes services under specific conditions.

The destruction of the State Hospital offered opportunity for – as Governor Shumlin wrote in his “Legislative Checklist: a Record of Results” – “strengthening Vermont’s mental health system, shifting care from an obsolete institution-based system to a more individual-focused, community-based system.” Operating funds and positions from the State Hospital were directed toward operating the community mental health system. The 2012 Legislature passed Act 79 “relating to reforming Vermont’s mental health system...by offering a continuum of community and peer services, as well as a range of acute inpatient beds throughout the state. This system of care shall be designed to provide flexible and recovery-oriented treatment opportunities....It is also the intent of the general assembly that the AHS services fully integrate all mental health services will all substance abuse, public health, and health care reform initiatives, consistent with the goals of parity.” According to the Governor, “Under the new law, acute in-patient care will be provided at the Brattleboro Retreat, the Rutland Regional Medical Center and Fletcher Allen Health Care in Burlington, as well as a new 25 bed secure facility to be located near the Central Vermont Hospital in Berlin. In addition, services that enable individuals to remain in their communities will be increased, local emergency services expanded, and support for effective programs helping those with mental health conditions strengthened.” Montpelier Legislative Representative Mary Hooper, who serves on the Mental Health Oversight Committee, said about this change to the entire system of care: “After years of cutting mental health services, some funding has been restored” (for State FY2013). However, 80 State Hospital employees lost their jobs.

Ground breaking for the new State Hospital took place on January 9, 2013; it is expected to open in State FY2015.

The 2013 Legislature invested in education in ways designed to help lower-income students of transition age:

- ***Increased the flexible pathways to high school graduation for students, including personalized learning plans for every student; internships, career and technical education, work-based and virtual learning.***
- ***Doubled (by adding \$800,000) the State’s support for the Vermont Dual Enrollment Program, which offers students affordable access to college courses (no more than 2) and credits while still in high school.***
- ***Added \$2.5 million of tuition support for higher education (via UVM, Vermont State Colleges, and the Vermont Student Assistance Corporation).***

The Legislature also decriminalized the possession of up to one ounce of marijuana and up to five grams of hashish, allowing law enforcement and the courts to refocus their limited resources toward cracking down on highly addictive prescription opiates and heroin. This will help youth and young adults as well as older adults avoid the criminal justice system.

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

The original grant application explained that in the process of strategic planning, each region would decide what evidence-based practice it intends to pursue. As a result of the needs assessment done for the strategic planning, all regions felt that improving the access of young adults to services/supports is the most important priority. Half the regions identified TIP (Transition to Independence Process) as the evidence-supported practice that could best help them do this. Subsequently, in May, 2010, all regions were offered – and at least one person from each region attended – an introductory TIP training. And in June, 2011, 82 people from 16 organizations or programs throughout Vermont participated in a 2-day advanced TIP training with Dr. Rusty Clark, Joseph Solomita, and Nichole Deschenes from the National Network on Youth Transition (NNYT). 12 of those organizations/programs committed to becoming certified by NNYT as TIP-informed, and they did the necessary action planning. Also 7 people applied and were accepted as Apprentices for becoming certified as locally (e.g., VT) -based TIP trainers. The Apprentice Trainers include members of the YIT State Outreach and Operations Team as well as regional mental health (JOBS and other) workers. They function as an implementation team for TIP in Vermont. The Apprentice Trainers trained 73 people in Part I (Days 1 and 2) of TIP on July 11-12, 2012 and another 80 people in 5 regions from February – October, 2013.

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

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

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

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

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

telling their own stories about substance abuse, its treatment, and the importance of prevention.

The YIT State Operations Team delivered two workshops at the 7th Annual Youth Worker's Conference held on May 17, 2012 at the Sheraton Hotel in Burlington. Mercedes Avila offered her 3-hour CLC curriculum as one track over two workshop periods. It was so well received that the Youth Workers' Conference Planning Committee asked her to deliver it again in the future (2014; she was not available for the 2013 conference). The other YIT workshop was delivered collaboratively by the YIT Evaluation Team and young adults from the Franklin-Grand Isle region. It was entitled "Straight Talk: What young adults have to say about trying to access Vermont's Mental Health System of Care and the quality of services offered." In this workshop Dr. Jody Kamon presented highlights from a focus group study conducted by Drs. Tom Delaney and Nancy Pandina with 86 young adults from around the state. The New Generation Youth Group from Franklin-Grand Isle added their personal experiences relevant to the findings and responded to questions from the audience. In addition, the Orange-No. Windsor regional YIT program delivered a workshop about resiliency: one of the presenters was Mikah Hughes, whom the YIT State Operations Team selected in 2012 to receive its third Young Adult Leadership Award.

YIT Young Adult Coordinator Matt Wolf has made a unique contribution to Vermont's development of a peer outreach workforce for mental health by meeting with the YIT peer workers and finding out from them what works(or not) for orientation, supervision, and ongoing training. He summarized and shared this knowledge not only with YIT but also with the DMH Adult Mental Health Transformation Grant Committee on Peer Workforce Development, which then asked him to serve as Chair. As Chair, Matt helped the Committee – composed of providers, peers, and stakeholders from around the state - agree on a peer support model to be used by the Mental Health Transformation Grant statewide. Matt made reference to the TIP Model several times throughout this process and agreed with the group when they settled on a model that mirrors TIP in almost every way. The Committee selected a combination of Wellness Recovery Action Planning (WRAP) and Intentional Peer Support (IPS) as their evidence-based practice(s) to move the Transformation Grant forward. This combination of models is very similar to the evidence- supported TIP Model that the YIT grant uses. WRAP, IPS, and TIP are all strength based, client/consumer directed, goal (not deficit) oriented, and work with consumers on planning their personal futures based on their own stated goals, interests & needs.

V. Cultural and Linguistic Competence

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

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

This description is not different from the original grant application; what is different is the collaboration which has occurred between Vermont's SAMHSA grants for YIT and for suicide prevention. The half-time CLC Coordinator for YIT also worked as an evaluator for one Suicide Prevention grant until it ended on September 30, 2011. The YIT Social Marketing Coordinator served on the advisory board for that Suicide Prevention grant. **[In 2013 Vermont received another SAMHSA grant for Youth Suicide Prevention (YSP). This time, a YIT evaluator is serving as the YSP evaluator, and the YIT Young Adult Coordinator is on the YSP advisory board.]** These over-lapping roles have resulted in enhanced awareness of the state-level YIT staff about the urgency for reducing the stigma of mental illness and receiving mental health treatment for young adults and their families. This urgency informed their training and social marketing efforts. The CLC Coordinator developed and is delivering a training curriculum which highlights the oppression and stigma caused by racism, while the Social Marketing Coordinator developed a campaign called WEST (We Eliminate Stigma Together). Following a pilot test of WEST in the high schools in the Washington County region, it was reformatted to focus on the stigma related to just being a young person (beyond having mental health issues) and is now being administered through the YIT young adult groups statewide.

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

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

Mercedes' 3-hour CLC training includes small and large group discussions in response to a Power-point and video presentation. She administers pre- and post-training surveys to measure increases in knowledge from and satisfaction with the training. **Over 36% of the 569 participants who completed both the pre and post training surveys at one of the 34 CLC training events Mercedes delivered in 10 of Vermont's 12 regions from October 2010 through August 2013** indicated that prior to attending the training, they had either no or little exposure to any type of Diversity, Cultural Competency or Multicultural Training. Prior to attending the training, 76.1% of the participants believed that race identification was based on blood, skin, ancestry, genes, or all of these characteristics together. After attending the trainings, 93.7% of the participants understood that none of these characteristics are the basis for racial identification and consequently

"Race has no genetic basis. Not one characteristic, trait or even gene distinguishes all the members of one so-called race from all the members of another so-called race".

"Skin color really is only skin deep. The genes for skin color have nothing to do with genes for hair form, eye shape, blood type, musical talent, athletic ability or forms of intelligence. Knowing someone's skin color doesn't necessarily tell you anything else about them." (Ten Things You Should Know About Race, Race the Power of and Illusion).

With help from the YIT Evaluation Team, Mercedes measured statistically significant ($p < .01$) increases in knowledge from pre- to post-training in a number of areas including participants' ability to eliminate their own prejudices or assumptions about clients. Other areas in which participants demonstrated substantial gains included about organizational cultural competence, racial and health disparities (including the income disparities of racially diverse families), and comfort level with the topic.

Mercedes presented an earlier version of this research as a poster at the 22nd national Federation of Families for Children's Mental Health conference in November, 2011. She presented an updated version at the 26th Annual Research Conference for Children's Mental Health at the University of South Florida in Tampa, Florida in March, 2013.

*Because of the effectiveness of her training and word-of-mouth referrals, Mercedes Avila is conducting one or two training events per month in Vermont and has even been asked to deliver her curriculum to SOC sites outside Vermont. **(During this reporting period, she delivered at least 10 training events for 156 people in multiple regions, including one which had not previously received the training. The list of these events is on p. 44.)***

Two mental health agencies/regions have now incorporated her CLC training as part of the required professional development training for newly-hired staff as well as for current employees, and two more agencies are considering doing so. One of these mental health agencies (United Counseling Service [UCS] of Bennington) has relied upon Mercedes to train 84 employees through 6 different events so far. UCS has also conducted a CLC organizational self-assessment and appointed a Cultural Diversity Coordinator for the agency.

Mercedes' CLC training has been turned into an ongoing 3-credit "Racism and Health Disparities" graduate class at UVM - # CSD311 for the College of Nursing and Health Services.

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

- *Child Welfare*
- *Culture, Race and Ethnicity*
- *Faith and Race*
- *Health Care*
- *Immigrants*
- *Interpreters and Cultural Brokers*
- *Juvenile Justice System*
- *LGBTQI-2S*
- *Mental Health Providers*
- *Migrant Farm Workers*
- *Native Americans*
- *Policy and Community Building Strategies*

- *Poverty*
- *Refugees*
- *Rural Populations*
- *Schools*
- *Screenings*
- *Self-Assessments*
- *Supporting Families*
- *Youth Development and Empowerment*

In addition, a second resource with local, state, and national CLC- related websites is distributed at the CLC trainings. Both resources, the CLC CD index and the CLC- related websites document, are available on the Vermont Youth In Transition website (<http://youth-in-transition-grant.com>) through the Cultural Competence section.

The following Lambda Legal materials are also distributed at the trainings:

- *Toolkit: Getting Down to Basics: Lesbian, gay, bisexual, transgender and questioning ("LGBTQ") young people are in America's child welfare and juvenile justice systems in disproportionate numbers. Like all young people in care, they have the right to be safe and protected. All too often, however, they are misunderstood and mistreated, leading to an increased risk of negative outcomes. This tool kit offers practical tips and information to ensure that LGBTQ young people in care receive the support and services they deserve. Developed in partnership by the Child Welfare League of America (CWLA) and Lambda Legal, the tool kit gives guidance on an array of issues affecting LGBTQ youth and the adults and organizations who provide them with out-of-home care.*
- *Toolkit: Out of the margins: A Report on Regional Listening Forums Highlighting the Experiences of Lesbian, Gay, Bisexual, Transgender, and Questioning Youth in Care 06/29/2006*
- *Toolkit: Out, Safe, and Respected: Your rights at school 10/11/2008*
This kit is designed to help you know your rights at school and make sure they're respected, and to give you concrete ideas about how you can make a difference in your school and community. You have the right to be who you are. You have the right to be out, safe and respected at school.
- *Toolkit: Bending the Mold: An Action Kit for Transgender Students 06/11/2009*

All Lambda Legal publications can be accessed or ordered free-of-charge from their website: <http://www.lambdalegal.org/publications/toolkits>

Mercedes learned about all of these resources by attending national trainings such as the:

- *Connecting Circles of Care Historical Trauma and Native Americans Training of Trainers in July 2011; she is now a trainer for this curriculum.*
- *Georgetown University Leadership Academy to Address Disparities in Mental Health Care in New Mexico in August 2011.*
- *TA Partnership sponsored CLC training in September 2011 which featured the evidence-based California Brief Multicultural Competencies Scale (CBMCS) and was presented by*

Dr. Gloria Morrow in Atlanta (<http://www.gloriamorrow.com/>). The YIT CLC Coordinator attended this introductory training with Jeetan Khadka (the second YIT Young Adult Leadership Award recipient) and Guylaine Daoust (a community trainer and interpreter). Mercedes had already trained Jeetan to deliver a modified version of her 3-hour curriculum at the 2011 Young Adult Voice Movement (YAVM) Conference. In January, 2012 she attended the training for trainers of the CBMCS curriculum.

- **National Immigrant and Refugee Conference: Issues and Innovations, October 18-19, 2012 in Chicago, Illinois, where she attended sessions about mental health, disabilities, and LGBT issues in refugee populations.**

The CLC Coordinator uses what she has learned in part to provide consultation, including for the design and implementation of grade-appropriate cultural and linguistic competency modules related to Vermont's Health Careers Opportunities Pipeline (HCOP) grant. This Maternal Child Health (MCH) grant seeks to achieve the following goals:

- Goal #1: Increase the numbers of students from rural or underserved communities, who are economically or educationally disadvantaged, exploring a career in health care.
- Goal #2: Increase the opportunities for economically or educationally disadvantaged Vermont students to follow a pathway to the successful completion of a post-secondary certification or degree in a health career.
- Goal #3: Improve quality of care by helping to ensure a culturally competent and diverse health care workforce for Vermont.

Mercedes encouraged 11th graders served through YIT and other programs to apply for the available education – a summer residential experience called College Quest - to begin a health-care career. She researched, developed, and presented a 12-hour CLC training delivered over 3 days to the summer students (27 in 2012 and **24 in 2013**) about “disparities in the U.S. and what young people can do to prevent and stop reproducing inequalities.” **From this she distilled 5-hours of training about the same topic for the Champlain Valley Area Health Education Center's (CVAHEC's) College Quest staff.**

The CLC coordinator has provided other support and consultation for the CVAHEC, such as in updating earlier versions of its “Cultural Competency for Health Care Providers Manual.” (The latest version is on the home page of the CVAHEC website: www.cvahec.org.) Earlier versions were used for the first and second round of Medical Interpreters' training delivered in the spring and fall of 2011, when some of the interpreters trained were YIT workers Mercedes Avila and Linda Li. Interpreter Guylaine Daoust became the instructor after accompanying Mercedes to the CBMCS training in Atlanta. **During this reporting period, Mercedes served on a workgroup with the HowardCenter, the Vermont Refugee Resettlement Program (VRRP), and the Connecting Cultures program of Fletcher Allen Health Care to plan Mental Health Interpreting training for those already trained as Medical Interpreters. She used YIT funds to send Cathleen Kelley of Connecting Cultures to the 4-day pilot training in San Francisco, California in June, 2013 of “Healing Voices: Interpreting for Survivors of Torture, War Trauma and Sexual Violence.”**

Other organizations for which the YIT CLC Coordinator has provided support and consultation include at least the:

- *Vermont Coalition of Runaway and Homeless Youth Programs (VCRHYP, for help with a grant application for continuation of its Street Outreach Programs – not awarded).*
- *Community Health and Learning (CHL, for help with a grant application to renew its Youth Suicide Prevention work – awarded, as mentioned above on page 19). For CHL she also helped prepare a webinar about “Cultural Considerations in Suicide Prevention” which was delivered to providers statewide.*
- *Vermont Department of Health’s (VCH’s) Office of Minority Health, serving on its advisory board and collaborating to address youth suicide and youth leadership within the refugee community, especially in Chittenden County, plus disproportionate minority representation in the juvenile justice system (with Vermont’s Juvenile Justice and Delinquency Prevention Specialist).*
- *University of Vermont’s College of Medicine (COM, using YIT funds to support two medical students to do CLC research at Fletcher Allen Hospital’s Immigrant Clinic).*

During this period, Mercedes disseminated the results of her work at the following venues:

- ***International Conference on Science in Society in November, 2012 in Berkeley, California, where she presented a paper about “Addressing Health Disparities through Cultural and Linguistic Competency Training.” In February, 2013 she submitted an article with the same title to the Journal of Cultural Diversity: An Interdisciplinary Journal, and in March, 2013 presented a poster about this topic at the 26th Annual Research Conference for Children’s Mental Health at Southern Florida University in Tampa, Florida.***
- ***National conference of the Association of University Centers on Disability, where in December, 2012 in Washington, D.C. she presented a poster on “Considering Culture in the Screening and Assessment of Children with Developmental Concerns.” Mercedes had conducted a literature review/research about resources available to work with English Language Learners (ELL) with Autism Spectrum Disorders (ASD) or other Developmental Disabilities (DD). She collaborated with the Massachusetts Early Act Team to add refugee-specific stories to their educational materials about this topic. All of these resources have been made available to service providers electronically and/or via CD.***
 - ***At this conference Mercedes also presented about CLC organizational self-assessment in leadership training programs.***
- ***Furthermore, she submitted a proposal which was accepted for presentation at the 2013 annual conference of the National Federation of Families for Children’s Mental Health. Subsequently, on November 15, she and Esther Doh (a young Burmese woman, one of the winners of a YIT Young Adult Leadership Award), Fatuma Bulle (a young Bantu mother) and Jeanine Buzigiye (a Congolese woman who works as a part-time Community Advocate for Mercedes, especially with Diversity Rocks!) delivered a workshop entitled “Cultural and Linguistic Competency: Understanding the Importance of Stories in Serving Refugee and Immigrant Populations.”***

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

Please refer back to page 11 of this report for the information about enrolling young adults with diverse backgrounds in services and the hiring of diverse staff in the regions. When

the Chittenden region first experienced staff turn-over in its part-time YIT-JOBS position devoted to cultural outreach, a woman of Asian descent (Linda Li) was hired. This helped to address an important disparity in health care access. According to Dr. John Pandiani's Vermont Mental Health Performance Indicator Project, in State FY2010, "The representation of Asian/Pacific Islander youth in Vermont's Children's Mental Health caseload... was 60% lower than their representation in the general population (0.6% of service recipients vs. 1.6% of the general population)". Subsequent to Linda Li's hiring, more Asians were referred to YIT services. The most recent (and final) Evaluation Team dashboard of indicators (see Appendix B) shows that 3% of the young people now enrolled in the YIT Common Study (which includes the TRAC data) are Asian.

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

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

Before regional YIT staff were hired, the state-level Young Adult Coordinators for YIT reached out to young adult consumers in the regions who may be interested in assuming leadership roles. To stimulate collaborative efforts, the Young Adult Coordinators and/or the CLC Coordinator met with representatives from the Abenaki Self-Help Association, Outright Vermont, the Association of Africans Living in Vermont, the Bosnia and Herzegovina Family and Youth Association, the Young Adult Advisory Team (YAAT) for the SPF-SIG grant from the federal Center for Substance Abuse Prevention (CSAP), Vermont Psychiatric Survivors, Another Way (a self-help recovery center which later became a pilot site for the DMH Adult Mental Health Transformation Grant), the Youth Development Council for the Vermont State Department for Children and Families (DCF), the Association of Teen Centers, the VCRHYP, and others.

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

The State YIT Operations and Outreach Team took 5 young adults who were leaders at the 1st YAVM Conference to the Georgetown Training Institutes in the greater Washington, D.C. area in July, 2010. These young adults advised their regional YIT Steering Committees and/or spoke at statewide or regional YIT events. One is transgender, two (including Katrina Hollis) are

transition-age single mothers who are beneficiaries of social services, one is Asian with a physical disability, and one is part of an extended family that suffered trauma from the war in Bosnia. (The last is a leader in the Bosnia and Herzegovina Family and Youth Association.)

As mentioned on page 11 of this report, the CLC Coordinator established a CLC Advisory or Workgroup called “Hands of Friendship”. It evolved to include all the YIT workers with culturally diverse backgrounds plus young adult leaders whom they brought to the meetings.

One of the young adults (Jeetan Khadka) is a Bhutanese male refugee who attended the 2010 YAVM Conference, then decided to become a social worker. Toward that end, he began working for AmeriCorps, placed first in the school district from which he graduated, then in the City of Burlington. He and other YIT staff and young adults gave input to the design of the May, 2011 YAVM Conference. They also joined Social Marketing Coordinator Courtney Bridges in presenting a workshop entitled “If YOUth Build It, They Will Come” at the SOC Grantees’ meeting in Chicago, Illinois in July, 2011 about how to put on a youth-driven conference. In December, 2011 the YIT State Operations Team honored Jeetan with a Young Adult Leadership Award.

*While in Chicago, the YIT State Operations Team learned from Jeetan about a group he helped start through the Vermont Refugee Resettlement Project (VRRP) for youth and young adults. The group – which named itself Diversity Rocks! after the theme of the 2011 YIT YAVM Conference – includes about 50 young people who meet together twice a month to support each other and address broader issues related to the entire refugee/immigrant population in Burlington. Many of the group members have attended the YAVM Conferences. Jeetan explained that the young people would like more say in running Diversity Rocks!, and they need resources. As a result, Mercedes Avila and Matt Wolf worked with the regional Chittenden YIT case manager Linda Li to increase support for the group, including applying for funds from the Vermont Department of Health’s Minority Health Office. Though that application was not funded, the HowardCenter staff continued to work with the VRRP and with Diversity Rocks! to empower its youth leadership. **During this reporting period, the HowardCenter contracted with a focus group facilitator to help the young people discover as a group how they would like to govern themselves and what they would like to accomplish. This led to their production of a strategic plan for Diversity Rocks! (Attachment C) and to funding by the YIT State Operations Team to carry out that plan.***

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

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

the YIT grant funding to hire peer outreach workers.

Starting in State FY2012, the VFFCMH contracted with the Bennington region (through United Counseling Services, UCS) to add hours to its peer outreach worker position so Katrina Hollis – who received the first YIT Young Adult Leadership Award - can assist the YIT Young Adult Coordinator Matt Wolf in delivering technical assistance statewide. With Matt, Katrina visits the YIT young adult advisory groups throughout Vermont and shares her experience of organizing Teens for Change (T4C). (This is first described in a document which compiled the progress reports of the 12 regions for the time period from January to June, 2011. It and the regional progress reports can be found in the Report Archives sections of the YIT website: <http://www.youth-in-transition-grant.com>.)

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

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

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

Another barrier to the hiring of peer outreach workers may be organizational. One region which planned to hire YIT peer outreach workers delayed doing so because of problems associated with the performance and supervision of a peer worker in another program there. A couple of other agencies later experienced problems with the performance and supervision of peer workers. In December, 2010 the YIT Project Director held a meeting of the supervisors of peer outreach workers for reflective conversation about the challenges involved with their supervision. Dr. Jody Kamon provided clinical TA by preparing for and facilitating the conversation. The supervisors appreciated the opportunity to share their experiences and requested ongoing regular meetings, some with the peer outreach workers and some with just each other. They also asked for feedback from the peer outreach workers about what is most important to their success. This led YIT Young Adult Coordinator Matt Wolf to meet with the peer outreach workers to seek their wisdom about hiring, orienting, and training peer outreach workers. Matt summarized and shared this knowledge not only with YIT but also with the DMH Adult Mental Health Transformation Grant Committee on Peer Workforce Development, which then asked him to serve as Chair. Since then, the regions have hired more YIT peer workers.

V. Family Involvement

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

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

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

Some Act 264 Local Interagency Team (LIT) parent representatives serve on their region's YIT Steering Committee.

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

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

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

families; the panel was well received and provoked many questions.

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

For the September 30, 2011 Learning and Sharing Day, YIT again focused on helping regions move down the road toward having a family and young adult-driven SOC. This time the VFFCMH Lead Family Contact organized a panel of YIT staff and family and young adult representatives from Bennington, Caledonia/South Essex, Chittenden, and Orange/South Windsor to present what they have been doing to:

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

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

The VFFCMH has learned that young adults need a lot of structure and supervision to tackle the ambiguities and handle the frustrations of SOC work; several regional YIT supervisors have noticed a similar dynamic. The VFFCMH dealt with this challenge by hiring an Administrative Assistant to divert some work from the Lead Family Contact so she could give more attention to supervision and to the design and delivery of family support and leadership training. This helped until Tropical Storm Irene and the wide-spread flooding of August 28, 2011. Following that event and the September re-location of the VFFCMH offices to Williston from Waterbury, the VFFCMH had to hire a different Administrative Assistant plus re-structure its relationship from employee to contractor for the staff person focused on family support and leadership training.

With the help of the YIT Social Marketing Coordinator and as part of one ["Your Voice Matters"] of the 4 YIT social marketing sets of activities, the VFFCMH logo and brochure were updated. The VFFCMH website (see <http://www.vffcmh.org>) was revised to let families know about the wide range of leadership opportunities available to them. And due to the move of the VFFCMH office caused by Tropical Storm Irene, other social marketing was needed in September, 2011 to tell families, young people, and community partners where to find the new location. The VFFCMH is now in the same building in Blair Park, Williston as the Vermont Family Network (VFN), which has facilitated collaboration between the two family advocacy organizations.

For example, in late 2011, the VFFCMH and VFN partnered with the Vermont Center for Independent Living (VCIL) to deliver a 2 hour training event in Bennington for families and care-givers with young adults of transition age. The YIT Lead Family Contact, Cindy Marshall, explained the differences between the child and adult mental health systems. The VFN staff

talked about services available through Developmental Disabilities, and VCIL staff discussed guardianship, Medicaid, and employment. This training is now available for other regions, too, including through Webinar.

In November, 2011, to honor the 20th year of the national Federation of Families for Children's Mental Health and having been the first chapter of the Federation, the VFFCMH handled registration for the Federation's 5-day annual conference in Washington D.C. To do so, the VFFCMH sent 11 people: 5 VFF staff, 3 VFF Board members, 1 family leader, 1 young adult peer outreach worker, and the YIT Grant Project Director - 6 of whom were directly involved with the YIT Grant. In preparation for this VFFCMH presence, YIT Social Marketing Coordinator Courtney Bridges created a postcard and a bumper sticker for the conference bags for each of the 800 registered participants at the conference. She also designed a T-shirt worn by the VFFCMH registration team and delivered to Vermont's Representative and Senators on Capitol Hill.

From February 1- September 30, 2012, barriers to family involvement were addressed as follows:

- *To recognize the effectiveness of one region in involving and empowering YIT parents – 2 of whom have attended national SOC meetings with the YIT State Outreach Team – the VFFCMH Lead Family Contact created an award for Excellence in Youth & Family Empowerment. In April, 2012, during the YIT State Outreach Team's on-site visit to the Orange-No. Windsor region, the award was presented to YIT case manager Mark Mitchell of the Clara Martin Center.*
- *On September 12, 2012, the VFFCMH hosted a family leadership conference featuring the Terrasi sisters (Gina and Patricia) who authored the book "Shut Up About Your Perfect Kids." The 80 people who attended this "Who is in the Driver's Seat? Family Driven Principles in Vermont" conference participated in 2 of the 3 workshops:*
 1. *Family Driven, Family Centered, Family Voice and Choice: What's the Difference?*
 2. *Who's Taking Care of You? Caring for the Caregiver*
 3. *The many paths to a career in Peer Support.*

From October 1, 2012 – September 30, 2013, barriers to family involvement were addressed as follows:

- *The Lead Family Contact and Young Adult Coordinator presented a workshop on Family and Young Adult-Driven Principles at the November, 2012 annual conference of the Vermont Association of Mental Health & Addiction Recovery (VAMHAR).*
- *In the spring of 2013, the VFFCMH provided its "Surviving and Thriving in the Mental Health Maze" training for families in the Bennington and So. Windsor regions.*
- *In addition to the work done by the Lead Family Contact and Young Adult Coordinator with regional YIT staff & the families associated with particular youth and young adults being served, they worked together to advocate in state and national discussions about peer workers that the definition of "peer" should include both transition-aged youth and family members with lived experience of illness and recovery.*

- *This led to their membership in the advisory body for Vermont's new BRSS-TACS grant that is seeking – among other goals - to solidify funding to support all peer services. This advisory body meets twice a month and has initially focused on developing peer support as a billable service under both private and state medical insurance programs.*
- *The YIT Lead Family Contact serves on the Agency of Human Services (AHS) Integrated Family Services' (IFS') Implementation Team where she advocates that IFS include Family to Family and Young Adult Peer supports, starting with its pilot in Addison County.*
- *In addition, the VFFCMH Executive Director and Assistant Director remain strong advocates for family and young-adult driven care through participation in a wide range of non-YIT activities and meetings related to the children's mental health SOC.*
- *The first three people in Vermont to be nationally certified as Parent Support Providers through the national Federation of Families for Children's Mental Health's (FFCMH's) Certification Commission for Family Support - an independent program of the FFCMH – are VFFCMH Executive Director Kathy Holsopple, Assistant Director (and YIT Grant Lead Family Contact) Cindy Marshall, and Training Consultant Joy Prior. The VFFCMH Lead Family Contact is working to support 2 regional LIT Parent Representatives (including one in Addison County) to become certified.*

VI. Youth Involvement

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

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

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

The Social Marketing Coordinator created a YIT Facebook page for young adults interested in

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

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

The 2011 YAVM Conference was planned by young adults associated with the "Hands of Friendship" CLC Work Group and their family members or other adult allies, supplemented with ideas shared by other young people through Facebook, and coordinated by the YIT VFFCMH staff with help from Mercedes Avila. Because this Conference was structured as an overnight event on the UVM campus over Memorial Day weekend, attendance (114 youth and young adults) was somewhat lower than in 2010. However, the Friday evening events, Saturday morning workshops, and Saturday afternoon team-building exercises generated a lot of enthusiasm and learning.

One of the Friday evening events was a performance by the "Mic Criminals" band put together by Cadoux Dzingou, a refugee from Africa living in Burlington. With the YIT State Operations Team, in July, 2011 he attended the SOC Grantees' meeting in Chicago where he performed a solo rap for the SOC talent show. This inspired him to organize a talent show for young adults from throughout Vermont. With support from Matt Wolf, Courtney Bridges, Linda Li, and many others, the talent show was held a couple of times to help Diversity Rocks! raise funds to take its New American members to Washington, D.C. to see this nation's government in action. In early October, 2012 over 40 young adults and adult allies made that long-awaited trip.

*In 2011, with Bennington peer outreach worker and statewide YIT consultant Katrina Hollis, Matt Wolf attended young adult advisory board meetings in the Chittenden, Lamoille, and Orange-North Windsor regions to inspire them to affect change in their communities and assist with their identification of goals and planning to achieve them. He also supported the Lamoille and Orange-North Windsor regions in bringing their young adult advisory board members to the annual Franklin-Grand Isle Youth Summit in November, 2011 for sharing of ideas and approaches. In May, 2012 the Orange-North Windsor region's YIT New Horizons group reciprocated by holding a youth summit and inviting the Franklin-Grand Isle youth (in particular) to attend. In all, 75 young people attended this regional summit, at which Matt Wolf gave the keynote speech. **Both the Franklin-Grand Isle and Orange-North Windsor regional Youth Summits have been repeated annually since they were started.***

On the weekend of June 1 and 2, 2012 the 3rd annual statewide YIT Young Adult Voice Movement (YAVM) Conference was held at Castleton State College in southern Vermont. Over 100 young people attended (including 7 from the Orange-North Windsor region that had just sponsored its own Youth Summit) all or part of this event, which was planned by an Executive Committee of young adult leaders from across the state. Guest speaker and comedian Colin Ryan spoke about his personal struggles as a young adult. The 10 workshops were substantive and delivered by young adults or youth groups. Attendees felt they learned useful information, such as how to be leaders.

The 4th Annual YAVM Conference was held on May 31-June 1, 2013, again at the University of Vermont campus in Burlington. The Social Marketing and Young Adult Coordinators supported a team of 10 youth from around the state in their planning & execution of this year's Conference. As with the earlier YAVM Conferences, the event gave youth and young adults, ages 16-21, the opportunity to meet people their age and let their voices be heard throughout social networking opportunities, workshops, leadership and team building events, and empowerment activities. This year, there were 6 workshops, each planned and delivered by a young adult from different regions of the state: Transforming Stigma / Drum Up Your Feelings / Sexual Health for Young Adults / Vermont Chocolates for Change / Culture & Leadership / and Who you are - Expression Using Art to Help Yourself and Your Community. 163 young adults participated, and thanks to the involvement of the CLC Coordinator and Diversity Rocks!, 57% were from a racial/ethnic minority. The Vermont Department of Health's Office of Minority Health contributed funds to the YAVM Conference for a third (and final) year. (See the report to VDH about the Conference in Attachment D.)

As staff of the VFFCMH, the Young Adult Coordinators have represented the voices of youth in transition and their families on the following State-level advisory groups: YIT Leadership Team, Suicide Prevention, Child Trauma Grant, Justice Jurisdiction for 16-17 year-olds, Working with Youth Conference Planning, the Diversion Enhancement Advisory Project (DEAP), and the YAAT. As a statewide TA provider as well as a Bennington regional peer outreach worker, Katrina Hollis has occasionally attended State YIT Operations Team meetings and brought with her some of the young adult leaders from the Bennington Teens for Change (T4C) group. Young adult leaders from the Orange-North Windsor region have twice served as speakers on panels for statewide conferences at the request of the Commissioner of the Department of Mental Health.

Young Adult Coordinator Matt Wolf has encouraged youth from across the state to apply to become members of the statewide Children and Family Council for Prevention Programs (CFCPP), on which he represents non-profit organizations serving youth and families. The CFCPP is Vermont's Juvenile Justice and Delinquency Prevention (JJDP) Advisory Group for overseeing implementation of the federal JJDP Act. It is responsible for monitoring for disproportionate minority representation in the juvenile justice system, and it must have youth with certain types of experience as Governor-appointed members. Matt will continue to support this effort and has joined a sub-committee of the CFCPP to create new avenues (like a youth sub-committee or focus forums) for getting youth to participate in the council.

Matt is also a member of the Governor-appointed ACT 264 Advisory Board, for which he made a presentation highlighting the leadership development aspects of YIT programming, from peer outreach workers to young adult advisory boards, including their collaboration with local teen centers. Matt emphasized that supporting young adult leadership helps youth work towards their independence and recognition as productive members of their communities. He also modeled this by having Jeetan Khadka (with Linda Li) present to the Board about the status and needs of youth immigrants/refugees in VT. The Board discussed its willingness to (at a minimum) write letters of support for program development proposals associated with this population. Subsequently, and during this reporting period, the Act 264 Board approved for its 2013 Legislative Agenda the following recommendation for the Governor, the AHS Secretary, and legislators:

- 1. Create a statewide System of Care (SOC) plan for Transition-Age Youth (age 18-22) that builds from current, grant-based, regional systems of care to a legislatively based, Agency-mandated SOC, perhaps through an amendment to Act 264. Aspects of this plan should address:***
 - 1.1. How to ensure support and services for youth after age 18 (or age 22) since no one is responsible for tracking and supporting them.***
 - 1.2. How to reduce the numbers of child clients that become part of the Corrections population as adults after age 18.***
 - 1.3. How to meet needs for employment services – in particular, how to ensure that VR consistently provides services to youth.***
 - 1.4. How to support “at risk” youth across a variety of situations, which includes youth with developmental disabilities who are transitioning to adult life.***

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

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

The YIT Leadership Team has discussed more effective ways of engaging young adults in sharing their wisdom and energy with a broad spectrum of decision-makers about multiple issues than by asking them to join several groups. The regional YIT staff and young adult leaders joined the DCF Youth Development Specialists and Councils on November 10 in training about how to build youth voice. This collaboration was later strengthened by hiring Matt Wolf to be the YIT Young Adult Coordinator; he was previously a DCF Youth Development Specialist from the South Windsor-North Windham region.

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

Marketing Coordinator have worked to promote the development of 12 regional Young Adult Advisory Boards, assisting them to grow and become advisory teams for both the local & state systems of care. They have been using event planning to promote leadership through an informal statewide “Executive Board” - with representation from each of the 12 regional boards – to eventually serve as a state-level entity for youth voice in the Vermont System of Care.

*To further stimulate interest in young adult leadership, the VFFCMH YIT staff created Young Adult Leadership Awards. They and the State YIT Operations Team agreed that yearly, four young adults leaders will be given awards and will be asked to join the YIT Operations Team at the next national SOC conference. At the 2011 YAVM Conference, the YIT State Operations Team gave its first Young Adult Leadership Award to Katrina Hollis, the first YIT peer outreach worker. Katrina was also highlighted at the September 30, 2011 Learning and Sharing Day where she spoke at length about the Bennington region’s Teens For Change (T4C) youth group and its community activities (like ‘giving back’ to businesses and police). In August 2011, the YIT Young Adult Coordinator sent out statewide via email the first of what will be ongoing solicitations of nominations of other young adults who exhibit exemplary leadership and initiative in their own lives and who positively affect the lives of others around them. Since then, the State YIT Operations Team has chosen nine other people (Jeetan Khadka, Micah Hughes [Porter], Cheyenne Knuth, Carolyn Erikson, Esther Doh, Jacques Okuka, Bridget Sanchez-Yirka, Heather Houle, and Brittany Goodwin) for Young Adult Leadership Awards. The first four and their adult allies (2 family members) attended the 2012 Training Institutes in Orlando, Florida with the YIT State Operations Team. They participated in the Youth Track, other workshops of interest, and in YouthMOVE activities. **One joined VFFCMH staff in attending the 2012 annual conference of the National Federation of Families for Children’s Mental Health in Washington, D.C., and four are attending the 2013 conference of the national Federation. There Esther Doh will speak as part of a panel presentation for a workshop about CLC organized by Mercedes Avila.***

Matt directly addressed the barriers young adults face in receiving services by encouraging the YIT peer outreach workers and young adult advisory groups to create regional “Living Books” to document local resources for employment, housing, education, health care, etc. Half of the regions worked on this project, and in 5 of them young adults led the effort. In Chittenden County the result is an interactive website called – thanks to branding help from the YIT Social Marketing Coordinator – “Impact Vermont” with a sneaker logo; go to <http://www.impactvt.org>.

VII. Social Marketing/Public Education Campaign

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

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

1. *WEST (We Eliminate Stigma Together): modeled after and using materials adapted from the STARS project that was highlighted at the 2010 Georgetown Training Institutes and which the young adults who attended from VT liked very much. WEST encourages young people to apply together for a small sub-grant to design and undertake an activity to reduce stigma. A pilot test of WEST in the Washington County high schools led to re-formatting it to be implemented through the YIT young adult advisory groups.*
2. *Children's Mental Health Day/Week/Month celebration: an annual statewide conference for youth and young adults, also production and dissemination of materials promoting mental health.*
3. *"Your Voice Matters": a variety of ways the VFFCMH informs families about the leadership opportunities available to them. The Social Marketing Coordinator Courtney Bridges updated the VFFCMH logo and brochure to attract more families and youth/young adults to this source of children's mental health support and advocacy. Then, because Tropical Storm Irene ruined the VFFCMH offices in Waterbury, Courtney launched a "We've Moved!" temporary marketing campaign to help families, young people, and SOC partners find the new space in Williston. Through social media, new business cards, and other hard materials like a new travelling tabletop exhibit, VFFCMH was able to start over in strength.*
4. *"BringChange2Mind.org": an anti-stigma campaign of national partners. Courtney imagined convening the corresponding VT partners (e.g., NAMI-VT, VFFCMH, etc.) and other interested organizations to work together.*

Who were your targeted key audiences this period? What were your key messages and strategies and how did you select them?

1. *The WEST campaign and the VFFCMH Statewide Family Network's youth leadership initiative were again combined [this time without additional funds from the Vermont Department of Health's (VDH's) Office of Minority Health]. A Request for Proposals (RFP) was issued for up to \$750 per region. The intention continues to be to assist and empower youth and young adults in transition to use their voice of experience to positively impact the system of care and their communities while strengthening their self-advocacy skills and mutual support. In FFY2013 six projects were funded. The 4 which used YIT funding were for an information booth at the Bennington May Fest, an Orange-No. Windsor Youth Summit, a peer-supported weekly dinner/activity night for young people in So. Windham, and story-writing by young people in focus groups in Franklin-Grand Isle.*

During this reporting period the YIT Social Marketing Coordinator created a new way to involve schools in eliminating stigma, this time by "Going Green for Mental Health". With enthusiastic backing from the Vermont Principals' Association and the Vermont Association of Athletic Directors, at several high school basketball and hockey events the athletes wore green socks while other students and Courtney Bridges passed out green ribbons and information regarding mental health. More information

about this is available on the YIT website's home page in the article about Athletics and Advocacy: <http://www.youth-in-transition-grant.com> .

- 2. As described on page 32, the YIT Social Marketing, Young Adult, and CLC Coordinators again collaborated with the Vermont Department of Health (VDH) to produce the 2013 Young Adult Voice Movement (YAVM) Conference to celebrate Children's Mental Health Day/Week/Month.*

Because the YAVM Conference was held on May 31-June 1 and not specifically on the National Children's Mental Health Day, the YIT Social Marketing Coordinator also organized a different celebration for May 9, when employees from the Vermont Federation of Families for Children's Mental Health (VFFCMH) and the Vermont Department of Mental Health (DMH) set up and staffed a resource table on Church Street in downtown Burlington. From 11:00 a.m.-1:00 p.m. hundreds of stickers, pencils, pens, informational materials, and other resources were handed out to passers-by. The table was covered with green balloons, green ribbons, and T-shirts designed by the Social Marketing Coordinator specifically for the day. Two television stations, WCAX and WPTZ, sent reporters with camera crews to the event, where they conducted interviews that aired on news shows later that evening. WCAX pictures and a blog can be seen on the home page of the YIT website: <http://www.youth-in-transition-grant.com>.

The Social Marketing Coordinator had released the day before two Public Service Announcements (PSAs) to celebrate Children's Mental Health Awareness Month. Both PSAs were produced through a year-long partnership of the VFFCMH, the University of Vermont, and the Me2 Orchestra. One PSA focuses on children's mental health; the other focuses on family efforts to reduce stigma. The children's mental health video can be seen at the VFFCMH website: <http://www.vffcmh.org> in the About Us > Videos section. Both can be found at www.youtube.com using the search phrase "Mental Health Always Matters". Both PSAs were given to state media outlets such as WPTZ, WCAX, and Fox44. The stations donated free air time whenever they had room. By June 1 the Family PSA had 211 views, and the Children's PSA had 251 views. The analytics from both YouTube videos show that by then they were viewed in at least 31 states and 10 countries.

- 3. To help the VFFCMH convey that "Your Voice Matters", during this reporting period the YIT Social Marketing Coordinator attended at least 5 statewide events with the table top booth to provide information and resources to participants. Over 300 brochures, 300 pens, and numerous other informational supplies were dispersed. The VFFCMH also sent out monthly email newsletters to over 840 recipients. One newsletter highlighted President Obama's public stance on Mental Wellness; it had a 20% open rate and a 16% click rate.*
- 4. YIT Social Marketing Coordinator Courtney Bridges, Marketing Manager of the Vermont Association of Mental Health and Addiction Recovery (VAMHAR) Dan Osman (who is also Director of Camp Daybreak), and NAMI-VT worked together to*

quickly plan a candlelight vigil at the Vermont Statehouse on December 21, 2012 to show support for the families affected by the tragic loss of 27 children/adults in the Newtown, CT shooting. Despite the bitter weather that evening, many Vermonters were in attendance. Guest speakers included Administration Secretary Jeb Spaulding, Education Secretary Armando Vilaseca, Deputy Commissioner of Health Tracy Dolan, and Reverend Mark Pitton. The Montpelier Community Chorus attended and sang two beautiful songs.

Share some of your campaign successes since the last report.

In addition to the successes mentioned directly above, the YIT Social Marketing Coordinator scored another win with new YIT and VFFCMH websites (still at the same addresses). Courtney worked closely with website developer Burlington Bytes to make sure both the VFFCMH and YIT sites are up-to-date and functioning well. The analytics reports for the re-designed sites show that during Children's Mental Health Month, there were many new visits:

- *For YIT - 243 visits. 109 new visits to the Young Adult Voice Movement Conference page. 35% of visits are direct, 34.6% are from Google, 9.5% are from the YIT Facebook pages, etc.*
- *For VFFCMH - 185 visits. 49 new visitors went to the 'About Us' page. 55.1% were organic, 18.9% were referral, 22.9% were direct, etc.*

Facebook and Twitter continue to be important platforms for reaching out to people. Use of the Twitter account (one serves both the VFFCMH and the YIT grant) has increased dramatically. Many national organizations have recognized, retweeted, and direct-messaged the account looking for more information about our programs. At the end of June, 2013, these accounts had:

Youth in Transition Facebook (with 6 sub-groups, 2 more than a year ago): 381 Friends by the end of June, 2013 - 81 more than at the end of September, 2012.

Twitter: 239 followers, increased by 107 from January to June, 2013. Followers include Vermont Governor Peter Shumlin; SAMHSA's Child, Adolescent and Family Branch Director Dr. Gary Blau; National FFCMH Executive Director Sandra Spencer; Mental Health America, and LiveStrong.

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

The YIT State Operations Team has agreed that in 2014 there will be a leadership academy for Vermont's young adult leaders that will be more similar to the Georgetown Leadership Academy (which the YIT Lead Family Contact and Young Adult Coordinator attended in August, 2013) than to the prior YAVM Conferences. This is likely to be a less expensive and therefore more sustainable approach to building for the SOC leadership among young adults - an especially important consideration since the VDH Office of Minority Health

will no longer be able to contribute to the costs.

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

In the past, Vermont's public education about children's mental health primarily consisted of educating legislators about the need for services. With the YIT Social Marketing Plan, this limited focus expanded to a much broader campaign to reduce stigma related to needing and receiving mental health services and to just being a young adult. One barrier to carrying out this campaign was lack of information about the messages most likely to make a difference with young adults. The WEST campaign and the related VFFCMH young adult leadership mini-grants (first issued in the summer of 2011) directly addressed this by encouraging youth to design their own messages and activities. Also, a growing and increasingly diverse group of young adults has given input to the design and content of the YAVM Conferences, events intended to build leadership and advocacy among young people about the System of Care (SOC). Families have been provided information through the VFFCMH website and other materials or events about leadership opportunities and how their "Voice Matters" to improve the SOC...Attracting other organizations to join one or more of the social marketing campaigns has been challenging but seems to be changing one project and relationship at a time.

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

*The Vanguard team was helpful to the Social Marketing Coordinator in drafting the YIT Social Marketing Plan. Following the Year 2 Federal site visit, the TA Partnership asked the Social Marketing Coordinator to describe her work in an article for the TA Partnership newsletter. This was uplifting for **the Social Marketing Coordinator**, as was **servng** from 2010 - 2013 on the panel of judges for the national ECCO awards. Undoubtedly, though, the biggest support occurred in September, 2011 when Leah Holmes-Bonilla of Vanguard and Brittany Smith of the National TA Partnership made a site visit to Vermont specifically to offer T/TA about social marketing and social media to an audience of YIT staff and young adults. This day of training occurred less than 2 weeks after Tropical Storm Irene and devastating floods in Vermont, but at least 40 people from 7 of the 12 regions came together at the Three Stallion Inn in Randolph to learn about these topics.*

After that event the regional demand for consultation by the YIT Social Marketing Coordinator increased dramatically. Courtney Bridges has helped over half the regions enhance their recruitment and marketing techniques by building social networking sites and branding their young adult advisory groups. The branding experience includes teaching, mentoring, developing, and implementing ideas surrounding, but not limited to, social networking, social media, and promotion of young adult groups. Through this experience, young adults are able to voice their opinions and rally behind a young-adult- driven anti-stigma message.

*Courtney twice co-presented with Vanguard staff Leah Bonilla-Holmes at the Georgetown Institutes in July, 2012 a 3 hour Institute focused on "Social Media for Systems of Care"; each time over 100 people attended! **She and Heather Houle (YIT Peer Worker and Young Adult***

Leadership Award recipient) presented with Vanguard's Jane Tobler and Corey Chase of the National Federation of Families for Children's Mental Health at that organization's 2012 annual conference, speaking about the importance of social marketing to reach out to the YIT target audience. Courtney also co-presented with Jane and Corey at the National Federation's annual conference in November, 2013.

VIII. Evaluation

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

Dr. Thomas Delaney, Lead Evaluator for YIT, and Dr. Jesse Suter, Dr. Jody Kamon, Kara Bissonette (who replaced Ellen Talbert) as database administrator, plus interviewer Audrey Garfield comprise the energetic, cohesive 2+ FTE Evaluation Team for this grant. They operate out of the Vermont Child Health Improvement Program (VCHIP) of the University of Vermont (UVM) Medical School.

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

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

*Staff turnover at the mental health and youth service agencies continually posed a challenge to increasing the number of young people in the YIT evaluation studies. There were challenges for YIT staff in partnering with other SOC workers to increase the recruitment "pools" in their communities. The Evaluation Team kept the YIT State Operations and Outreach Team and the regions informed about the status of enrollment. **By the close of enrollment (October 31, 2013), only 2 or 17% of the 12 regions had attained their targets for enrollment in services (as measured by the Common Study) and in the National and VT evaluation studies. (Attachment A has enrollment information for the last quarter, with data about cumulative enrollment.)***

Retention of young people in the YIT studies has also been challenging. Enrollment and retention in the Common Study was handled by the regional YIT staff while enrollment and retention in the National and Vermont studies was handled by the Evaluation Team. To strengthen retention in the National and Vermont studies, the Evaluation Team offers participants water bottles or re-usable cups that have the YIT evaluation contact information, also sends out quarterly post card reminders to participants that they are still in a study and encouraging them to update any changed phone numbers, emails or postal addresses. Regional YIT staff do help the evaluators re-connect with young people for follow-up interviews, which will continue until June, 2014.

In 2013 the Evaluation Team minimized the impact of Common Study enrollment and retention problems by switching many indicators used in the data reports and data briefs to those from the National and Vermont studies, both of which have follow-up rates of at least 60% from one time collection period to the next.

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

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

*Enrollment is one of several topics discussed with the regions during the annual site visits by the YIT State Operations and Outreach Team. **(For FFY2013, the 12 site visits were held in the summer from July to September.)** The Evaluators participate in these visits along with the Principal Investigator (PI), Project Director (PD), Young Adult Coordinator, Social Marketing Coordinator, Lead Family Contact, and other members of the State Team as possible. During these visits, besides the enrollment information, the Evaluation Team has produced and shared a dashboard of indicators from the Common Study.*

*The YIT dashboard was first shared with the regions in the evaluation discussion group at the September 23, 2010 Learning and Sharing Day. The statewide version was updated regularly and disseminated broadly via email to YIT staff and stakeholders. The regional versions were prepared once the regions had submitted enough data to ensure confidentiality of the results. The statewide and all 12 regional dashboards have been monitored by the State YIT Operations and Outreach Team and by the regional YIT Steering Committees for policy or practice implications. They were also shared with the YIT Leadership Team. **(See the final dashboard – with data with Common Study data through June 30, 2013 – in Attachment B.)***

Six-month follow-up data from the Common Study was first shared in the dashboard at the September 30, 2011 YIT Learning and Sharing Day. For that day as for the one a year earlier, Evaluation Team Leader Tom Delaney was very involved with the interagency committee planning the event. He felt the need to help the Evaluation Team (and others) better understand

each region's SOC. The YIT Social Marketing Coordinator came up with a driving and road theme for the 2011 Learning and Sharing Day. This enabled a dual focus on both family- and young adult driven-care and on SOC mapping. The planning committee created an extensive exercise to help regional YIT staff and Steering Committee members experientially define the local SOC and their roles within it. In this way, the Evaluation Team turned its research into action to ensure that technical assistance most critical to the success of YIT was delivered. **(The Evaluation Team presented a poster about this mapping exercise at the 2013 National SOC for Children's Mental Health Research Conference. The reference for that presentation is on the next page.)**

Twelve-month follow-up data from the Common Study was shared with the regions during the 2013 summer regional site visits and at the October 1, 2013 YIT Learning and Sharing Day. As in the past, the Evaluation Team was deeply involved with planning that Day, where it also shared data from the National and Vermont studies to help regions develop their sustainability messages. (See Attachment F for the sustainability worksheet used by the Evaluation Team to support the regions that day.)

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

The Evaluators delivered at the 24th National SOC Research Conference in Tampa, Florida in March, 2011 a poster and a workshop about some initial YIT research. These presentations summarized: 1) findings from the Access and Barriers data collection tool relating to young adults' reported barriers and facilitators to engaging in important aspects of their lives, and 2) findings from the Young Adult Strengths Questionnaire, specifically the reliability properties of the overall tool and four scaled scores corresponding to four strengths domains. **These findings were updated in a Data Brief produced in 2013 (see Attachment G).**

On February 29, 2012 at the Pediatric Grand Rounds of the UVM College of Medicine (COM), the YIT Evaluation Team presented data about young adult's utilization of health care. **These findings were updated in a Data Brief produced in 2013 (see Attachment H).**

At the 25th National SOC Research Conference in Tampa, Florida in March, 2012, Dr. Jesse Suter presented a poster highlighting the Sequential Intercept Model to illustrate the criminal justice involvement of YIT system of care youth. Subsequently, more criminal justice data was added to the YIT evaluation dashboard using population-based rates instead of the DOC raw numbers.

Courtney Bridges, YIT Social Marketing Coordinator, worked with the Evaluation Team to produce a young-adult-friendly data page to help engage more young adults with the program as

well as share the collected information in a way that is meaningful for this target population (16-21).

The Evaluation Team submitted the entire dashboard including the criminal justice data and the young-adult-friendly page for ECCO recognition and in July, 2012 received a Bronze ECCO award for its Professional Outreach.

Additional data was presented in 2013 in the form of a Data Brief about Young Adults and Employment (see Attachment I).

The Evaluation Team made two poster presentations at the March 2013 National SOC Children's Mental Health Research and Policy Conference in Tampa:

1). Suter J, Kamon S and Delaney T: Are We Bending the Curve? Justice System Involvement of Young Adults in Vermont's System of Care. (See Attachment J.)

2). Delaney T, Kamon J and Suter J: The System of Care Roadmap: An Innovative Exercise for Understanding Partnerships among Service Providers and Programs. (See Attachment K.)

And in the summer of 2013 the Evaluation Team produced one pictograph about changes in mental health and substance use evident from the National and Vermont studies (see Attachment L) and another pictograph about what young people in those studies said helped them from the System of Care (see Attachment M).

All of this data was shared with the State Operations Team and the regions for use in their work to sustain YIT.

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

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

The YIT Evaluation Team took a new approach to hearing from young adults in early summer, 2011. The Team contracted with Dr. Nancy Pandina to conduct focus group interviews with young adults in 10 of the 12 regions to learn their opinions about what did or did not work about

the services they received. (Dr. Pandina was an evaluator for Vermont's earlier Children's Mental Health Initiative grants.) She did quantitative analysis of the comments received from 82 young people from around the state and in November, 2011 produced a report entitled "YIT Focus Group Results". It can be found on the YIT website at <http://www.youth-in-transition-grant.com> under the Evaluation section; look for Evaluation Reports. The results were summarized and presented by Dr. Jody Kamon at the Youth Workers' Conference on May 17, 2012 as a workshop entitled "Straight Talk: What young adults have to say about trying to access Vermont's Mental Health System of Care and the quality of services offered."

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

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

The distribution of DOC data has helped to raise awareness about the number of young adults in jail or on probation in the regions, and affected regional design and implementation of the plans. (Local design and implementation influences "ownership" and sustainability).

*With advice from Dr. Rusty Clark, starting in the fall of 2010 the YIT Evaluation Team took on the added task of assessing how well regions are implementing TIP. Dr. Clark approved VCHIP adaptation and use of two TIP self-assessment tools: the Self Study of TIP Implementation—Guidelines, and the Self Study of TIP Implementation—Organization and Structure. These tools were administered (the Guidelines tool as a structured interview, the Organization and Structure tool as self-report) and completed by representatives from a total of 16 Vermont SOC organizations. The YIT Evaluation Team summarized the findings, shared them back with the organizations at the June 2011 TIP training, and is using them as the baseline for a study of how programs within the organizations may be changing as a result of the TIP training. **Twelve of the 16 organizations/programs did the action planning and - during this reporting period – had their staff complete the additional training needed to be certified as TIP-informed by the National Network for Youth in Transition (NNYT). [Certification in use of an evidence-supported practice (like TIP) strengthens organizations and programs in their ongoing operations.] To help the 12 programs/organizations apply for this certification, in 2013 the YIT Evaluation Team administered a second round of the two TIP self-assessment tools and is in the process of analyzing what, if any, changes occurred from the first to the second round.***

*The YIT sustainability plan relies on the use of evaluation data to support requests for State and community funding to sustain the project after the federal grant funds end. The Evaluation Team has measured progress toward achievement of goals for the SOC and changes in functioning and mental health symptoms for transition-aged youth with SED. **As is evident from the final Common Study dashboard (Attachment B) and the data briefs, posters, and pictographs (Attachments G-M) shown at the end of this report, there are many positive indicators of progress to share.***

The Evaluation Team helped the YIT State Operations Team prepare and present a PowerPoint slide show on September 11, 2013 for Agency of Human Services Secretary Doug Racine and Department of Mental Health Commissioner Paul Dupre about these good results and the importance of sustaining the YIT work. (The beginning and ending slides – 3 of 46 - are shown in Attachment N.) As a result of that presentation and prior communications, the DMH/AHS budget proposal to the Governor now includes the full amount of funding needed to sustain YIT in State FY2015 beyond the end of the federal grant on 9/29/14. It is too early to know whether that proposal will be accepted by the Governor and the Legislature. Meanwhile, regional YIT staff are educating their legislators about the YIT evaluation results.

IX. Technical Assistance and Training

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

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

CLC training events: *The following organizations hosted CLC training for their staff, statewide members, and/or for community partners in three different regions for at least 156 people:*

- *UVM Center for Health and Well-being (staff of all health, counseling, psychiatric, and nutrition services for students) – winter, 2013*
- *Northwest Counseling Services and Supports (NCSS) and community partners in the Franklin-Grand Isle region (second training there) – March, 2013*
- *DMH Transformation Grant (2 training events) – spring, 2013*
- *Vermont Coalition of Runaway and Homeless Youth Programs (VCRHYP) – April, 2013*
- *UVM Interdisciplinary Leadership Education for (Neurodevelopmental Disabilities, or LEND) Health Professionals [VT-ILEHP] – May, 2013*
- *Counseling Service of Addison County (CSAC, second training there) – June, 2013*
- *Health Care and Rehabilitation Training (HCRS) and community partners in the So. Windsor region – July, 2013*
- *Peace and Justice Center in the Chittenden region – August, 2013*
- *NCSS and community partners in the Franklin-Grand Isle region (third training there) – August, 2013*

With the following events, CLC training was delivered at least once in 11 of Vermont's 12 AHS regions during the YIT grant:

- *Rutland Boys and Girls Club (RBGC), Rutland Mental Health Services (RMHS), and community partners in the Rutland region – October, 2013*
- *Northeast Kingdom Community Action (NEKCA) and community partners in the Orleans/No. Essex region – December, 2013,*

The final regional training (for Orange/No. Windsor) will occur in the spring of 2014.

Other training events during this reporting period:

- *The YIT Fall Learning and Sharing Day for October 24, 2012 included work the evening before with young adults who came together to plan how to facilitate the next day's event. The theme was Sustainability Of Movement Toward A Young Adult-Driven System of Care. (See the agenda in Attachment O.)*
- *The Lead Family Contact and Young Adult Coordinator presented a workshop on Family and Young Adult-Driven Principles at the November, 2012 annual conference of the Vermont Association of Mental Health & Addiction Recovery (VAMHAR).*
- *November 28 and 29 Part II TIP Training of 35 people by the VT Apprentice Trainers, who were observed and coached by the National Network for Youth in Transition (NNYT) trainers.*
- *Subsequent delivery of 3 days of TIP training in 5 regional locations (Bennington, Caledonia/So. Essex, Orange/No. Windsor, Orleans/No. Essex, and So. Windham) for 80 more people from February – November, 2013. Through this process the 7 Apprentice Trainers were observed via video-tape or Skype as they delivered each of the 9 TIP modules. They then applied to be certified by Dr. Rusty Clark as Locally-Based TIP Trainers. Their applications are pending at the time of this progress report.*
- *Delivery of 3 poster or workshop presentations at the National Children's Mental Health Research Conference in Tampa, Florida on March 3-6, 2013: one about the pre- and post-test results for participants in Vermont's CLC training, one about reduced criminal justice involvement for YIT participants, and one assessing the partnerships in the System of Care in Vermont based on the road maps developed at the September 30, 2011 YIT Learning and Sharing Day.*
- *In the spring of 2013, the VFFCMH provided its "Surviving and Thriving in the Mental Health Maze" training for families in the Bennington and So. Windsor regions.*
- *The YIT Spring Sharing Day (planned for March 19 but snowed out and then held) on April 24 was requested by regional workers at the case management and peer outreach worker levels. The Day was designed by the YIT Young Adult Coordinator with support from the Lead Family Contact and the Social Marketing Coordinator. Twenty-five people attended, representing 8 out of the 12 regions. They were provided with information they had requested and a chance to discuss their practices for working with youth. They were also guided to formally identify the strengths of their work with young people and in their systems of care as the basis for advocating for sustainability.*
- *YIT shared expenses and training slots with the Vermont Coalition of Runaway and Homeless Youth Programs (VCRHYP) and the Youth Development Program (YDP) for the MaleBox training held on May 23, 2013 at Killington, VT as a pre-conference day to the Youth Workers' Conference.*
- *The Young Adult Voice Movement Conference was held on May 31 – June 1 at the University of Vermont (UVM).*
- *Helped the National TA Partnership deliver a webinar and teleconference on July 29 about effective strategies for working with young adults with mental health needs and criminal justice involvement (with Evaluator Dr. Jody Kamon and the Lamoille YIT Case Manager, Outreach Worker, and mentor for the Get Your Stuff Together [GYST] group for young adult males).*

- *All preparations for the October 1, 2013 YIT Fall Learning and Sharing Day were made during this reporting period. The theme for the Day was “Coming Full Circle” with a continued focus on sustainability – i.e., helping regions understand their data, prepare young adults to tell their stories, and develop materials like tri-folds and “elevator speeches” for effective advocacy (see the agenda in Attachment P).*

How were these training activities used? Who completed these training activities? Were they effective in meeting community goals? *See response to questions directly above. Also, the CLC training was extensively discussed on pages 19-21. The Evaluators’ presentations were discussed on pages 41-42. And the TIP training and certification effort was discussed on pages 3, 4, 5, 7, 8, and in most detail on pages 17 and 43. All of these events have been targeted to accomplishing and sustaining the YIT works, including reporting on results.*

X. Sustainability

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

A draft action plan for sustainability was formulated from the logic model. “State supports and sustains regional services for young adults” is one of the goals and is the basis for the action planning for sustainability. That action plan can be found on the official YIT website (<http://www.youth-in-transition-grant.com> – under the Reports Archives > YIT Grant Related Documents.) The plan was not revised during this reporting period.

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

Vermont’s grants management adheres to the OMB requirements. DMH obtains certification of match for this grant from the relevant business and program managers; the match is reported annually on the Financial Services Report (FSR) as expected, with ongoing guidance from SAMHSA’s Office of Grants Management.

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

The information presented below is different from the information presented in the annual FSR, where only the required, minimum match is reported. The information below, instead, lists all match certified to the Department of Mental Health as State General Fund expenditures above baseline (average of FY2006 and FY2007) for youth of transition age by other State Departments in State FY2013. The information is here listed as in-kind since the expenditures are for related programs and services, not directly for YIT.

<u>Source</u>	<u>Percentage</u>	<u>Cash Match</u>	<u>In-Kind</u>
Child Welfare	25.85%		\$714,885
Mental Health			
Education			

Juvenile Justice	2.37%		\$65,639
Substance Abuse			
Health			
Foundations			
Other (Please Describe): -Corrections -Diversion -Reach Up -Labor	71.78%		\$1,985,222
TOTAL	100.0%		\$2,765,746

This total amount is \$234,254 less than the \$3 million needed as match for the \$1.5 million award for FFY2013. This is largely because in State FY2013 the DOC began using Medicaid instead of straight General Fund to finance its transitional housing programs, also because the State economy has recovered enough from the 2008 recession that fewer young people are now receiving State-funded Reach-Up support. Given cumulative accounting for the grant awards and the match plus the over-match certified from prior years, there is still plenty of match for the expenditures made during FFY2013.

Years of Grant Award	Required Match	Certified Match	Cumulative Match
FFY2009	\$333,333	\$3,087,975	\$3,087,975
FFY2010	\$500,000	\$3,218,744	\$6,306,719
FFY2011	\$666,667	\$3,320,379	\$9,627,098
FFY2012	\$2,000,000	\$3,133,540	\$12,760,638
FFY2013	\$3,000,000	\$2,765,746	\$15,526,384
FFY2014	\$1,000,000 (amended)	N/A	N/A
Totals	\$7,500,000	\$15,526,384 plus FFY2014	\$15,526,384 plus FFY2014

XI. Lessons Learned

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

Lessons Shared in Prior Reporting Periods:

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

Though this is Vermont's third CMHI grant, it may be the most difficult in part because of the depleted economy and its impact upon State and not-for-profit budgets. It was hard for many

key stakeholders to appreciate being asked to plan and implement a new project when they were also being told to cut existing programs and lay off staff. And it is hard for families to participate if they are unemployed, underemployed, and/or losing their homes and accustomed services and supports. These difficulties were further exacerbated on August 28, 2011 by Tropical Storm Irene and the associated flooding throughout Vermont, particularly in Waterbury where the State Office Complex was located. Since then all AHS offices and staff have been re-located, disrupting the patterns and ease of collaboration.

While there is genuine excitement about seeking and hearing the voices of youth and young adults, figuring out how to involve them in an ongoing way in governance is challenging. As each region establishes its own broad-based youth/young adult leadership group, the VFFCMH is trying to build support among young people for a statewide Vermont Youth MOVE chapter. This depends upon a critical mass of continuing interest among young people but offers the possibility of a structure upon which ongoing participation in statewide governance and/or advocacy could be built.

Lesson for Current Reporting Period:

Program and Business Office staff often communicate with/about somewhat different concepts and using different language. To address questions and overcome confusion related to financial and budgeting matters, it is extremely helpful to have close collaboration between Program and Business Office staff. It is also important that both sets of collaborators have a “can-do” vs. “can’t-do” mind-set.

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

Implementing the steps in the action plans related to the logic model gives us plenty to do!

Vermont Child Health Improvement Program (VCHIP) of UVM
 Youth in Transition Summary of Enrollment
 Period June 30, 2013 – October 31, 2013

Region	SICC ¹	Enrolled in Common Study	% reported female enrolled in Common Study	% reported minority enrolled in Common Study	Enrolled in Vermont Study	Enrolled in National Study
Barre	7	6	67%	0%	2	0
Bennington	0	0	N/A	N/A	0	0
Brattleboro	3	3	100%	0%	0	1
Burlington	7	6	33%	67%	3	0
Hartford	0	0	N/A	N/A	0	0
Middlebury	0	0	N/A	N/A	0	0
Morrisville	0	0	N/A	N/A	0	0
Newport	10	8	33%	0%	2	1
Rutland	0	0	N/A	N/A	0	0
Springfield	5	4	50%	25%	4	0
St. Albans	0	0	N/A	N/A	0	0
St. Johnsbury	2	2	N/A	50%	0	0
Overall	34	18	56%	28%	11	2
Statewide Enrollment² 4.1.10 – 10.31.13	657	536	45%	15%	114	206

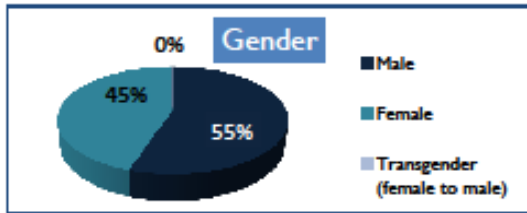
¹ SICC=Study Inclusion Criteria Checklist

² Statewide enrollment numbers are actual as of the date of this publication and are subject to change

Youth in Transition (YIT) Descriptive Data: Who Are We Serving? - Vermont (4/1/10 - 6/30/13)

Intake sample includes 525 young adults from across Vermont.*

Age	Mean	SD**	Range
	18.9	1.4	16 to 22

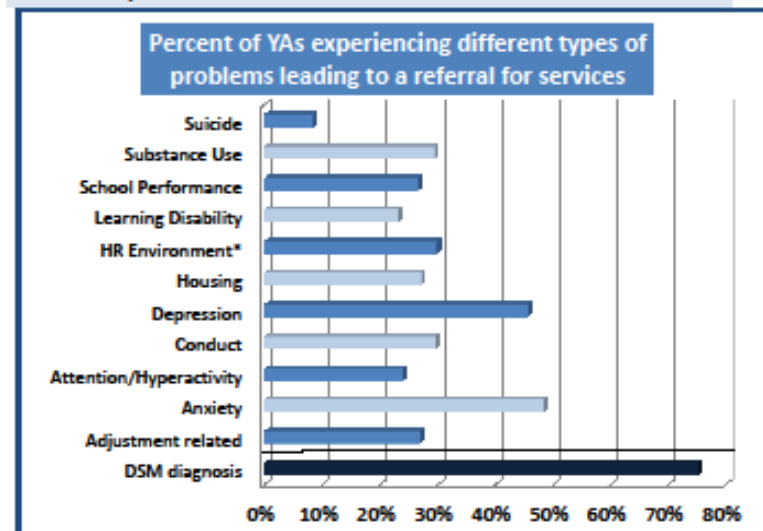


Race/Ethnicity	n	Intake
White	434	86%
African American	25	5%
American Indian/Alaskan Native	6	1%
Asian	16	3%
Belonging to more than 1 race	44	9%
Not of Hispanic, Latino, Spanish origin	443	87%
Hispanic, Latino, or Spanish*	18	4%

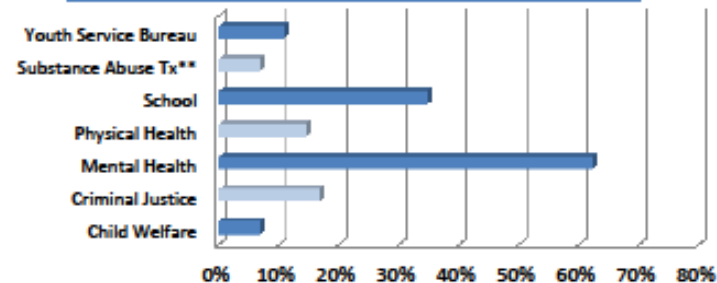
*12% missing data for whether Hispanic, Latino, Spanish

Problems Leading to Referral for Services

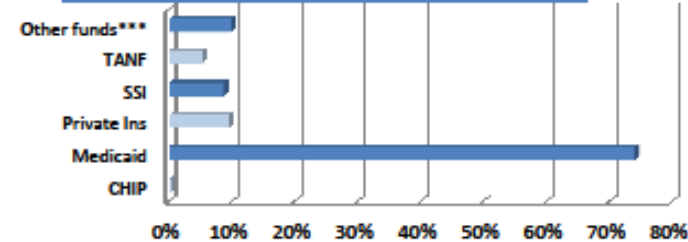
	Mean	SD	Range
Number of problems	3.4	2.7	1 to 17



Percent of YA involvement by agency type at Intake



Percent of YAs receiving specific types of funds



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

**SD = standard deviation

*Includes any type of high risk environment

**A number of MH agencies also provide substance abuse treatment

***Other funds primarily include 3 Squares and VHAP.

Youth in Transition Grant (YIT) Outcome Indicators (4/1/10 thru 6/30/13)

These outcome indicators come from young adults who completed interviews with their primary service provider at the start of YIT services (YIT Start) AND 6 months later (employment data comes from external interviews). Only young adults due for a 6 month follow-up are included. Sample sizes change because not all questions were answered, and samples <10 are not reported to protect confidentiality.

Justice & Corrections	Sample size	YIT Start	6 mos	Progress
Arrested in past 30 days	155	2%	2%	●
Spent at least one night in correctional facility in past 30 days	143	1%	1%	●

Education	Sample size	YIT Start	6 mos	Progress
In school during the past 30 days	179	42%	40%	n/a
18 and older who have completed High School or GED	166	43%	52%	●
18 and older who received post-secondary training (e.g., TECH, College)	166	6%	7%	●

Employment (from Vermont & National Studies)	Sample size	YIT Start	6 mos	Progress
Report having a job in past 6 months.	194	56%	62%	●

Health	Sample size	YIT Start	6 mos	Progress
Report they are currently in excellent or very good health	153	34%	33%	●

Housing	Sample size	YIT Start	6 mos	Progress
Primarily living independently in past 30 days	169	9%	24%	●
Primarily living with others in community in past 30 days	169	67%	60%	n/a
Primarily living in more restrictive settings in past 30 days	169	6%	6%	●
Spent most nights homeless in past 30 days	169	7%	4%	●
Spent at least one night homeless in past 30 days	146	13%	8%	●

Relationships	Sample size	YIT Start	6 mos	Progress
Report agree or strongly agree know people they can rely on in past 30 days	173	90%	97%	●

Strengths	Sample size	YIT Start	6 mos	Progress
Report agree or strongly agree can handle daily life in past 30 days	173	83%	88%	●

Mental Health / Substance Use	Sample size	YIT Start	6 mos	Progress
Report anxious or depressed feelings all or most of the time in past 30 days	145	26%	20%	●
Report at least weekly tobacco use in past 30 days	157	53%	50%	●
Report at least weekly alcohol use in past 30 days	156	12%	8%	●
Report at least weekly illicit drug use in past 30 days	158	22%	17%	●

Vermont

Symbol Key

- at least 5% improved
OR max improvement
- No change
- at least 5% worse
- n/a Not applicable
- Less than 10

Sample at 6 months

Due for follow-up 435

Completed follow up 179



Youth in Transition Grant (YIT) Outcome Indicators (4/1/10 thru 6/30/13)

Vermont

These outcome indicators come from young adults who completed interviews with their primary service provider at the start of YIT services (YIT Start) AND 12 months later (employment data comes from external interviews). Only young adults due for a 12 month follow-up are included. Sample sizes change because not all questions were answered, and samples <10 are not reported to protect confidentiality.

Justice & Corrections	Sample size	YIT Start	12 mos	Progress
Arrested in past 30 days	68	4%	0%	●
Spent at least one night in correctional facility in past 30 days	66	3%	0%	●
Education	Sample size	YIT Start	12 mos	Progress
In school during the past 30 days	83	42%	31%	n/a
18 and older who have completed High School or GED	75	45%	57%	●
18 and older who received post-secondary training (e.g., TECH, College)	75	5%	11%	●
Employment (from Vermont & National Studies)	Sample size	YIT Start	12 mos	Progress
Report having a job in past 6 months.	159	54%	63%	●
Health	Sample size	YIT Start	12 mos	Progress
Report they are currently in excellent or very good health	75	29%	23%	●
Housing	Sample size	YIT Start	12 mos	Progress
Primarily living independently in past 30 days	79	10%	32%	●
Primarily living with others in community in past 30 days	79	72%	57%	n/a
Primarily living in more restrictive settings in past 30 days	79	1%	4%	●
Spent most nights homeless in past 30 days	79	8%	1%	●
Spent at least one night homeless in past 30 days	68	12%	3%	●
Relationships	Sample size	YIT Start	12 mos	Progress
Report agree or strongly agree know people they can rely on in past 30 days	79	91%	90%	●
Strengths	Sample size	YIT Start	12 mos	Progress
Report agree or strongly agree can handle daily life in past 30 days	81	81%	80%	●
Mental Health / Substance Use	Sample size	YIT Start	12 mos	Progress
Report anxious or depressed feelings all or most of the time in past 30 days	75	28%	25%	●
Report at least weekly tobacco use in past 30 days	76	53%	53%	●
Report at least weekly alcohol use in past 30 days	75	13%	16%	●
Report at least weekly illicit drug use in past 30 days	76	18%	21%	●

Symbol Key

- at least 5% improved OR max improvement
- No change
- at least 5% worse
- n/a Not applicable
- Less than 10

Sample at 12 months

Due for follow-up 370

Completed follow up 83



<http://www.youth-in-transition-grant.com>

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

DIVERSITY ROCKS! STRATEGIC PLAN

Diversity Rocks! is an organization of about 150 youth and young adults living in Chittenden County, particularly in Burlington and its surrounding metropolitan area of 5 towns. Each Friday evening 30-40 of these members come together. Most are immigrants or refugees from other countries – Congo, Kenya, Somalia, Burundi, Ivory Coast, Vietnam, Burma, Thailand, Tanzania, Nepal, etc. Since the winter of 2011 they have organized to have fun, learn, and offer the strength of youth to help the broader community. Diversity Rocks! adopted this mission statement:

We seek to support the well-being of youth and young adult New Americans while expanding awareness, understanding and celebration of ethnic diversity in the Vermont community. We will explore, learn about and connect with Vermont and the United States and make Vermont a better place for everyone to live in.

The Youth in Transition (YIT) Grant for the State of Vermont will support a sub-grant for Diversity Rocks! to carry out this strategic plan because it contributes to the following YIT goals for strengthening the systems of care for transition-aged youth:

- A. Young adult (YA) leadership is developed in Vermont (*see information about Youth and Young Adult Voice and Choice in Attachment B*);
 - B. Family/adult allies support young adults;
 - C. System of Care (SOC) partners gain cultural and linguistic competence (CLC); and
 - D. Local communities (including young adults) change their perceptions of young adults and of mental health issues, reducing stigma.
- A. Young adult (YA) leadership is developed in Vermont [YIT required activity: Operate in accordance with continuing input from key stakeholders (including youth and family members) within the regional systems of care]:

Diversity Rocks! is led by youth and young adults aged 14-21 with the help of adult volunteers. In order to gain leadership experience, the young adults do most of the work. They define goals for themselves and make plans so those goals happen. For the 18 months of the sub-grant (April 1, 2013-September 30, 2014), the Diversity Rocks! goals are to:

1. Establish and maintain a young adult council to address the needs of New American youth and young adults.
2. Establish and sustain an advisory group of adult allies to provide guidance for the Diversity Rocks! young adult councilors and the group as a whole.
3. Provide leadership and empowerment training opportunities for youth and young adults.
4. Provide a safe space where youth and young adults can share their stories and talents and can be supported in their goals and interests.
5. Establish and maintain a process to “give back” to the community and do community work.
6. Provide youth and young adult members with educational opportunities to learn about the performing arts, history and science.

Diversity Rocks! has adopted a structure with rotating young adult leadership (elected for 3 -6 months at a time) for each of ten ongoing interest areas or functions:

- Calendar of Activities
- College and Careers
- Community Outreach
- Field Trips
- Performing Arts
- Meetings and Transport
- Sports
- Visual Arts
- Website
- Treasurer.

The young adult leaders (councilors) for these interest areas/functions each have a team of 1-3 adult volunteers to assist them with decision-making and activities.

B. Family/adult allies support young adults:

The adult volunteers (family members and other allies) give advice and help the youth and young adults with transportation, cooking, and other matters. These advisers coordinate with the young adults to reach safe and sustainable decisions for Diversity Rocks! The adult volunteers support participants in making decisions about choices for work, education, and identifying healthy relationships. We as adult advisors work to guide students to become more self-aware and self-determined. This is done through encouraging students to set long-term goals and then supporting them in achieving the steps that build to that goal....None of this [is possible] if we do not insure that the group remains safe – this is the most important role of the adult advisors. Because we have consistent volunteer adult advisors and youth leaders we are able to address and resolve conflict in a way that promotes truly understanding each other, our cultures and our behaviors. This type of conflict resolution is an ongoing part of the work that Diversity Rocks! does.

C. System of Care (SOC) partners gain cultural and linguistic competence (CLC):

The Community Outreach, Performing Arts, and Visual Arts activities planned for delivery by Diversity Rocks! promote cultural diversity and competence by explaining and demonstrating to the community who these young immigrants and refugees are and what they (can) do. Creating a Diversity Rocks! website will also help to “spread our talent and diversity all over the United States or maybe all over the world.”

D. Local communities (including young adults) change their perceptions of young adults and of mental health issues, reducing stigma:

Some of the community outreach ideas are to have a group of the New American youth and young adults go to homeless shelters, nursing homes, and other places like preschools or day care centers to “give back” and “thank the community in an active way” for having “given us so much support and courage, and the ability to do things we couldn’t do.”



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Youth in Transition Grant

Bridging gaps for young adults in Vermont

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July 15, 2013

Pat Nelson Johnson
Minority Health Coordinator
VT Dept of Health
Commissioners Office
108 Cherry Street
Burlington, VT 05401

Dear Pat,

Per the MOU with the VDH and DMH, here is our summary of our 4th Annual Young Adult Voice Movement Conference 2103.

1) **A brief description of the goals of the conference and the topics addressed.**

The Young Adult Voice Movement Conference gives young adults, ages 16-21, the opportunity to meet people their age and let their voice be heard. The event offers social networking opportunities, workshops, leadership and team building events, and empowerment activities. Over 100 young people are ready to change their own world for the better.

2) **The total number of participants – 163**

3) **The geographic spread of the participants (approximate numbers by region/county)**

Chittenden : 99
Washington : 12
Newport : 2
Bennington : 15
Middlebury : 3
Hartford : 12
Brattleboro : 4
Rutland : 7
Franklin/Grand Isle: 6
St. Johnsbury : 1
Morrisville : 0
Springfield : 2



- 4) **The number of youth who took part in leadership and/or health related sessions. Workshops involving leadership and/or health (all)**

Transforming Stigma / Drum Up your Feelings

Sexual Health for Young Adults

Vermont Chocolates for Change

Culture & Leadership

Who you are. Expression Using Art

How to Help : Yourself and Your Community

Total Participants : 88

- 5) **The approximate number of youth who were of an ethnic, racial or linguistic minority.**

Alaskan Native/Native American/American Indian : 2

Asian : 46

Black/African American : 38

Hispanic : 2

Other : 5

White/Caucasian :62

- 6) **A list of key collaborative partners.**

Vermont Department of Health

Vermont Youth in Transition Grant

Vermont Federation of Families for Children's Mental Health

Vermont Department of Minority Health

- 7) **At least two testimonials/quoted from youth of color about their experience.**

"The first time I walked through the doors I thought it would be boring but than I heard music playing and good food! I learned a lot of lessons on how to deal with my anger issues! Next time I'm going to just play drums as loud as I can and scream from the bottom of my lungs" – Aden

Hi, I'm Pierrette and this was my first time going to the conference. I heard about it from Diversity Rocks and I didn't really know what to expect, but I'm really happy I decided to go. I think the conference was a lot of fun and it gave everyone the chance to express themselves either through art, music or voice. If given the opportunity I would love to go again! – Pierrette

"the conference was a great experience for youth. A great opportunity for youth to meet new people and still manage to have fun, every year it seems to get more fun" – Jacques



"THE CONFERENCE WAS AMAZING. IT WAS A GREAT WAY FOR YOUTHS TO ADDRESS AND EXPRESS THEIR IDEAS AND CONCERNS TO OTHER YOUTHS AND ADULTS" – Madina

I really liked the confefence it was so much fun enjoyable and i met a lot of friend there who were so nice and i learned a lot over in the conference. The food was the best part and wish to go back again. – Beny

I loved the conference so much. I have never had so much fun and made so many friends in my life then I did in this conference. I have learned a lot such mental health disabilities, being comfortable to talk about your disabilities. I learned a lot from the workshops. It was wonderful interacted with people who I have never met and having conversations with them like they are my siblings. This has been a blast. I definitely join the next year one. Thank you for making this possible. - Isra

8) The percent attendance by racial/ethnic minority youth with a goal of 48% or better.

The attendance of racial/ethnic minority youth was 57%.

Please visit our Facebook to see photos of our event.

Social Networking



Yit Grant

Update Info Activity Log

Timeline About Photos 641 Friends 379 More

The image shows a Facebook profile for 'Yit Grant'. The cover photo features a group of people, with one person having green face paint. The profile picture is a logo with a bridge and the letters 'YIT'. Navigation tabs for 'Timeline', 'About', 'Photos 641', 'Friends 379', and 'More' are visible at the bottom.



Courtney Bridges

View my profile page

643 TWEETS 977 FOLLOWING 244 FOLLOWERS

This image shows a Facebook profile for 'Courtney Bridges'. It includes a profile picture, the name 'Courtney Bridges', and a link to 'View my profile page'. Below this, statistics are shown: 643 TWEETS, 977 FOLLOWING, and 244 FOLLOWERS.



Mental Health Always Matters : Family PSA

251 views 3 months ago



Mental Health Always Matters : Children's PSA

285 views 3 months ago



I am the World

IAMTHEWORLD IWORLD · 1 video

1,241

YIT Evaluation Data Worksheet

Regional team name: _____

After spending a few minutes going through the data in your envelope and talking about them with your team members, what are some of the data/numeric findings that you are most proud of? Which are the strongest, and represent the greatest positive changes in young peoples' lives ?

What are the narrative comments that you think reflect how successful your YIT services have been?

What is the "story behind the numbers (or comments)?" How or why is it that the services in your system of care helped young people to have better lives? For example, if fewer young people in your region are using drugs after 1 year, what is it about your services that helped them make that change?

What are some data from the statewide evaluation that you think apply to your community, and could help make your case for sustaining services?

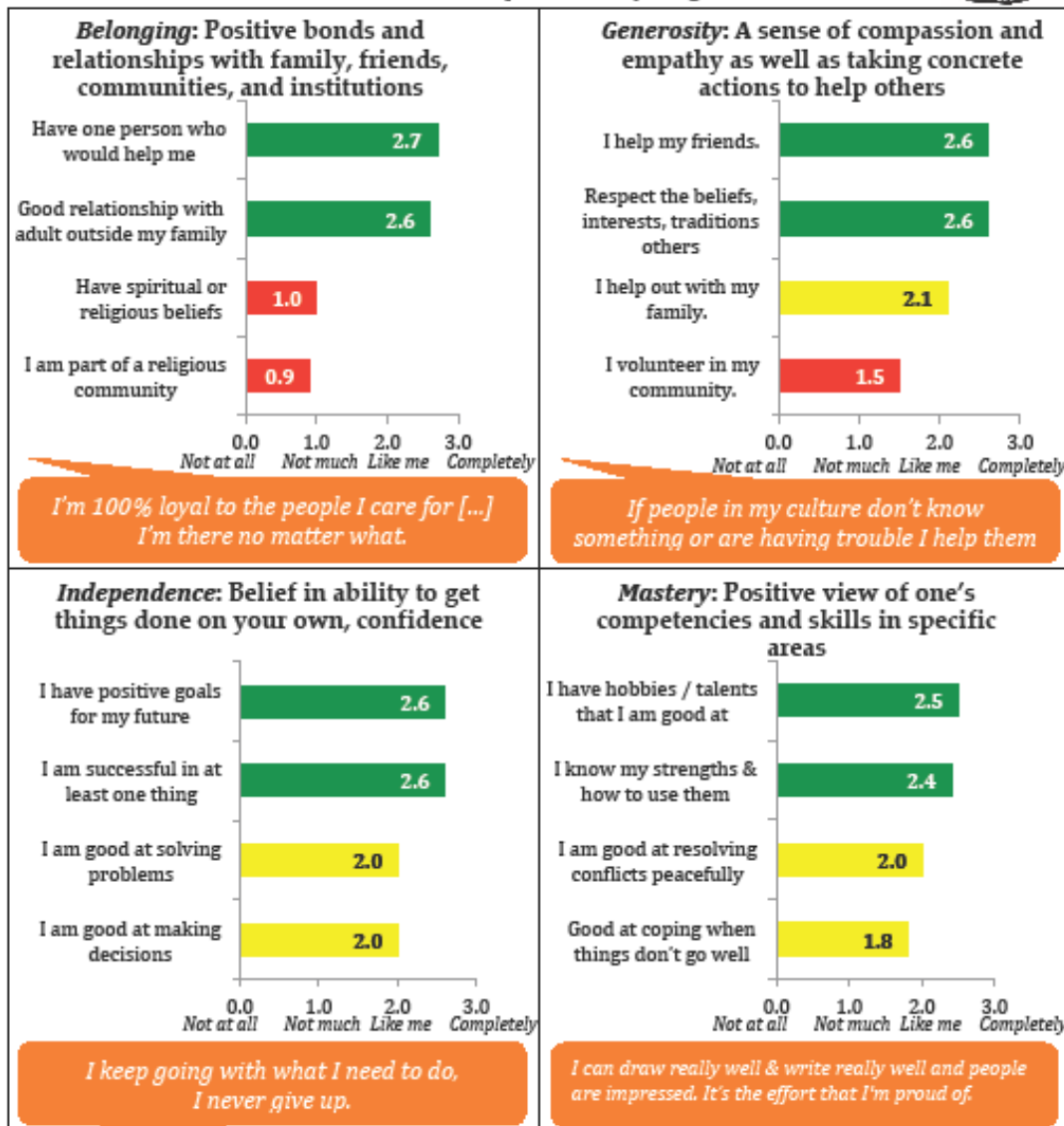
What are some aspects of your region's data that show there is still room for improvement? Think of things that are problems for young people, and that based on your data need to be targeted for further services? How would services help address these challenges?

What are some additional types of data or evaluation questions that you need help to learn about, in order to make a stronger case for sustaining services? What else do you need from the evaluation?

In summary, what are your top 3-5 evaluation data findings (numbers and stories/comments)? What are the practical and real-life impacts of these changes in young peoples' lives?

What do young adults have to say about their strengths and things they do well?

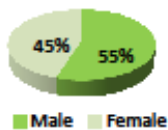
The *Young Adult Strengths Questionnaire* is a 42-item survey that follows the *Circle of Courage* model: *Belonging*, *Generosity*, *Independence*, and *Mastery*. 102 young adults at the start of YIT services rated how well each item described them on a scale from 0 (*Not at all like me*) to 3 (*Completely like me*). Below are the highest and lowest rated items in each domain as well as select quotes from young adults.



What young adults have to say about health care and health care coverage.

93 young adults receiving services as part of Vermont's Youth in Transition grant were asked about their health care utilization, quality and insurance. This information was collected at the time they began receiving mental health or related services in their community.

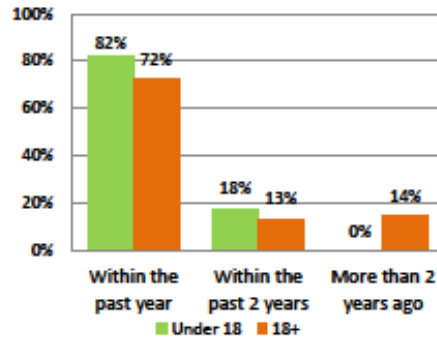
Gender



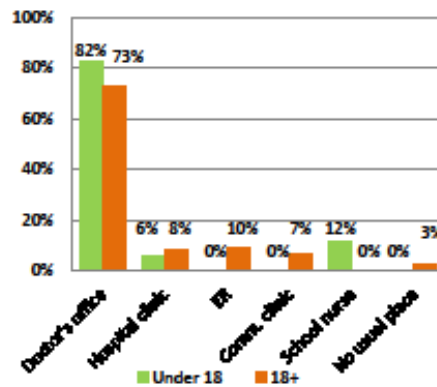
Race	%
African American	3%
American Indian/Alaskan Native	0%
Asian	2%
Belonging to more than 1 race	9%
White	86%



% of young adults who received routine health care by time period & age

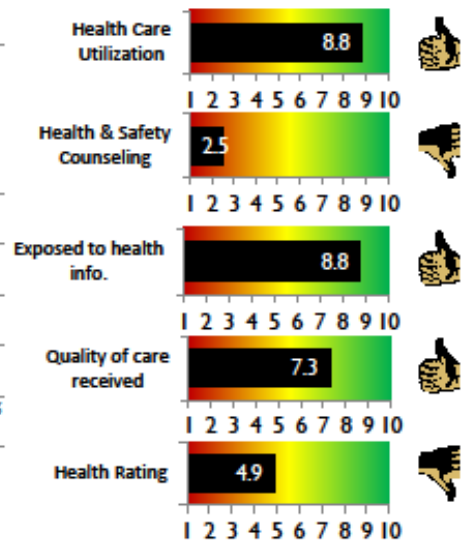


Where young adults go for care by age



Below are participants' average scores on scales from a questionnaire measuring health care among young adults. Higher scores are good with a maximum possible score of 10.

****Strengths** include health care utilization for routine visits on a regular basis, exposure to health & safety information, and good ratings of the quality of health care received.



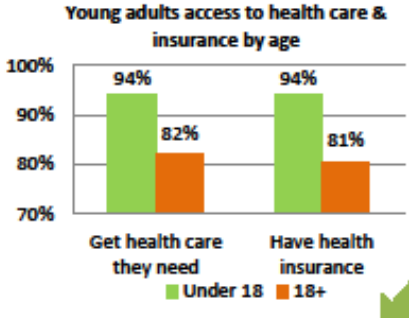
Quality of health care was positively associated with overall health rating: young adults who endorsed greater quality health care, also rated themselves as healthier.

(Correlation: .38, $p < .001$)

Similarly, young adults who endorsed greater exposure to health information also rated themselves as healthier (Correlation: .21, $p < .05$).

What helps or prevents young adults from getting the care and coverage they need?

What helps or prevents young adults from getting the care and coverage they need?

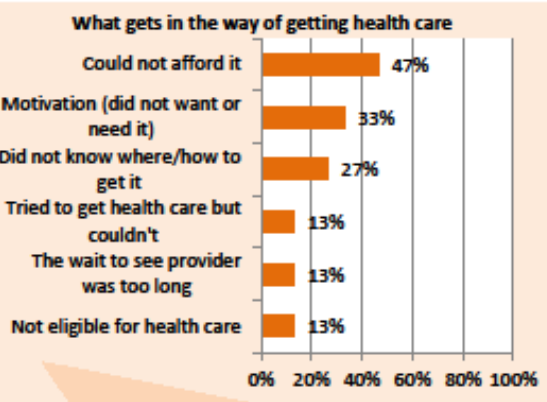
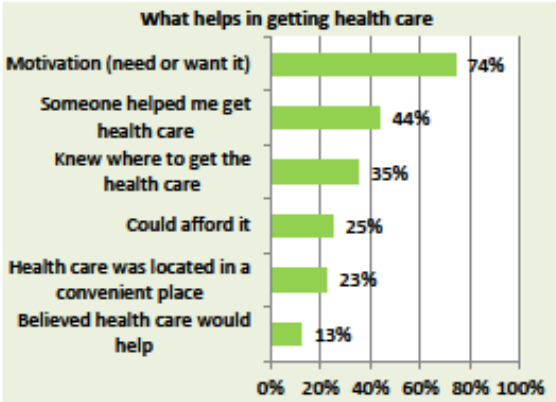


Young adults were asked:

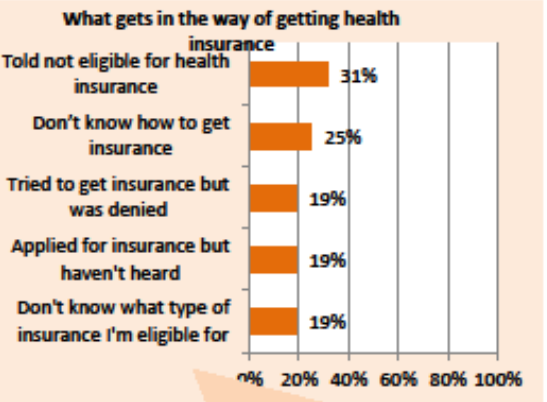
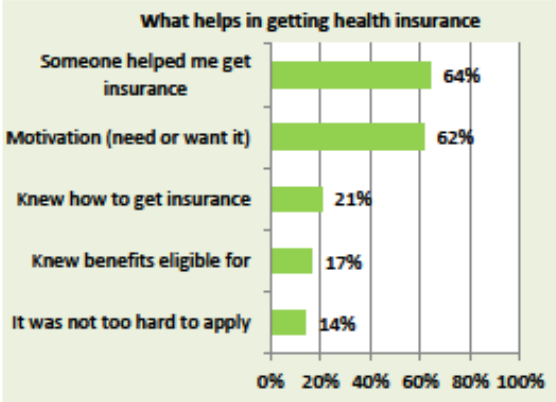
Q: Do you have the health care you need?
O: Do you have health insurance?

If they answered YES to either/both questions, they were asked: What helps you to have it?

If they answered NO to either/both questions, they were asked: What gets in the way of you having it?



"But I'm scared to go to the doctor because last time I thought I had insurance but I didn't and I got stuck with a huge bill."
 "But no insurance so only when I really need it."

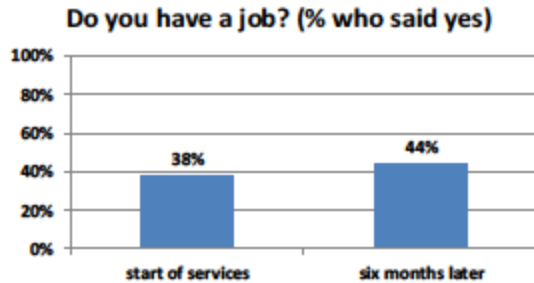


Questions: Contact Tom Delaney
 Thomas.Delaney@uvm.edu 802-656-9192
www.Youth-in-transition-grant.com
 Version 1, Jan. 3rd, 2013

"I turned 18 and lost Medicaid benefits."
 "I applied but was told I needed to pay several thousand to be covered."

Young adults and employment

As part of a research study looking at services for young adults 16 to 21, young adults were asked about their employment. The current Data Brief includes responses from 101 young adults. The young adults were 19 years of age on average and 55% were male. 86% of the young adults were White, 3% were Black/African American, 2% were Latino/Hispanic and 9% were of more than one race.



Top barriers to getting/keeping a job:

Jobs not available 48%
 Not hiring for jobs I would like 18%
 Need care for family 18%
 Transportation 15%
 No help 12%
 Personal/legal history 9%

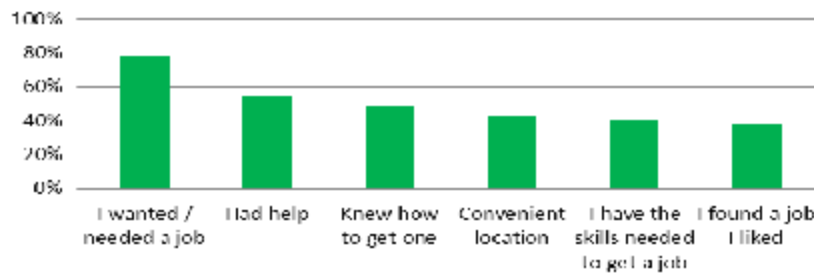
"[I] wanted to get out of living in a motel. Needed a job, needed money."

—YIT participant

"I had a job but lost my transportation."

—YIT participant

What helped you get a job?



"I just wanted a job—didn't want to live off Mom and Dad anymore."

—YIT participant

Among young adults who did get a job and had help, they most often received help from: YIT and other system of care workers (43%), family (27%) and friends/romantic partners (17%)

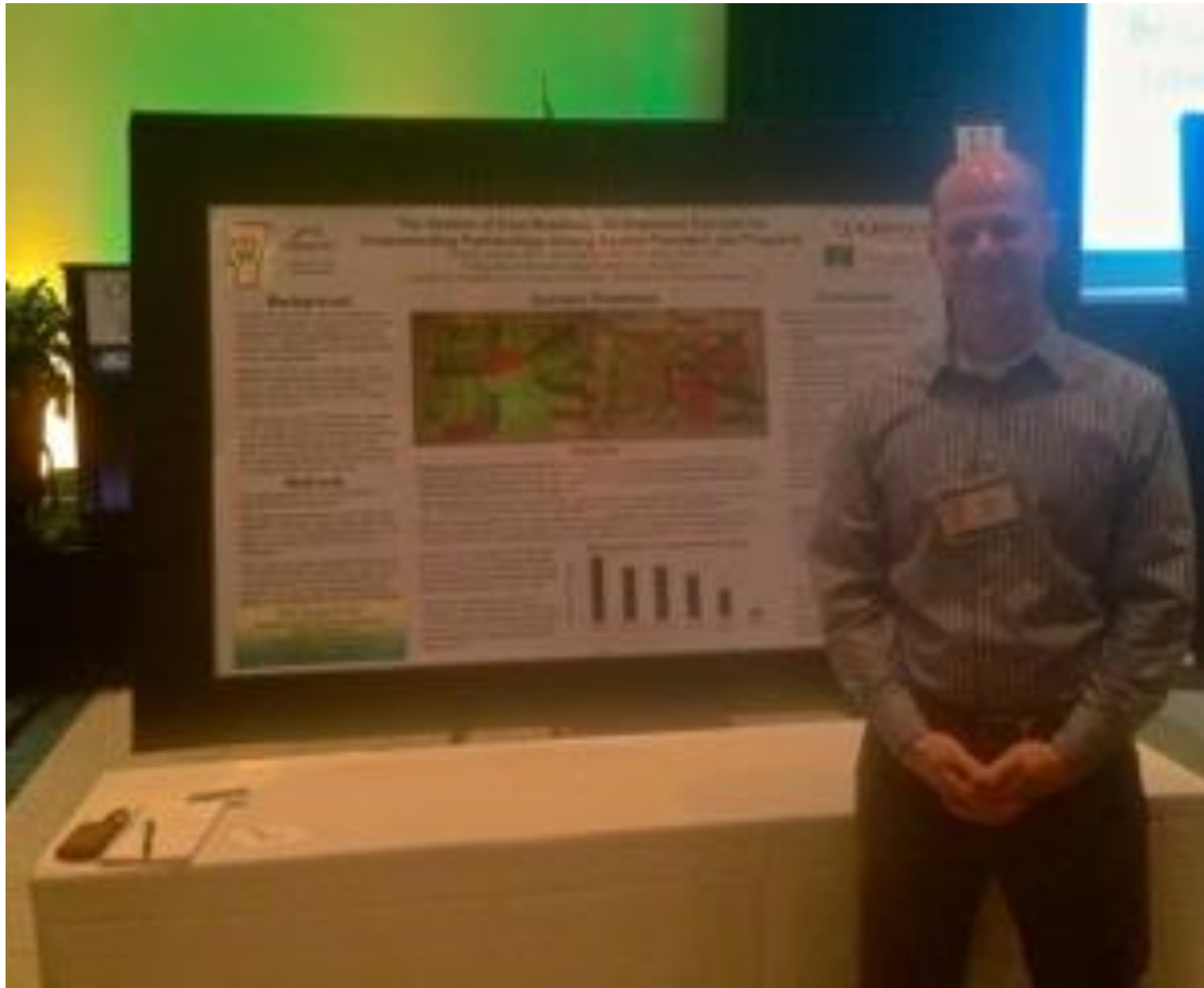


Version 1, May 2013.

Contact: Tom Delaney

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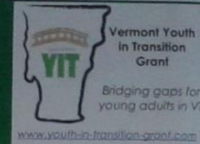
www.youth-in-transition-grant.com



Are We Bending the Curve?

Justice System Involvement of Young Adults in Vermont's System of Care

Jesse C. Suter PhD*, Jody L. Kamon PhD**, and Thomas V. Delaney PhD**
 University of Vermont | *Center on Disability & Community Inclusion | **College of Medicine



Abstract

The Vermont System of Care for Youth in Transition (YIT) strives to reduce young adults' involvement with the juvenile and criminal justice systems. This study used statewide corrections and interview data to measure progress on this goal. Statewide data has shown a significant decrease in young adults involved in corrections overall, with a significant drop following the start of YIT. Interview data supports these findings with significant decreases in delinquent behaviors and contact with justice systems.

Introduction

Research has shown that a disproportionate number of young adults with serious emotional disturbance (SED) are involved with the juvenile or criminal justice systems (Shuffelt & Cocozza, 2006; Stoep et al., 1997).

Evaluations of system of care communities show that this approach can reduce young adults involved in juvenile justice in single group longitudinal (Mansueti et al., 2009) and comparison studies (Foster et al., 2004).

One of the primary goals of Vermont's System of Care for Youth in Transition (YIT) with SED is to decrease young adults' (16 to 22 years) involvement in the juvenile and criminal justice systems. The purpose of the present study is to measure progress on this goal by examining publicly available corrections (DOC) and interview data collected through the national evaluation.

Method

Vermont Corrections Data The Department of Corrections (DOC) conducts a quarterly census of placement on the last day of each quarter including both individuals incarcerated and in community settings (i.e., field supervisor). Our focus was on young adults (18-24 years). Percentages were calculated using US Census population estimates for each year.

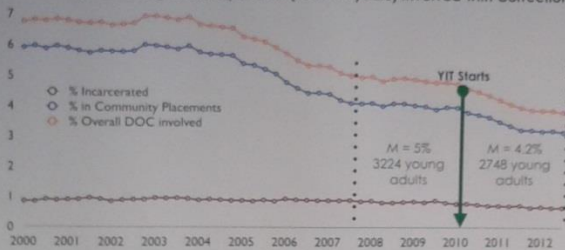
YIT Evaluation Participants Additional data was provided by 67 young adults participating in the 3-year longitudinal national evaluation of Vermont's system of care grant. This sample was selected because they had completed interviews at the start of YIT services and 12 months later.

Gender	Female 43%	Male 55%	Transgender 2%		
Race / Ethnicity	White 61%	American Indian 1%	Black or African American 3%	Hispanic 2%	Asian 2%
Age	M = 18.1	SD = 1.4	range = 16 to 22		

Measures Participants provided self-reports of their behaviors and experiences over the previous 6 months on the Delinquency Survey Revised.

Findings

Percentage of Young Adult Population (18 to 24 years) Involved with Corrections



Overall Trend The percentage of young adults involved with DOC has decreased from approximately 7% in 2000 to less than 4% in 2012. While gradual, this trend represents a significant decrease in DOC involvement overtime. $F(1, 50) = 630, p < .001 [R^2 = .93]$.

10 Quarters Before & After YIT Because our interest is the potential influence of YIT, we focused on the trend data in the 10 quarters before and after the start of YIT services in April 2010. This shortened trend line also represented a significant decrease overtime. $F(1, 19) = 184, p < .001 [R^2 = .91]$, and the mean decrease in percentage involvement in the quarters before YIT ($M = 4.9%$) and after YIT started ($M = 4.2%$) was also significant $F(18) = 8.0, p < .001$.

YIT Young Adult Reports of Illegal Behaviors Over Past 6 Months



Participants in the Vermont YIT Evaluation reported fewer delinquent and illegal behaviors Percentages dropped for nearly all reported behaviors. McNemar's tests ($p < .01$) for repeated measures showed the largest reductions ($p < .01$) for bullying and purposely damaging property.

50% YIT Participants Justice System Involvement Past 6 Months



Discussion

This study provides compelling evidence that Vermont's system of care is bending the curve on young adult involvement with the justice system. Both DOC trend data and self-report data from young adults indicate that Vermont is bending the curve on justice system involvement.

Next steps include (a) completing data collection to take advantage of the two years of longitudinal follow-up data, (b) examining the influences of other statewide efforts during this time period, and (c) looking more closely at the YIT services and supports received.

Contact Information

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To learn more about YIT:
www.youthintransitiongrant.com

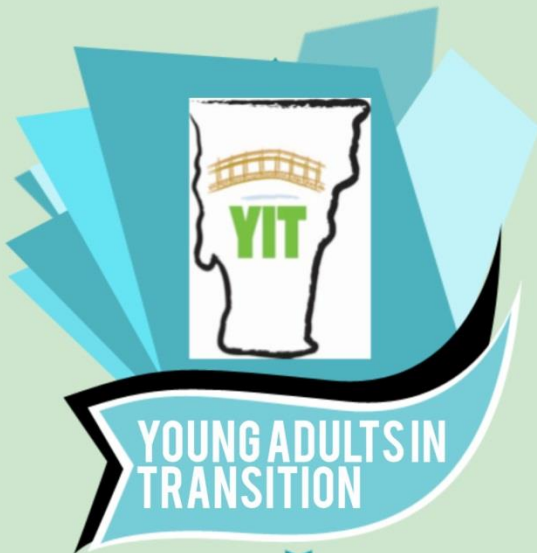


Sources of Support



This research was conducted under grant number 1U79W038465 from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The Vermont Youth in Transition Grant is a collaboration between the Vermont Department of Mental Health, Vermont Federation of Families for Children's Mental Health, and Vermont Child Health Improvement Program.





OUR VISION: THAT YOUNG ADULTS IN VERMONT ARE EMPOWERED, HEALTHY, VALUED, & ENGAGED IN THEIR COMMUNITIES

HOW THIS INFO WAS COLLECTED

YIT is a 6-year federally funded grant awarded to Vermont's Department of Mental Health. The goal of the grant is to improve the system of care for Vermont young adults, ages 16 through 21.

Information provided is based on reports from 155 young adults across Vermont receiving mental health & related services in their communities. Young adults were interviewed by researchers at the University of Vermont at the start of services and again 1 year later.



Created on 10/23/13



"THEY GAVE ME A LOT OF HOPE."
WHEN ASKED WHAT WAS THE MOST HELPFUL ABOUT THE SERVICES RECEIVED, ONE YOUNG ADULT SAID:

CHANGES IN MENTAL HEALTH & SUBSTANCE USE

PERCENT OF YOUNG ADULTS FREE FROM CLINICAL DEPRESSION INCREASES



The percent of young adults experiencing no or few symptoms of depression (non clinical) increased from 65% to 80% over time.

PERCENT OF YOUNG ADULTS FREE FROM CLINICAL LEVELS OF OTHER MENTAL HEALTH PROBLEMS INCREASES



Internalizing problems include anxiety & depression while externalizing problems include aggression, rule breaking & delinquent behaviors.

43% → 53%
Young adults free from clinical levels of externalizing problems increased over time.

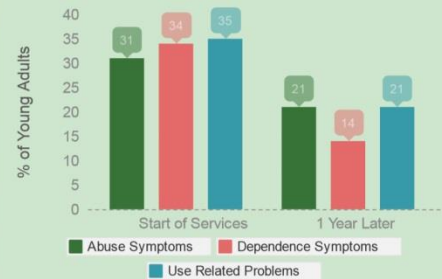
38% → 45%
Young adults free from clinical levels of internalizing problems increased over time.

PATTERNS OF SUBSTANCE USE: SOME THINGS CHANGE, SOME REMAIN THE SAME

Type of Substance	% of Young Adults who used in past 6 months	
	Start of Services	1 Year Later
Tobacco	67%	67%
Alcohol	55%	59%
Cannabis	44%	41%
Pain Killers	13%	8%
Other drugs	21%	14%


Of note, the % of young adults using pain killers (e.g. prescription opiates) & other illicit drugs decreases over time.

SUBSTANCE ABUSE, DEPENDENCE & RELATED PROBLEMS DECREASE



Over time, the proportion of young adults continuing to need intervention for alcohol/drug use & related problems declines.

Contact Thomas Delaney at 802-656-9192 with questions.



When asked, how Vermont's System of Care for young adults helped them, young adults said...

Feel heard & supported!

"Ability to talk - people will listen to what I have to say."
"Just being able to talk to someone, who can give me positive feedback & advice."
"They don't criticize or judge me."
"Honestly, it's just keeping me having a positive outlook on things and having hope. They give me a lot of hope."

Met basic needs...

"Getting a job."
"Help me keep my apartment."
"It's helped me have the money I need for my baby."
"Helped pay part of fuel debt."
"Help getting food from the food shelf."
"We called medicaid...figuring out insurance."
"Getting a doctor...."
"She helped me save money & quit smoking."

Got good coping skills!

"I'm able to word how I think better. My words aren't always jumbled. I'm able to express when things aren't going the way I want them to."

"Learning coping skills & stress & tension relief."

"They help me with my drug use & controlling my anger; using coping skills for my anger."

Made connections

"Getting rides to different employment opportunities & help finding a job."

"[Case Manager's name] & my probation officer - helping me get into Job Corps where I want to be."

"She helped me through DCF with my child because they were going to take my child from me."

Gave young adults direction

"Probably that I've figured out what I want to do in my life; what I want to be. I never really thought of myself as a leader, but now I do. It's made me realize a lot of things about my strengths."

"Knowing that I have the opportunity to finish school the right way & get my high school diploma....It's keeping me out of trouble and teaching me there's better things for me out there to do."



Building the Bridge to Adulthood: Vermont's Young Adult in Transition Grant

Summary: Among our most vulnerable young adults we are seeing...

- Decreases in:
 - Mental health symptoms
 - Substance abuse and dependence symptoms and use related problems
 - Homelessness
 - Criminal behaviors and involvement
- Increases in:
 - Employment
 - Educational attainment



Take Home Message

- Data show that YIT related efforts have:
 - Improved young Vermonter's functioning, helping them to find and stay on pathways to being prosocial, contributing members of their communities.
 - Decreased their involvement with costly programs such as criminal justice programs and services.
 - Such changes have the potential to impact long-term hidden costs.



YOUTH IN TRANSITION (YIT) FALL LEARNING AND SHARING DAY

OCTOBER 24, 2012 - 9 A.M. TO 3:30 P.M.
TERRACE BALLROOM, LAKE MOREY INN, FAIRLEE, VT

SUSTAINABILITY OF MOVEMENT TOWARD A YOUNG ADULT-DRIVEN SYSTEM OF CARE

LEARNING OBJECTIVES

- *Understanding sustainability – its meaning and challenges*
 - *Partnering with young adults*
 - *Sharing successful strategies with each other*

- 8:30 am.** Registration - Continental breakfast - Networking
- 9:00 – 9:15 a.m.** “Sustainability – What does it mean? What are its challenges?”
- 9:15 – 9:20 a.m.** Awards
- 9:20-9:30 a.m.** Highlights of System of Care mapping
- 9:30-9:40 a.m.** Overview of the day and logistics
- 9:40-10:00 a.m.** Young adult leaders/peer outreach lead regional discussions
- 10:00-10:15 a.m.** Break
- 10:15-11:45 a.m.** Learning and sharing conversations within association groups:
- peer outreach workers and young adult and family leaders (**Morey Room**)
 - case managers (**Terrace Ballroom**)
 - supervisors and other administrators (**Lakeside West**)
- 11:45 a.m.-12:45 p.m.** Lunch
- 12:45-2:15 p.m.** Brief presentations and facilitated conversations by topic:
- How to market young people to/in their communities (**Morey Room**)
 - “Straight Talk” about access to and quality of service – What’s working vs. not? (**Terrace Ballroom**)
 - Are we “bending the curve” of involvement with the criminal justice system? (**Lakeside East**)
 - Are we strengthening the System of Care and driving positive outcomes? (**Lakeside West**)
- 2:15 – 2:30 p.m.** Break
- 2:30-3:30 p.m.** Regional discussion and action planning led by young adults. What will our region do in the next year regarding each of the following priorities:
- Market young people to/in their community?
 - Improve access to and quality of services?
 - Bend the curve of involvement with criminal justice?
 - Strengthen the system of care?
- 3:30 p.m.** Adjourn

4th Annual FALL SHARING DAY
OCTOBER 1, 2013
LAKE MOREY INN, FAIRLEE

“Coming Full Circle”

- 8:30 a.m. Registration, Continental Breakfast, Networking
- 9:00 a.m. Welcome and Opening Remarks
- 9:10 a.m. CLC Panel : Moderated by CLC Coordinator *Mercedes Avila*
- 10:00 a.m. System of Care Jeopardy
- 10:15 a.m. Overview & Instructions for the day
- 10:20 a.m. Break and go to first workshop
- 10:30 – 11:25 Workshop 1
- 11:30 – 12:25 Workshop 2
- 12:30 p.m. Lunch and networking
- 1:20 p.m. Reconvene as regional teams & Build a Sustainability Plan
- 2:30 p.m. Art Gallery and Carousel – Don’t forget to vote!
- Creativity
 - Presentation of Data
 - Youth/Young Adult Driven
- 3:00 p.m. Elevator speeches
- 3:25 p.m. Prize giveaways!
- 3:30 p.m. Adjourn