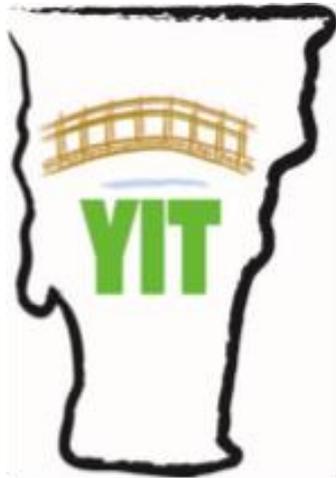
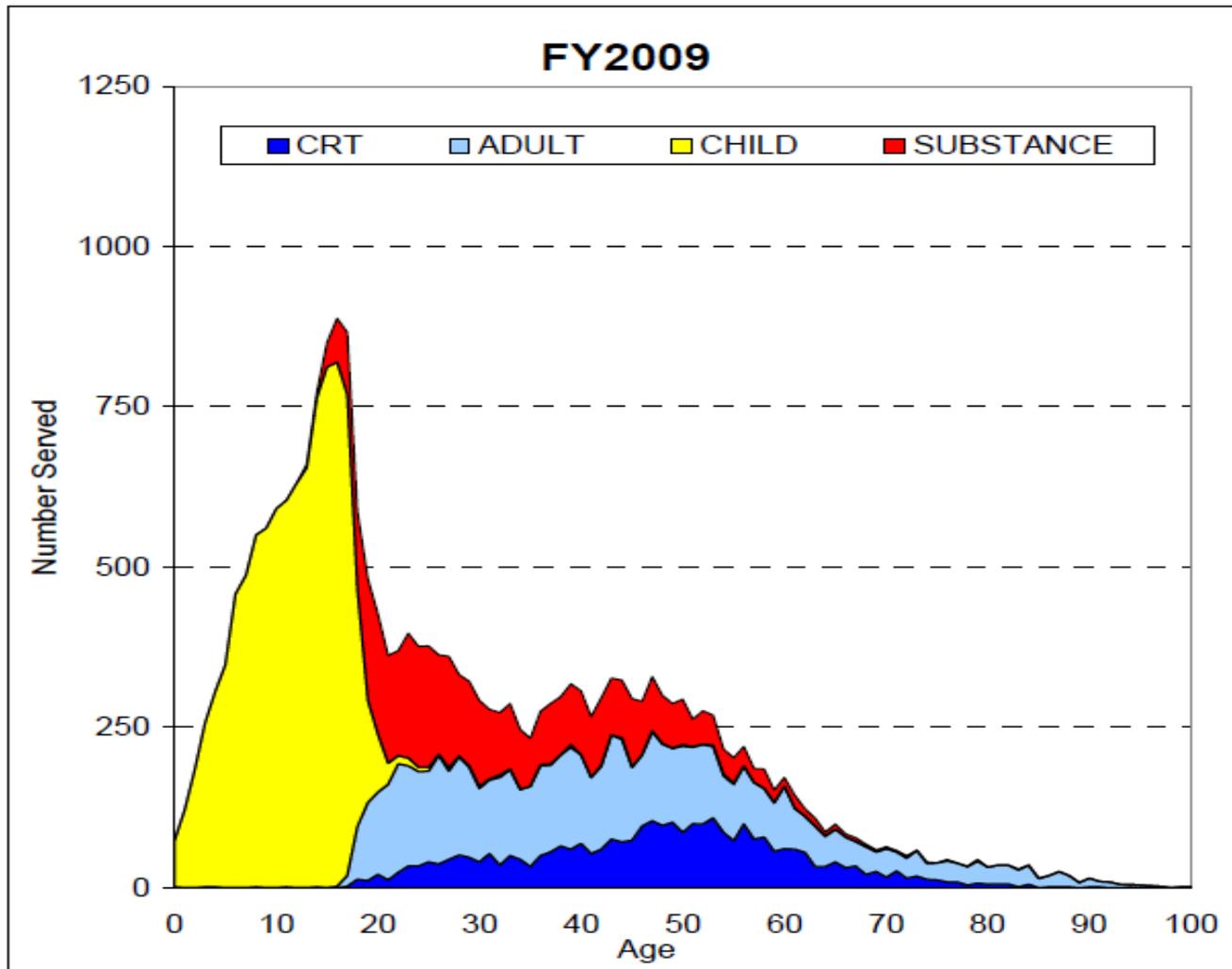


Building the Bridge to Adulthood: Vermont's Young Adult in Transition Grant

Collaborators:



The "Cliff"



Broad 8 Outcomes

1. Decreased number of young adults involved in the corrections system.
2. Increased number of young adults who are employed.
3. Increased number young adults participating in (or who completed) educational programs.
4. Increased number of young adults who have access to, and are using, a medical home.
5. Increased number of young adults living in safe & stable housing.
6. Increased number of young adults who have caring & supportive relationships.
7. Increase in young adults' strengths.
8. Increase in young adults' competence & decreases in mental health symptomatology and related problems.

Our Vision

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



Our Mission

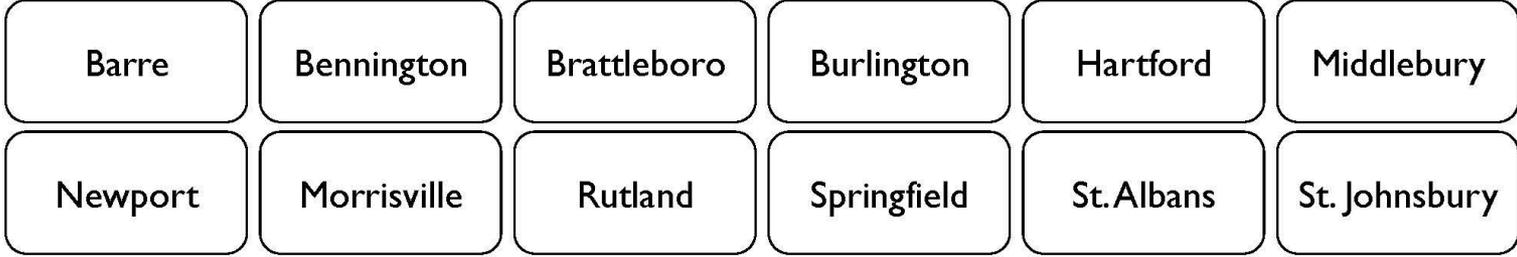
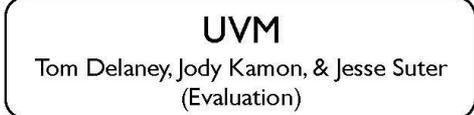
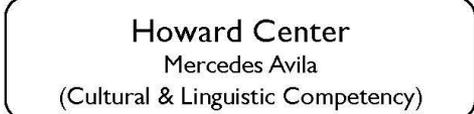
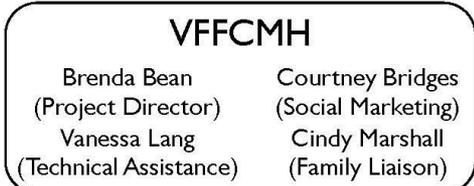
Young adults, families/adult allies and community partners collaborate to develop a system of care to support transition to adulthood. The system builds upon the strengths of young adults and creates an array of specialized mental health and related services to meet their unique and changing needs. The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

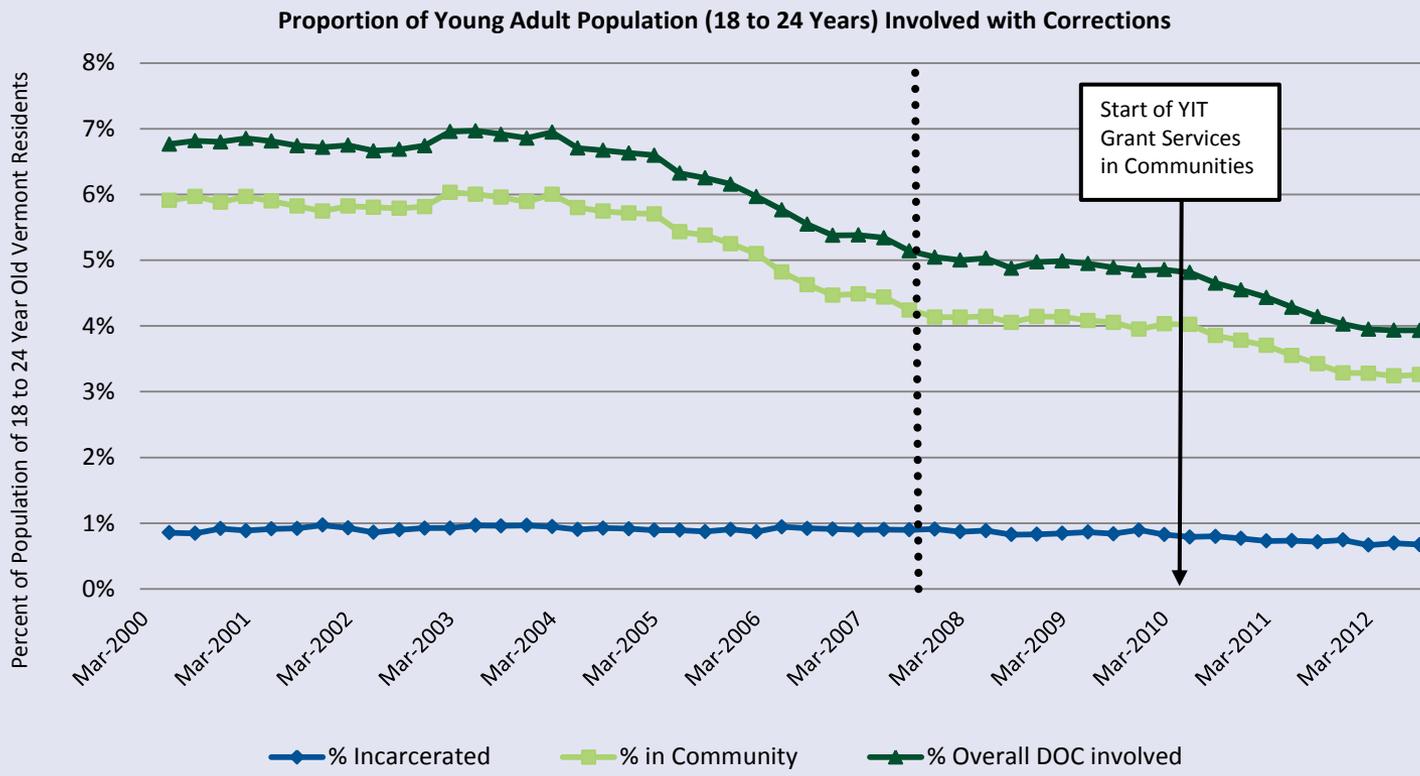
Structure of YIT Services

- FY2009 sub-grants of \$10,000 given to each of 12 regions for development of strategic plans in line with funding formula allocations (\$865,000 yearly).
- By April 1, 2010, all regions began implementing approved plans plus required evaluation activities – hiring 15 FTEs plus part-time peer workers.
- In 7 regions, the fiscal agent chosen by the interagency YIT Steering Committee overseeing the plan is a Designated Mental Health Agency (DA); in 3 a Runaway and Homeless Youth Program (RHYP); in 1 a Community Action Agency (CAA); in 1 a Federally Qualified Health Center (FQHC).



Version 7/27/09





Summary of Graph: The percentage of young adults involved with the Department of Corrections has gone down from approximately 7% in 2000 to less than 4% in 2012. While gradual, this trend represents a significant decrease in corrections involvement over time ($F(1, 50) = 630, p < .001; R^2 = .93$).

10 Quarters Before & After YIT: Because we are interested in the potential influence of the YIT grant, we compared young adult corrections involvement in the 2.5 years since YIT started versus the preceding 2.5 years (this period starts at the dotted line; $p < .001; R^2 = .91$). The average percentage of young adult involvement in the 2.5 years **before YIT** was 4.9% ($n=3224$ young adults), decreasing to an average of 4.2% ($n=2748$ young adults) **after the start of YIT** services in communities ($t(18) = 8.0, p < .001$).

Take Home Message: YIT Grant Services are contributing to the overall decrease young adults' involvement in corrections!

How does YIT fit in to the big picture?

- YIT is relevant to Integrated Family Services (IFS) within the Agency of Human Services (AHS)

Young Adult Involvement

Young Adult Involvement

“Transition providers need to know ‘everything about everything’ in both the children’s and adult systems”

The 12 YIT Grant regional Programs provided meaningful services to over 600 young people in Vermont. 15 positions (FTE’s) currently are needed to do the following:



Young Adult Involvement

Regional Programming:

Bodies in the field working with youth for case management & service planning. They use a strength-based, youth-driven approach, with a focus on out-of-school/at risk youth or those who are underemployed or not engaged in other programs.

- Meaningful Services
- Program eligibility

Regional Programming:

Strengthening the system of care for transition aged youth.

The regional YIT Case Managers pull all of the transitional services providers together for meetings to share resources, brainstorm problem solving, and strengthen collaborations, as well as, the system of care in general.

At the center of this effort is the YIT Program's work with the (strengths-based/youth-driven) TIP model. To date 165 Vermont service providers have been trained in this model for working with youth with EBD in their transition.

Young Adult Involvement

The regional case managers also provide the support and guidance to the youth-leadership and community activism efforts in each region.

- **Support Peer Workers & a Peer Outreach effort.**
- **Support Youth Leadership Development & Community Activism; Advisory Boards.** (These consist mainly of youth from the community with adult allies as support & guidance for making youths' ideas a reality.)

Social Networking & Marketing

Social Networking

Social Networking sites such as Facebook and Twitter are the number one means of communication for people ages 14-26.

Top 3 reasons for Social Networking in the business world:

- You are not dependent on an external medium – you are your own publisher. You thus have greater control over the content and timing.
- It's a great tool for cultivating a community and to drive engagement.
- The costs involved are miniscule as compared to traditional media. (Sometimes free!). You don't need large budgets – what is more important is your content.

Social Networking

What are Vermont's Youth in Transition Saying?

- “It’s nice to use Facebook alternative way to connect rather than phone or texting, or even emailing, Facebook helps me stay connecting when my phones not in service”
- “Sometimes I feel bad that I can’t afford much, but I can always afford Facebook and it lets me keep in touch with my group”
- “Facebook easy to use, Its beneficial because you can stay connecting to any one in the world. I use Facebook as a way to escape home life, and stay connected with my YIT program because they are positive on there”

Social Networking



A Facebook profile for 'Yit Grant'. The profile picture is a group of people at a party, with one person having face paint. The cover photo is a logo for 'YIT' featuring a bridge. The name 'Yit Grant' is displayed in the top left of the profile area. Below the name are buttons for 'Update Info' and 'Activity Log'. At the bottom, there are navigation tabs for 'Timeline', 'About', 'Photos 641', 'Friends 379', and 'More'.



A Twitter profile for 'Courtney Bridges'. The profile picture is a small portrait of a woman. The name 'Courtney Bridges' is displayed in bold, with a link to 'View my profile page'. Below the name are three statistics: '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



A YouTube video player showing a man speaking into a microphone. He is wearing a grey t-shirt with the word 'IMPACT' on it. The video title is 'I am the World'. The video player interface shows a progress bar at 0:06 / 3:01, a 'Subscribe' button, and a view count of 1,241.

Social Marketing

Youth In Transition Grant Website:

Figures show July 1 – July 31 2013

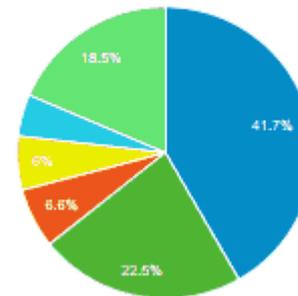


Pageviews by Page

Page	Pageviews
/	99
/cultural-competence/	44
/evaluation/studies-measures/common-study/	34
/evaluation/	27
/evaluation/studies-measures/	27
/about/	19
/vermont-communities/	18
/young-adult-involvement/	15
/about/operations-team/	13

Visits by Source

■ google ■ (direct) ■ facebook.com ■ bing ■ regonline.com
■ Other



Cultural & Linguistic Competency

What are Health Disparities?

“Differences in health which are not only unnecessary and avoidable but, in addition, are considered unfair and unjust” (World Health Organization, 2010); and
“occur by gender, race or ethnicity, education or income, disability, living in rural localities, or sexual orientation” (Healthy People 2010)

What is Cultural and Linguistic Competence (CALC)?

Cultural and Linguistic Competence (CALC) is defined as the ability to provide culturally responsive care regardless of racial/ethnic identity or cultural affiliation (Champlain Valley Area Health Education Center, 2012; Goode, Dunne & Bronheim, 2006)

Background of YIT's CALC

- Vermont Child Mental Health Initiative (VCMHI)
- Vermont's Demographic Landscape
- Regional Responses to Cultural and Linguistic Competence
- VCMHI YIT's goal on CALC
 - CALC training objectives
 - CALC training content
 - Culturally and Linguistically Appropriate Services (CLAS)

Literature Review

- CALC is critical to end health disparities (Coker, Rodriguez, & Flores, 2010; Expert Panel, 2012; Goode, Dunne & Bronheim, 2006; Wilson, 2011; Wu & Martinez, 2006)
- CALC can not only improve health providers' knowledge but it can also improve their attitudes and skills (Beach, Price, Gary, Robinson, Gozu, Palacio, et al., 2005)
- Under Strategy I.C of the HHS Action Plan to Reduce Racial and Ethnic Health Disparities (2011), cultural competence training was identified as one of the actions to improve the quality of care; and “the ability of the healthcare workforce to address disparities will depend on its future cultural competence and diversity” (p.17, IC.1).

CALC Trainings in Vermont

- CALC Training Goals and Content
- 34 trainings from October 2010 to August 2013 in 10 AHS regions; 639 participants
- Pre and Post-Test collected at every training
 - 590 pre and 569 post
 - Incorporated questions from “Race Equity Quiz” & “Health Literacy Quiz” (Association of American colleges and Universities, 2003)
 - Demographics, Diversity Experience, Provider and Organizational Cultural Competence, Racial and Health Disparity Knowledge, and Comfort Level
 - Post-test satisfaction section

Participants' Work Setting

- 43% Mental Health
- 16.5% Education (preK-12)
- 11.1% Higher Education
- 3.7% Substance Abuse
- 3.4% Child Welfare
- 3.1% Primary Health Care
- 3.1% Juvenile Justice
- 2.3% Emergency Response
- 25.9% Other Setting*

* Other setting included: Youth Service Bureaus and Teen Centers, Area Health Education Centers, and Program and System State Administration.

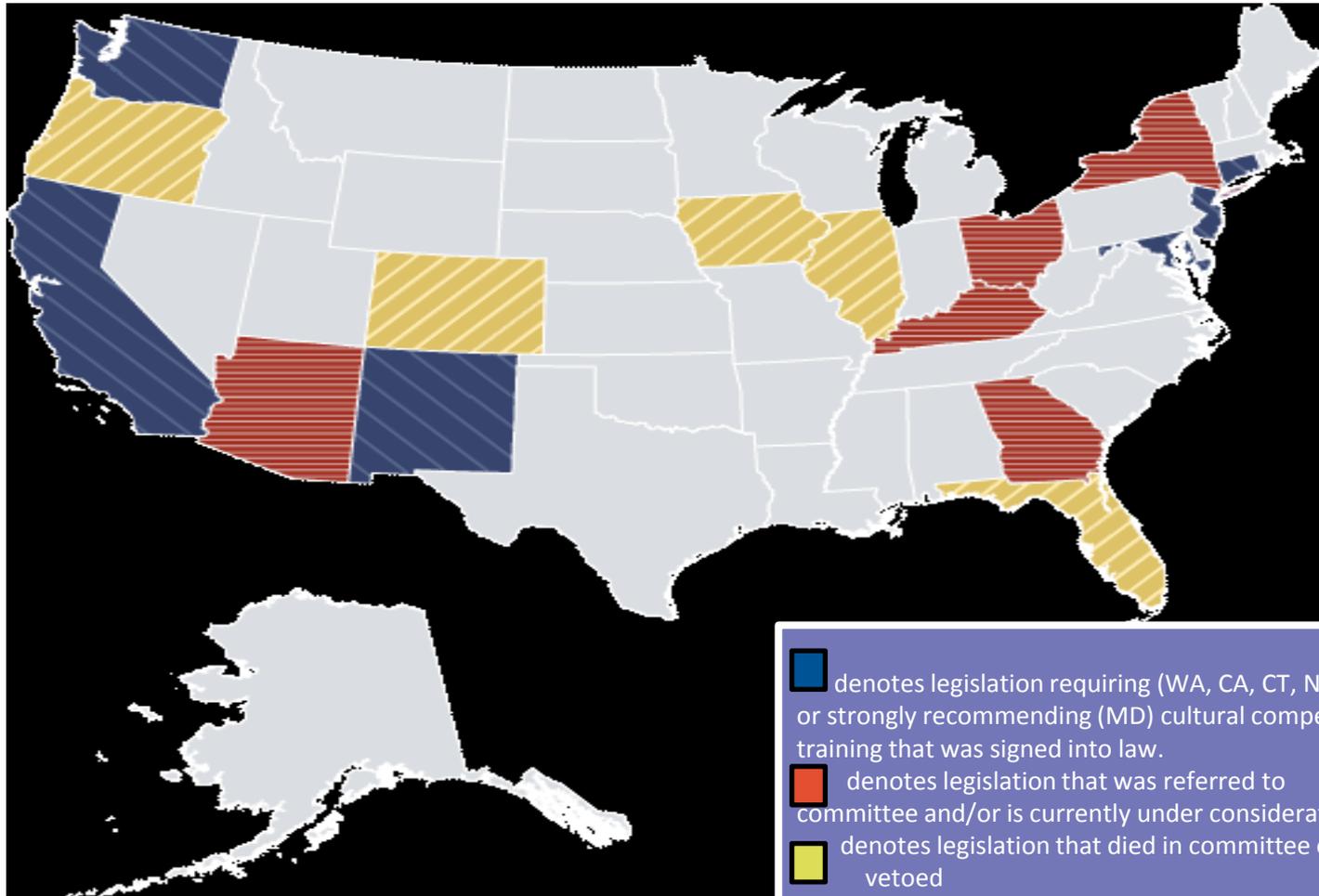
Findings (Pre to Post Test)

- Diversity Experience
 - **36.2% no or little** prior CALC
- Provider Cultural Competence
 - 2.1 (SD=1.12) to 2.9 (SD=.97) (p<.001)
- Organizational Cultural Competence
 - 2.47 (SD=.76) to 2.8 (SD=.49) (p<.001)
- Racial Disparity Knowledge
 - .78 (SD=.81) to 3.53 (SD=.74) (p<.001)
- Health Disparities knowledge
 - 1.57 (SD=1.3) to 4.74 (SD=.77) (p<.001)
- Comfort Level
 - 1.21 (SD=.76) to 1.87 (SD=.66) (p<.001)

Discussion

- “[...] workshops that integrate key topics as recommended by the Institute of Medicine (IOM) and through the CLAS standards significantly improve self-reported knowledge and skills among health care providers and administrators” (Khanna et al., 2009, p. 891)
- The current study builds on previous literature demonstrating the effectiveness of CALC trainings, while at the same time incorporating the historical context of racism and its impact on health disparities as core components of training sessions.

What Other States Doing



Other YIT CALC Related Activities

- 145 refugee and immigrant young adults are being trained on youth leadership strategies
- 10 refugee young adults started college in a health or mental health career this fall; at least 20 more seniors are considering a health or mental health field for next year
- 2 refugee community members are Policy Fellows at UVM's COM working in a National Council to address disparities in health and mental health
- 11 refugee young adults were part of a 6-week residential program for 11th grades interested in health careers (2012 and 2013)
- 2 mental health agencies now require CALC for newly hired employees; two more are in the process of incorporating CALC as well
- CALC training is now D1 course for Nursing and Health and Sciences students at UVM
- At least 20 refugee young adults have attended national leadership academies or social justice institutes
- At least 15 refugee/immigrant young adults have been presenters or speakers at local and national conferences
- CALC results have been disseminated at 11 national venues

Recommendations

- SAMHSA Grant requirements related to CALC
- NIH Grant requirements related to CALC
- CALC Policy in Vermont*
- Diversify Workforce *
- Ongoing CALC training for service providers*

* As recommended by the HHS OMH and CLAS Standards

Evaluation

Evaluation

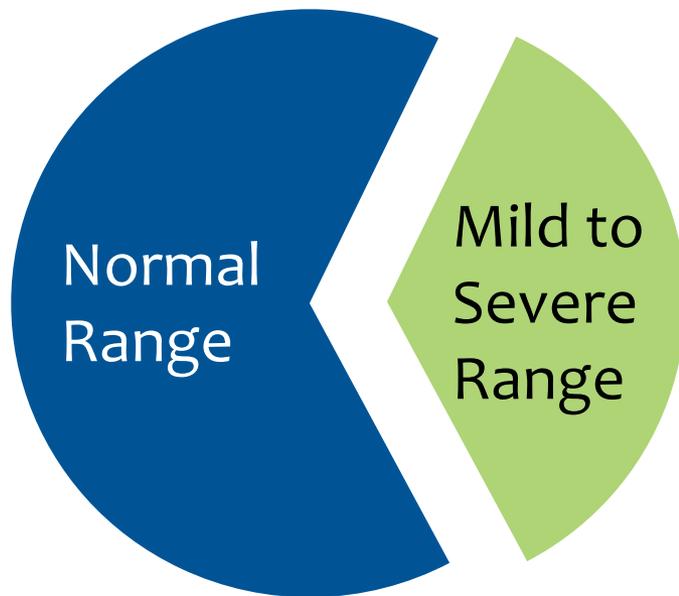
- 3 Studies
 - 2 Nationally driven
 - Common study data collected regionally by providers
 - National study data collected at 6 month intervals over 2 years by UVM staff
 - 1 Vermont based
 - Measures developed by consumers, caregivers, and state input and collected at 6 month intervals over 1 year by UVM staff

Sample

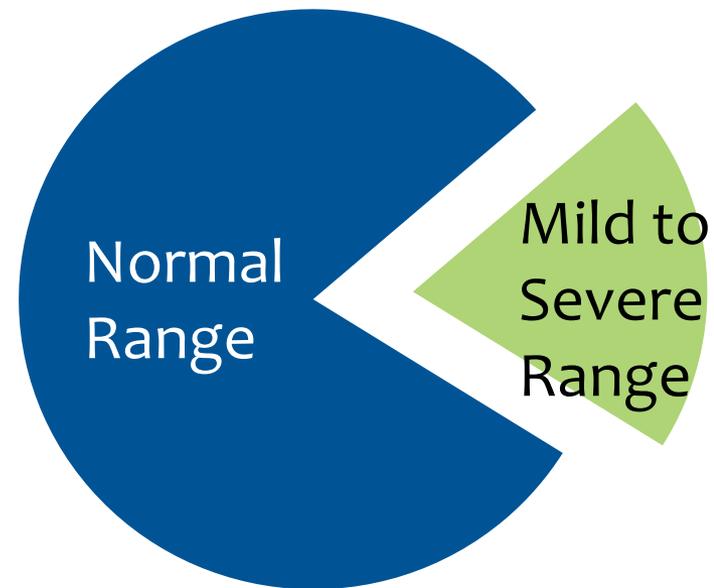
- National study
 - 100 young adults with both baseline and 12 month follow up data
- Vermont study
 - 55 young adults with both baseline and 12 month follow up data
- “Baseline” defined as when they began receiving a new YIT-funded service.
- Follow-up interviews were done regardless of whether young adult still receiving services.

Mental Health: Depression

Start of Services

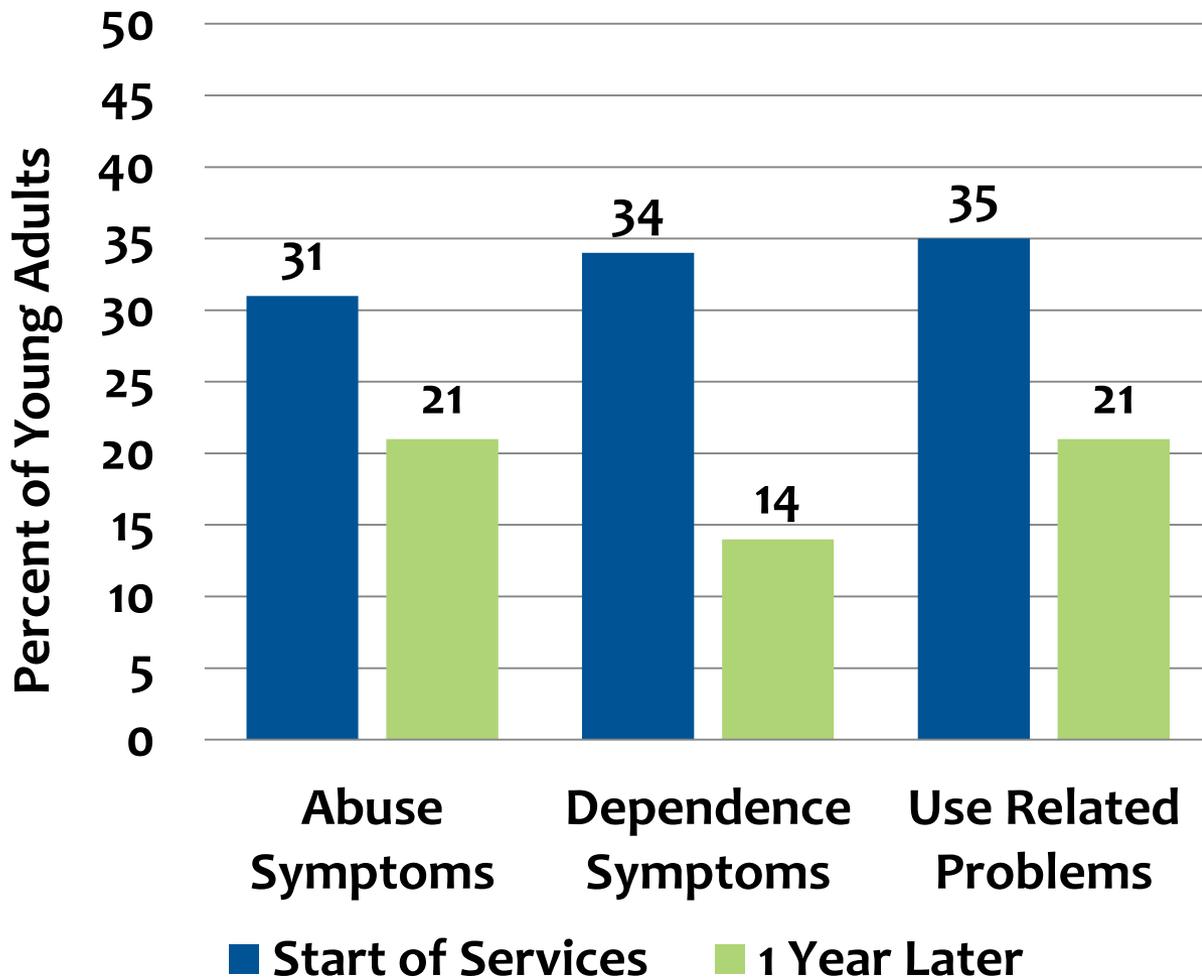


1 Year Later



The proportion of young adults experiencing clinical levels of depressive symptoms **decreases from 35% to 20%** over time.

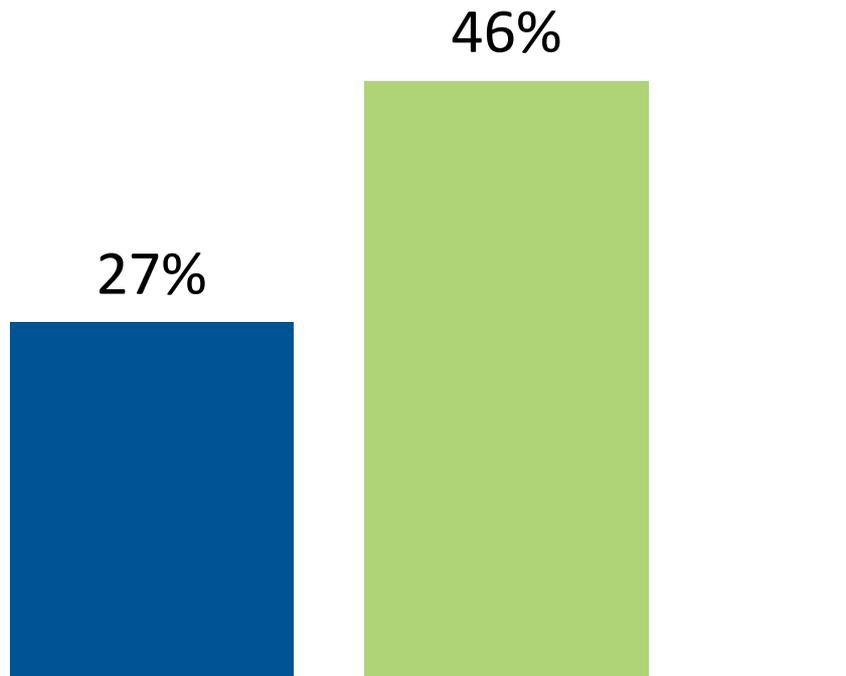
Substance Use & Related Problems



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

Education

■ Start of Services ■ 12 Months Later



Has High School Diploma or GED

There was a statistically significant increase in the proportion of young adults who had completed high school over 12 months ($p < .001$).

What is the impact of getting (or not getting) a diploma?

- If the class of 2014's dropouts could be converted to graduates, Vermont would see an increase of \$416 million over the lifetime of that class's graduates.
- Each dropout, over his/her lifetime, costs the nation \$260,000.
- If the male graduation rate increased by 5%, the nation would see annual savings of \$4.9 billion in crime-related costs.
- America could save more than \$17 billion in Medicaid & health care expenditures for uninsured by graduating all students.

Other Outcomes

Finding Work



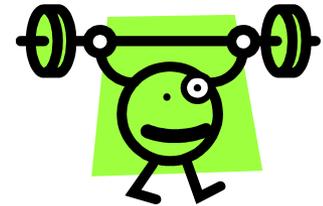
The percent of young adults with jobs jumped from 54% to 62% over 12 months.

Homelessness



In the 12 months after starting services, there was a 64% reduction in homelessness.

Strengths



Data show the more strengths young adults have, the fewer socio-emotional problems they experience.

Feedback from Consumers & Family

A Young Adult's Voice

“Therapy has been most helpful because it’s helping me be the person I want to be and for self reflection.”

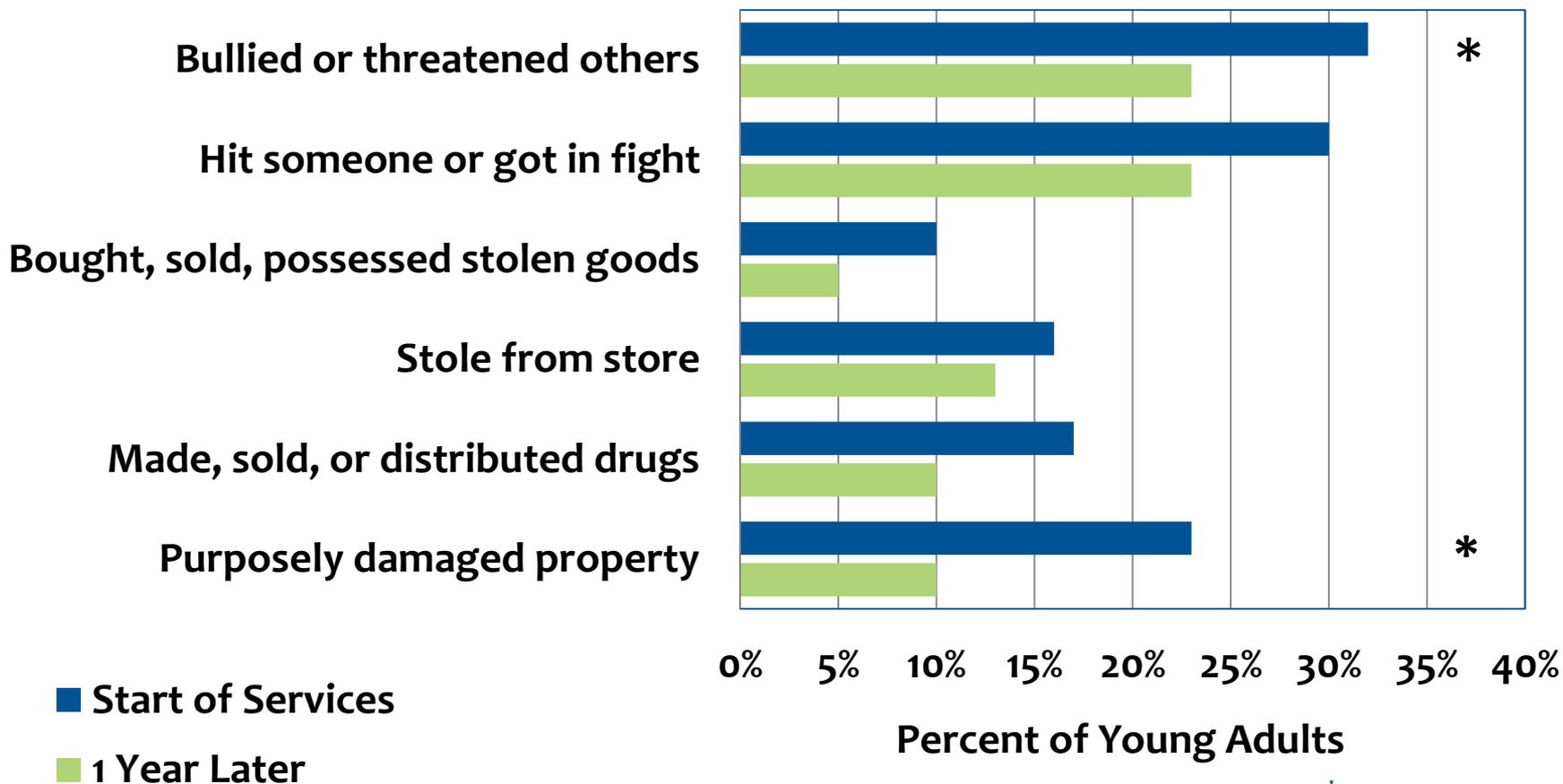
A Parent's Voice

“... helping build a support system, so that now she can support herself, making healthy choices like choosing to go rock climbing instead of using drugs.”

A Young Adult's Voice

“It’s helped set me up to become an adult and push me to start setting up a life for myself and giving me the means to do so.”

Engaging in Criminal Behavior



*p < .05

Impact of decreasing criminal behavior

- McCollister & colleagues (2010) estimated the cost per offense for a range of crimes.
- For instance:
 - Every instance of **stolen property** is estimated to cost society **\$8000**.
 - Estimated cost savings from start of services to 1 Year later = **\$40,000**.
 - Every instance of **vandalism** is estimated to cost society **\$5000**.
 - Cost savings from start of services to 1 Year later = **\$65,000**.
- **In 1 year that is an estimated \$105K savings for only 2 of the 6 decreases measured!**

Criminal Justice Involvement

Start of Services 1 Year Later

Stopped or
Questioned by
Police in Past 6
Months

33%

15%**

Arrested in Past
6 Months

16%

5%*

Told to Appear in
Court in Past 6
Months

18%

11%

There are decreases in the proportion of young adults with convictions or on probation too!

*p < .05, **p < .001

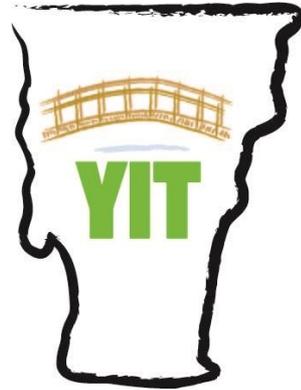
Summary: Among our most vulnerable young adults we are seeing...

- 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.

Thank You



Questions & Comments