

Approaches to Evaluating Services for Youth and Young Adults of Transition Age

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Objectives for Web Event

Participants will learn about:

- Different types of data (e.g., service quality, outcomes, system effectiveness) that programs serving youth/young adults often collect
- Considerations and trade-offs that are important when deciding about what data to collect and how to collect it
- OYEAH evaluation and how it responds to key considerations and also "covers" a variety of different types of data
- Youth and young adult perspective on evaluation and participation in evaluation







Today's Presenters



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Focal Point: Youth, Young Adults and Mental Health April 2019





YEAH (Older Youth and Emerging Adult Heroes) has served transition-aged youth and young adults in Milwaukee, Wisconsin for over 10 years. From July 2015 through June 2018, the program served 314 youth/young adults ranging in age from 16.5 to 24.0 years with an average age of 21.0 years. The most prevalent diagnoses among those served are mood disorder, attention deficit hyperactivity disorder, PTSD, and conduct disorder. The OYEAH practice model mirrors the Wraparound process, maintaining the same values and principles with minor modifications to accommodate the independence of the young adult. The practice model is comprised of four phases: (1) Relationship Formation, (2) Planning, (3) Action and (4) Transfer of Learning and

MONITORING RELATIONSHIP FORMATION AND PLANNING

Leading, providing young adults with behavioral or men-

tal health needs access to, a voice in, and ownership of,

As identified by livanjee and her collaborators, I the first two core competencies of providers are Engaging and Building Trust and Partnering with Youth and Young Adults. OYEAH incorporates these core competencies in Phases 1 and 2 as the program's cornerstone. OYEAH monitors this relationship in 6-month intervals using a modified form of the Engagement and Planning Survey². This survey measures the young adult's perceptions

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planning and directing their future.

of the relationship they maintain with their Transition Coordinator and their involvement in planning and developing their personal Domain-Based Plan. From July 2015 to June 2018, the outcomes reveal an overall average engagement score of 4.46 on a 5-point Likert scale (n = 179). There has been little variance in average scores since instituting this measurement tool. Comparing responses to questions related to Planning and those related to Engagement reveals higher, but not significantly different, scores for Engagement (4.47) than those for Planning (4.08). Further analysis reveals that specific questions consistently receive the highest and lowest ratings. Major strengths are My Transition Coordinator listens to me (4.53) and My Transition Coordinator encourages me to take responsibility for how I live my life (4.58). The lowest ratings relate to cultural understanding and independent decision-making: My Transition Coordinator is sensitive to my cultural background (4.07) and I make final decisions on my treatment goals (4.08). The supervisors review the outcome data with Transition Coordinators to provide specific feedback about their engagement and planning styles with young adults and to address those few individuals who do not appear to be engaging well.

MONITORING ACTION

In Phase 3 (Action), OYEAH incorporates the third and fourth core competencies: Promoting Wellness and Meeting Needs in Keys Areas of Life.¹ These competencies require volition and action by the young adult with

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Improving the Lives of Young People with Serious Mental Health Conditions Through Research & Training

PATHWAYS PUBLICATIONS

New Peer-Reviewed Article from Pathways

Journal Article: Development and Testing of an Assessment of Youth/Young Adult Voice in Agency-Level Advising and Decision Making (PDF)

Posted 11-14-18

Pathways researchers have collaborated with authors from Youth MOVE National on a peer-reviewed journal article recently published in *Children and Youth Services Review*. The article describes the development and validation of the Youth/Young Adult Voice at the Agency Level (Y-VAL), an assessment of the extent to which agencies have implemented best practices for supporting

Google pathwaysrtc

- Focal Point
- Measures/assessments from today
- Electronic list highlighting new research, training and resources



Utilization-related

- Uptake; no-shows; types and amount of services
- Disenrollment– length of service and disenrollment status





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Types of Data: Service Quality

- Satisfaction
- Fidelity
 - Program/Structural fidelity
 - Practice fidelity
- Consistency with service principles or approach
 - Empowerment oriented
 - Youth/Young adult driven or voice
 - Focus on natural supports and/or community participation







Types of Data: Outcomes



- Concrete indicators
 - Career development, housing, disenrollment status
- Many types of standardized assessments
 - May or may not be acceptable to or validated for youth/young adults
- Non-standardized assessments
 - Single indicators, adaptations or reduced scales
- Individualized outcomes





Types of Data: System Level and Beyond

System level—aids for strategic planning

- Satisfaction with availability, array
- Systems structures and functioning (CSTI/SSTI at pathwaysrtc)

Other

Youth and Young Adult
Voice—Agency (Y-VAL) and
System (Y-VOC) levels

[This manuscript was published online December 24, 2014 in the *Journal of Behavioral Health Services & Research*. The final publication is available at Springer via http://link.springer.com/article/10.1007%2Fs11414-014-9452-5]

Community and State Systems Change Associated with the Healthy Transitions Initiative

Janet S. Walker, Nancy Koroloff, & Shawn J. Mehess.

Abstract

People engaged in efforts to improve services to emerging adults with serious mental health challenges have reached the conclusion that service change at the program or agency level is not sustainable without related changes at the systems or policy level. This article focuses on one set of efforts to create intentional system change at both the community and state levels. These changes were pursued by states and communities that received grants under the federally funded Healthy Transitions Initiative (HTI), with the aim of creating more effective services for emerging adults with serious mental health conditions. The article reviews the development of a measure to assess systems change efforts at the state and community levels and describes the findings that emerged when the measure was used to assess the change that occurred in the HTI sites over a period of





Youth/Young Adult Voice in Agencies and Systems

- Y-VAL and Y-VOC further information from Youth MOVE National
- youthmovenational.org/yval



Assessment of Youth / Young Adult Voice at the Agency Level (Y-VAL)

Do you work for a youth- or young adult-serving agency? Would you like to know how well your agency is doing at incorporating youth and young adult voice in agency-level practices and decision making? You want to include authentic youth engagement in your organization, and we want to help you get there

Best Data is Data You USE (U USE)







Data that stakeholders care about

- Increases the chances that the data will be collected
 - Both staff and youth/ young adult engagement in data collection

Example: Use focus groups with young people to find out what outcomes they value

more often than just once a week." 3. Karcher, M. J., & Sass, D. (2010). A multicultural assessment of adolescent connectedness: Testing measurement invariance Many participants discussed making friends in across gender and ethnicity. Journal of Consulting Psychology, the group. "Some of us hang out outside of group. 57, 274-289. I would say that a lot of people I'm pretty close 4. Vogel, D. L., Wade, N. G., & Hackler, A. H. (2007). Perceived with, I met in this group. public stigma and the willingness to seek counseling: The mediating roles of self-stigma and attitudes toward counseling. Recommendations from participants included the Journal of Counseling Psychology, 54(1), 40-50, following: There should be more young adult support 5. Walker, J. S., Thorne, E. K., Powers, L. E., & Gaonkar, R. (2010) groups and parent education/training across the state. Development of a scale to measure the empowerment of youth Mental health providers should not judge youths' or consumers of mental health services, Journal of Emotional and young adults' capabilities based on their worst days. Behavioral Disorders, 18(1), 51-59. I consider my [mental illness] experience as one small chapter of my whole book. DISCUSSION Preliminary results suggest that peer support and a youth-centered, flexible Wraparound approach have led to improvements in the lives of individuals in the CT STRONG program. A mixed method evaluation approach is needed in order to capture a full picture of both process and outcome measures for the transition-aged youth and young adult population. REFERENCES 1. Center for Mental Health Services (2017). NOMs client-level measures for discretionary programs providing direct services. Services tool for adult programs SPARS Version 2.0. Retrieved from https://spars.sam hsa.gov/sites/default/files/CMHS_Client-Level%20 Services%20Tool%20for%20Adults.pdf 18 FOCAL POINT

Focal Point: Youth, Young Adults, & Mental Health. Evaluation of Innovative Transition Programs, 2019, v.33

environment and it's safe for a lot of people. So I

"It's definitely something I look forward to in the

week... it's definitely something I'd rather have

like it a lot."

2. Boyd, J. E., Otilingam, P. G., & DeForge, B. R. (2014). Brief ver-

sion of the Internalized Stigma of Mental Illness (ISMI) scale

Psychometric properties and relationship to depression, selfesteem, recovery orientation, empowerment, and perceived

devaluation and discrimination. Psychiatric Rehabilitation

Journal, 37(1), 17-23,

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Young people may be more willing to participate in evaluation activities when they see that data will be used to improve services

National Evaluation of former Healthy Transitions (NITT) cohort

 Engagement video where peers explained that data was for program improvements

Deschutes County, Oregon Early Psychosis

• Feedback-informed treatment



https://www.youtube.com/watch?v=XS_HBydCyEQ&list=PLL1frPOsHGTumgpUO Z_eDNund-RoU1q2_&index=17





Stakeholders more likely to be engaged when they can see data being used

Common observation from Healthy Transitions sites

Thresholds (Illinois)

- Engage staff in focused quality improvement: Plan, Do, Study, Act
- Data to identify baseline, feedback over time

Deschutes County Early Psychosis

• Feedback-informed treatment



dle-aged and older adults, older youth and young adults (16-25 year olds) are more likely to experience serious mental health challenges, including schizophrenia, bipolar, and major depressive disorders.¹ These young people are at increased risk for high school dropout (or "pushout"), unemployment and under-employment, poverty, housing instability, homelessness, justice involvement, and suicide.² They are also least likely to utilize mental health services. which tend to feel stigmatizing, incongruent, and ineffective to young people. Accessible, attractive, and effective services spanning both child and adult sectors are needed to engage this unique population. To address these challenges, Thresholds, the largest community mental health provider in Illinois, successfully developed and implemented two multidisciplinary sister teams serving young people within a Medicaid and commercial fee-for-service insurance billing environment.

ompared to younger youth and mid-

Thresholds is nationally recognized for partnering with researchers to develop and test evidence-based practices (e.g., Assertive Community Treatment, Individual Placement and Support, Supported Employment, Wellness-Management & Recovery), and for its innovative programs for older youth and young adults.

In 2013, Thresholds expanded its youth care continuum by introducing a multidisciplinary, community-based model blending child and adult evidence-based and evidence-informed practices for 18- to 26-year-olds with a variety of serious mental health conditions. This model. called Emerge, utilizes the Transition to Independence Process (TIP) Model³ as its foundation and is an adapted Assertive Community Treatment model (See Figure 1). Emerge is a program without walls, where almost all services are provided in the community - wherever is relevant for learning, growth, and achieving personal goals. All participants are seen at least twice a week by their primary staff member and an additional team member. Participants build their own individualized life goals and engage in individualized in-vivo learning experiences (e.g., learning how to budget while grocery shopping or how to open a checking account with a first paycheck) with team members with a variety of disciplinary backgrounds. Therapists leverage practices from Cognitive Behavior Therapy (CBT), along with creative arts and movement-based approaches. Emerge also hosts regular, tailored social and educational meet-ups and activities in the community to foster social skills. natural peer support, and belonging.

In 2016, Thresholds added a second Emerge team, and co-located a Coordinated Specialty Care (CSC)

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Collect common data elements across sites/ programs

Allows for greater learning, makes usefulness of data more obvious

Oregon's early psychosis program

Collects the same fidelity and outcome data from all sites/counties •

Thresholds

Collects similar data across MindStrong and Emerge



Why do I feel this way?

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Need Help Now? Call 911, go to the emergency room, or call the local crisis line services if you



Unobjectionable



Evaluation participants are less likely to support datagathering efforts and/or give accurate information if

- It feels shaming
- It feels like it could lead to "punishment"

Young people may feel this way when being questioned about alcohol/ substance use, housing, education, suicidality

Staff may feel this way when their direct practice is being rated

• FIT; observations/recording

Staff and administrators may feel this way when organizational data is examined



Unobjectionable

Change the phrasing of items

• WI YES reworded alcohol/ substance use items

Change method of data collection

• Peers, online, neutral third party

Genuine strengths approach

- Providers' practice rated: FIT, AMP
- Organizational performance rated



consin's Youth Empowered Soitions (YES!) is administered by Wisconsin Department of lealth Services and is funded by a five-year Now is the Time -Healthy Transitions grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). Two Wisconsin counties, Jefferson County and Outagamie County have been serving youth and young adults (ages 16-25) since April 2015. YES! sites serve youth and young adults with, or at risk for, serious mental health and/or substance use conditions, and who are experiencing challenges related to poverty, high rates of psychiatric hospitalization, and unmet mental health service needs. The Wisconsin Department of Health Services contracted with the University of Wisconsin Population Health Institute (UWPHI) for the purposes of program evaluation.

METHODS

As a part of the Now is the Time – Healthy Transitions grant, YESI site staff collect data using the federally-required National Outcome Measures (NOMs) tool when a participant is admitted to YESI, every six months after admission, and when a participant is discharged from YESI services.¹ As a part of the program evaluation, UWPHI staff use SAMHSA's Outcome Measure Report Guide as a framework to inform analyses conducted to monitor and report participant outcomes.² These analyses include participant outcomes between the intake and six-month follow-up interviews, and the intake and discharge interviews. Participant outcomes analyses are conducted and reported to state and local partners on an annual basis.

Improving participant outcomes and defining "positive outcomes" and "improved outcomes" for youth and young adults served through YESI has been a focus of the YESI initiative and evaluation. YESI staff and stakeholders have discussed this at length and considered what is appropriate and realistic for this population. This discussion and review of SAMHSA's outcome measures resulted in a modification of SAMHSA's definitions of "improved outcomes." For example, SAMHSA considered a change in drug and alcohol use to abstinence from drugs and alcohol as an improved outcome; however, YESI staff agreed that the definition of an improved outcome should include sustained abstinence and reductions in alcohol and drug use.

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Efficient

Prioritize the constructs that stakeholders value AND that your work will impact the most

 Safe/stable housing, career development, wellbeing, quality of life, functioning in life domains

Use indicators that accurately get at those constructs and that are sensitive to change



Similarly, SAMHSA's definition of an improved outcome for stable housing in the community includes changing housing situations to an "owned or rented house, apartment, trailer, room," and a "group home" for this population. YESI staff decided to assess changes in housing, without placing an "improved" definition on it since it varies for this population. In addition, YESI site staff began gathering separate, more in-depth, housing stability measures to document whether current housing situations are considered to be stable, as defined by YESI staff and stakeholders. For example, a 17-year-old living in a parent's house without a threat of displacement is considered to be in stable housing under this definition.

To demonstrate how our modification of the SAMHSA indicators impacted our results, we will review our analysis of the outcomes in the domain of illega drug use. While SAMHSA defines an improved outcome as using illegal drugs within the 30 days before baseline, and then never using any illegal drugs in the 30 days prior to the second interview, YES! staff agreed that less frequent use of illegal drugs in the 30 days prior to the second interview (as compared to the baseline interview), and sustained abstinence from illegal drugs (no use in the 30 days prior to the baseline and second interview) should be included in a definition of improved outcomes. In the initial analysis of the use of illegal drugs domain according to SAMHSA's definition at six-month follow-up, 20% of our total YES! participants were abstinent from illegal drugs in the 30 days prior to the six-month follow-up interview. This was largely due to our participants not using illegal drugs within the 30 days prior to the baseline interview. When we modified SAMHSA's definition of improved outcomes and used our local definition, 64% of our total YES! participants remained abstinent and/or have improved outcomes.

DUTCOME DOMAIN	IMPROVEMENT FROM BASELINE TO 6-MONTH FOLLOW-UP (N = 63)	IMPROVEMENT FROM BASELINE TO DISCHARGE (N = 33)
NO SERIOUS PSYCHOLOGICAL DISTRESS	62 % (n = 61)	81% (n = 31)
FUNCTIONING IN EVERYDAY LIFE	84% (n = 61)	93% (n = 26)
DVERALL HEALTH	83% (n = 61)	87% (n = 30)
NEVER USING ILLEGAL DRUGS	64% (<i>n</i> = 50)	58% (n = 26)
NOT BINGE DRINKING	85% (n = 60)	77% (n = 30)
NOT USING TOBACCO PRODUCTS	50% (n = 60)	42% (n = 31)
STABLE HOUSING IN COMMUNITY	42% (n = 60)	42% (n = 31)
RETAINED IN THE COMMUNITY	89% (n = 36)	79% (n = 19)
SOCIALLY CONNECTED	87% (n = 52)	89% (n = 27)
ATTENDING SCHOOL REGULARLY AND/OR CURRENTLY EMPLOYED	79% (<i>n</i> = 56)	56% (<i>n</i> = 27)
NO INVOLVEMENT WITH CRIMINAL JUSTICE SYSTEM	98% (<i>n</i> = 60)	94% (n = 31)







Efficient



ompared to younger youth and middle-aged and older adults, older vouth and young adults (16–25 year olds) are more likely to experience serious mental health challenges, including schizophrenia, bipolar, and major depressive disorders.¹ These young people are at increased risk for high school dropout (or "pushout"), unemployment and under-employment, poverty, housing instability. homelessness, justice involvement, and suicide.² They are also least likely to utilize mental health services, which tend to feel stigmatizing, incongruent, and ineffective to young people. Accessible, attractive, and effective services spanning both child and adult sectors are needed to engage this unique population. To address these challenges, Thresholds, the largest community mental health provider in Illinois, successfully developed and implemented two multidisciplinary sister teams serving young people within a Medicaid and commercial fee-for-service insurance billing environment.

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- Single indicator/short scale versus longer assessments
- Periodic assessments or short-term projects
- Collect data at the time of or as part of service delivery
- Use caution about defaulting to the easiest informant



Efficient

Individualized: Measure the outcomes that are the focus of services / supports for a particular young person

- Versus trying to capture all possible domains of change for everyone
- Variations and adaptations of goal assessment scaling
 - Common in Wraparound (O'YEAH)
 - Challenging to fit into health records
- Gather indicators that match participants' goals
 - "among those who had a housingrelated goal…"

Piloting Person Driven Outcomes

From March 2016 to October 2017, NCQA and seven organizations collaborated the person-driven outcome approach. Findings from this pilot suggest that patients, caregivers and providers found value in setting personalized measurable goals in care visits and that the person-driven outcome approach was feasible.



https://www.ncqa.org/hedis/reports-and-research/measuring-what-mattersmost-to-older-adults/





Sustainable

Use data that is being collected already anyway

• e.g., routine administrative data, program-specific data

Improve reports to make existing data more useful

 Develop new standardized report that look at youth/ young adult age groups specifically



ver the past four years, youth and young adults have been participating in the CT STRONG program, Connecticut's Healthy Transitions project. CT STRONG (Seamless Transition and Recovery Opportunities through Network Growth) involves a Wraparound model utilizing peer support and family advocacy and serves a population of transition-aged youth and young adults, ages 16 to 25, who have, or are at risk for, behavioral health disorders and who live in three Connecticut towns. The program engages and connects them to high-quality behavioral health services and supports. CT STRONG utilizes innovative approaches while implementing the key principles of the Wraparound approach, but is very flexible to meet the needs and preferences of young people

EVALUATION METHODS

The evaluation of the program involves both quantitative and qualitative components in order to capture both outcome and process measures:

 Staff-Client Activity Logs: A log of staff activities is used to record client-related contacts and types of assistance offered on a weekly basis.

2. Client Interviews: Clients are interviewed at three

time intervals: intake/baseline, 6 months, and 12 months after intake. Scales of Special Interest – The client interviews include all of the data required by SAMHSA's GPRA instrument.¹ The CT STRONS team added items focused on variables of special interest; namely, youth empowerment, late adolescent connectedness, and stigma.²⁵ The evaluators and young adults with lived experience developed these measures by selecting and modifying items from existing scales.

 Focus Groups: Several focus groups were held with clients and program staff to identify key program components as well as barriers to and facilitators of implementation, and to better understand the quantitative findings.

PRELIMINARY RESULTS

The evaluation is ongoing, so all results should be considered preliminary.

I. Weekly Logs

The CT STRONG team uses weekly activity log data to describe the frequency, intensity, and types of services being provided by staff, which reflect what the greatest needs are for the clients. To date, they have received 3,279 logs for 299 clients.

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The Pathways Research and Training Center. (2019). Focal Point: Youth, Young Adults, & Mental Health, Volume 33. Retrieved from https://www.pathwaysrtc.pdx.edu/focal-point

Sustainable

YouForward: The Massachusetts Healthy Transitions Program

ransition-aged youth and young adults with mental health challenges are often derailed from completing school, engaging in work, and establishing adult roles. Because services specific to the needs of young people are often lacking or are poorly coordinated across child- and adult-serving programs, young adults with mental health challenges are the gateway to other YouForward services. often "fall through the cracks" in the system at this critical stage of life.1 The Massachusetts (MA) Now-is-the-Time Healthy Transitions project, YouForward (www. youforward.org), began serving young adults in two diverse communities in northeastern MA in late 2015. Managed by the MA Department of Mental Health in partnership with both child- and adult-serving agencies, YouForward represents an innovative model that bridges the child and adult systems. YouForward staff represent the local communities, which have large Latinx populations. Through strong relationships with other community youth-serving organizations, YouForward engages vulnerable, hard-to-reach young adults by offering low-barrier pathways into services and supports. Specific outreach efforts have brought a number of young adults who identify as LGBTQ, as well as those without stable housing, into the program. Two Drop-in Centers (DICs) that opened in late 2016 are key to YouForward's low-barrier approach. DICs are available to young adults without any requirement to participate in other services. There are no screening or enrollment processes to enter the DICs; young adults

are encouraged to "just walk right in." DICs provide basic amenities such as food and showers, offering young adults a place to meet basic needs and a portal to community resources. DICs also offer young adults an opportunity to join a community, build positive relationships, be inspired by peers, share their voice, and assume leadership roles. For many young adults, DICs

YouForward's core services include team-based Wraparound services enhanced with the Achieve My Plan (AMP) approach,² the Transition to Independence Process (TIP),³ Gathering and Inspiring Future Talent (GIFT; a resiliency-focused job training for people with mental health challenges), and access to young adult Peer Mentors.⁴ YouForward also offers expedited pathways to quickly and easily connect young adults to housing, education, employment, health care, and other services and supports in the community.

YOUFORWARD PARTICIPANTS

To date. YouForward has served over 200 young adults, ages 16 to 25; 53% male, 45% female and 2% nonbinary. A number of YouForward young adults identify as LGBTQ. In addition, young parents have found their way to the program. Almost 60% of the young adults identify their race/ethnicity as Latino, 24% as White, and 7% as Black/African American. About one-quarter of young adults are bilingual English/Spanish; 64% speak only English, and 11% speak only Spanish.

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Different data collection strategies can enhance sustainability

- YouForward in MA and other sites are using REDCAP to gather data
- Use of phones and tablets to gather data (that does not have personal identifying information)
- Data gathering at same time or as part of service delivery (FIT, GAS)
- Sites working with AMP have practice fidelity data gathered as part of the videobased observation process



Evaluation Tenets of O-YEAH





A Program of Wraparound Milwaukee

Pnina Goldfarb, Ph.D.



- in... Maintaining scientific mindedness
- that... Core values and principles shape and drive a program ... providing the structural & process program elements designed in accordance with the values & principles that guide the program
- that...Maintaining high fidelity is crucial to sustaining the model
- that...Ongoing evaluation data in order to adjust delivery of service as necessary... results in good outcomes
- that...Good outcomes lead to cost savings
- that...Good outcomes & cost savings result in stakeholder satisfaction



We know it's important to :

- Know *Why* we are doing it (values and theory)
- Stay on top of *How* we are doing things (process/fidelity)
- Determine *What* is working (outcomes)

Remaining conscious of and testing our theory of change helps with focus and clarity of purpose and credibility (logic)



Scientific Mindedness Principle #1a - WHY: The Values We Believe In



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Scientific Mindedness Principle #1b – WHY: The Theory We Believe In







Fidelity means being true to a process of the philosophy embraced by the program to realize certain outcomes (Wraparound)



Setting Expectations Performance through Value-Based Indicators

Organization and Program Level Fidelity

- Use of Agency Performance Reports (APR's) monitored in 6th month intervals
 - Incentives
 - Disallowances
 - Public recognition of high performing agencies
 - Consideration when applying for a new contract with Wraparound (RFP process)



Examples of Value-Based Indicators (Scored)

Family Driven Value Ensuring young adults and families see their Transition Coordinators and that young adults and families feel heard and respected.	Threshold	Score Range: -10 to 30
% of Bi-Weekly Contacts (call or face to face – at least one in the month needs to be face to face)	≥85%	
Collaboration and System Integration Values Ensuring that Team/POC meetings are held monthly to discuss the care each young adult and family is receiving.		Score Range: -2 to 50
% Team Meetings Held Monthly	≥85%	
% of Domain-based Plan Timeliness	≥85%	
Strength-Based and Needs Driven Value Promotes healing. The Wraparound process is facilitated in a way that builds on strengths and address underlying need.		Score Range: 0 to 12
Audit Compliance Score (Plan of Care Rubric Audit)	TBD	
Refinancing Value Investment in people and enhanced return on investment.		Score Range: 0 to 36
Average Expenditures Per Month	≥\$1,500	



Examples of Structure & Process Fidelity Indicators (Unscored)

Indicator	Standard
# Enrollee Social/Recreational Activities	3 in 6 months
% of Young Adults who Completed the Program	≥40%
Evaluation Tool Submission	≥85%
Submission of Passport Facilitator Reviews	1/mo. (6 total)
% Staff Departures	≤10%
# Substantiated Complaints	0
Continuing Education Training Hours Compliance	100%
% of Compliance with Consulting Psychologist/Psychiatrist Quarterly Reviews	100%



Organization and Program Level: Performance Dashboard Example





Scientific Mindedness Principle #3 – WHAT: Is Working

Measuring Outcomes at the Service Level

- Satisfaction (Engagement and Planning Tool)*
- Needs Met (Review of Domains to Identify High Needs)
- Domain Appraisal Tool**
- Disenrollment Score, based on:

1. Program Complete/ yes or no

2. Youth Disenrollment Progress Report Score

3. Needs Met per Final Futures Plan

Adapted from Walker, J.S. & Powers, L.E. (2007) Introduction to the Youth Self-efficacy Scale/Mental Health and the Youth Participation in Planning Scale

**Adapted from the National Outcome Measures (2009)



Engagement and Planning Tool

- Purpose
 - Measures young adult satisfaction by assessing personal feelings of engagement with the Transition Coordinator and the level of empowerment to direct their own plan for future growth and change
- Implementation
 - Use of Survey Monkey to assure anonymity
 - Completed 3 times/ year
 - Young adults encouraged to complete tool, but are not monitored
- Usage
 - Service level able to track individual young adults and transition coordinators associated with them when necessary
 - Organization/Agency Level use of aggregate data specifically for the Care Coordination agencies that are providing OYEAH programming



Needs Met

- Purpose
 - The tracking of needs across the 10 Domains of functioning and the level of need urgency identified by the young adult (from high to low personal need)
- Implementation
 - Needs identified during the development of the first Domain-based Plan of Care and evaluated and ranked using a ranking scale from 1 (need is not met) – 5 (need is met to young adult's satisfaction)
 - Plan of Care reviewed monthly and progress toward need accomplishment reviewed and ranked
 - Initially needs must be identified in Mental Health and Transition to Adulthood Domains
 - No more than 2 to 3 needs identified to work on at any given time
- Usage
 - Service Level tracking and reinforcing accomplishments for the young adult



Domain Appraisal Tool (DAT)

- Purpose
 - To assess and monitor everyday functional skills including personal feelings, socialization, employment, education, housing, drug usage and ongoing trauma
- Implementation
 - Completed within first 30 days, every subsequent 6 months and at disenrollment
 - Method of completion, independently or with assistance, is tracked. (Method may affect candidness)
 - Paper/pencil completion
- Usage
 - Service Level monitor functional skills and use as gauge for addressing needs, new or previously identified
 - System Level employment, education and housing of interest to community in aggregate form



Disenrollment Score

- Purpose
 - To provide closure to the young adult and his support network (e.g. family, other informal supports) and provide a path for next steps as the young adult moves on independently. Visually see progress made
- Implementation
 - Review of needs closed out (accomplished) at a disenrollment Plan of Care meeting and change in feelings from beginning of program to disenrollment
 - Score is based on a 100 point weighted scale
- Usage
 - Service Level- Review of personal accomplishments
 - Organization/Agency Level provides feedback to Wraparound and Care Coordination agencies
 - System Level Provides data for marketing



Scientific Mindfulness Principle #3 - WHAT: Is Working

Measuring Outcomes at the System Level

- Education
- Employment
- Tracking of Negative Symptoms
 - Homelessness
 - Lawbreaking Activity
 - Drug Usage
 - Hospitalization

- All data exists in Synthesis (IT system) that serves as the medical record for each young adult
- Unique Reports are generated from any and all data that this entered into Synthesis
- Information can be "mined" from the DAT, POC, SARS (expenditures), CIR (critical incident report) and progress notes
- Except for the DAT, no additional formal inquiry is required of the young adult



Best Kind of Data

Useful

- Fidelity data as assurances that Wraparound philosophy and OYEAH practice model is being implemented as conceptualized – Interest to Organization and Contracted Agencies
 - Tied to APR (Agency Performance Record)
 - Dashboards to all agencies across programs including OYEAH
- Assessing essential individual outcomes (program satisfaction, need accomplishments, functionality and independence (Service level – important to young adult)
 - Engagement and Planning Tool
 - Domain Appraisal Tool (DAT)
 - Disenrollment Progress Report Questionnaire
- Outcome data specifically related to big issues (hospitalization, corrections and homelessness) of interested to community stakeholders (System Level)
 - Data pulled from Synthesis



Best Kind of Data, Cont.

Unobjectionable

- Use of Survey Monkey to maintain anonymity related to Engagement and Planning
- Choice to complete the DAT privately and independent from Transition Coordinator
- Limit the number and frequency of assessment tools a youth is "required" to fill out
 - Use 3 tools
 - \circ One every 6 months (DAT)
 - One 3 times a year(Engagement and Planning)
 - One at one end of program (Disenrollment Progress Questionnaire)



Best Kind of Data, Cont.

Efficient

- Except for two ongoing assessment instruments (Engagement and Planning and DAT), all other data is collected from SARS, Critical Incident or progress reports. (Synthesis)
- Disenrollment Score pulled mostly from data already in Synthesis
- The use of domains as a structure for young adults to prioritize the areas of work they want to do
- Domain needs are translated into goals with strategies and benchmarks on the plan of care. Young adults can see the connections between desires and growth and improvement, as well, can track their progress.



Best Kind of Data, Cont.

Sustainable

- The flexibility of Synthesis as a medical record and a repository of information allows for gathering data on all three levels; service, agency/organization and system level
- The integration of both Fidelity and outcome data into the APR establishes, from the onset, the expectations for contract agencies to comply with all indicators
- Collection of most young adult data is sustainable as the demand is not too great and data is directly inputted into Synthesis
- Engagement and Planning Tool uses Survey Monkey as a platform. This is less automatic because it requires an outside person to provide the link 3 times/year, thereby rendering the system more challenging. New technology at some point should help maintain anonymity within a system that is more automatic.



We know it's important to stay on top of <u>what</u> we are doing and <u>why</u> we are doing it ---remaining conscious of and testing our theory of change (of <u>how</u> we are doing it) helps with focus and clarity of purpose







CMHI Web Event Training Series: Upcoming Events

How to Analyze Medicaid Data to Inform Quality and
Cost Improvement in Systems of CareThursday, July 25, 2019 from 1:30-3:00 pm ETRegister Nowhttps://bit.ly/2JbF8UG



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