

# Nothing About Us Without Us:

Evaluation Findings from the Planning Phase of  
Houston's Transition-Age Youth and Families Initiative

Planning Phase Final Evaluation Report



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## Executive Summary

The transition to adulthood is challenging for all youth, especially those with mental health conditions. Transition-age youth – teenagers and young adults ages 16-24 – with persistent mental health needs, as well as their parents and other caregivers, often struggle to find relevant programs, services, and supports. The decisions a young person makes – or others make for them – in this transition period can have a dramatic effect on the rest of their lives, impacting their employment and future careers, living situations, education, and health.

The Houston/Harris County Transition-Age Youth and Families (TAYF) Initiative is unique in its approach to this problem. The initiative is based on the theory that by engaging youth and their caregivers in the process of planning and delivering mental health services and supports, these services and supports will become more responsive and relevant to transition-age youth with mental health challenges and better support their successful transitions to adulthood.

The TAYF Initiative, funded and initiated by the Hogg Foundation for Mental Health's Ima Hogg Endowment, and coordinated by Texas Network of Youth Services (TNOYS), included a 6-month Planning Phase prior to a 4-year Implementation Phase. Eight Houston-based organizations that serve youth in diverse ways are participating in the Initiative, as well as over 30 partner organizations. The Planning Phase provided organizations with dedicated time to plan services thoughtfully while learning how to shift their approaches to make youth and caregiver voice central to their planning.

This report is the culmination of an evaluation of the TAYF Initiative Planning Phase. The report summarizes challenges and successes during the Planning Phase and identifies lessons learned that will enhance programming during the Implementation Phase, as well as give guidance to other potential funders, coordinator organizations, service providers, and youth and parent/caregiver advocates considering starting or joining a similar consumer engagement initiative.

The TAYF Initiative's Planning Phase included a strategic learning process where ongoing evaluation activities supported training and technical assistance around best practices. In its role as Coordinator, TNOYS offered individualized support and resources for service provider Planning Grantees, youth, and parents/caregivers, as well as coordinated monthly meetings to facilitate training, dialogue, and collaboration among providers, youth and caregivers. The evaluation used a mixed methods approach

focused on assessing change in the perception and extent of youth and caregiver engagement as well as change in collaboration and coordinated planning among service providers. It included quantitative data on the quantity and quality of youth engagement as well as in-depth qualitative data (from interviews, surveys, focus groups, and observations) on youth and caregiver engagement as well as on provider collaboration.

The evaluation revealed that the eight participating providers made clear progress along the continuum of youth and caregiver engagement, even with the challenges and barriers involved in the early period of organizational culture change. Altogether, they engaged hundreds of youth and caregivers, asking for their opinions in focus groups and ongoing input during planning activities. The providers also made progress toward collaboration and coordinated service planning. Both of these changes were reflected in their 4-year Implementation Phase service plans, which they proposed to the Hogg Foundation in May 2014, and all of which were funded. An evaluation of the Implementation Phase will determine whether engagement and collaboration continue to progress during service delivery and continuous quality improvement activities.

Some lessons learned stand out from the rest. The full evaluation report details many subtle, daily considerations for those beginning youth and caregiver engagement work as well as overarching essential considerations. Providers as well as youth and caregiver advocates were most effective in their partnerships when they entered the process with respect and an open mind; willing to learn from each other and be patient in building trusting relationships even with deadlines looming. There was an ongoing need to clarify (and regularly re-clarify) all stakeholders' roles and goals during the Planning Phase. There was also a need to define meaningful youth and caregiver engagement as well as have more experienced organizations model it. The fact that there was enough funding for all participating organizations to enter the Implementation Phase supported collaboration and decreased competition.

Above all, the TAYF Initiative Planning Phase was eye opening and validating, and it increased both momentum and excitement for organizational culture change. The Planning Phase created a jumping off point for an Implementation Phase poised to solidify culture change, elevate youth and caregiver voice, and create a ripple effect throughout and beyond Houston's mental health services and supports.

## Introduction

The transition to adulthood is challenging for all youth, but it can be especially difficult for youth with mental health conditions if they do not have the right preparation and support. Transition-age youth – teenagers and young adults ages 16-24 – with persistent mental health needs, as well as their parents and other caregivers, often struggle to find relevant programs and services that meet their needs. This is concerning because researchers characterize the transition from adolescence to adulthood as one in which individuals “assume greater responsibility for their independence” and make major decisions “that affect them long into the future (U.S. Government Accountability Office, 2008).” The decisions a young person makes – or others make for them – in this transition period can have a dramatic effect on the rest of their lives, impacting their employment and future careers, living situations, education, and health.

Approximately one in every four or five youth has a severe mental health condition that will affect them throughout their lifetime, and these conditions emerge (on average) between ages 6 and 15 (Merikangas et al., 2010). At least 50% of chronic mental health conditions begin by age 14, with 75% of conditions beginning by age 24 (Kessler et al, 2005). Suicide remains the third leading cause of death for thousands of youth ages 15-24 in the United States (McIntosh & Drapeau, 2012).

Many youth go undiagnosed or face delays in receiving care. Approximately 75 to 80% of children and youth in need of mental health services do not receive them (Kataoka, Zhang, & Wells, 2002). The National Institute of Mental Health (2010) asserts that, “Despite effective treatments, there are long delays — sometimes decades — between first onset of symptoms and when people seek and receive treatment.” An untreated mental disorder can lead to a more severe, more difficult-to-treat illness, and to the development of co-occurring mental illnesses, yet the average delay between the onset of symptoms and receiving treatment is a full decade.

Certain populations of youth face even more challenges with mental health and mental health treatment. At least 50% of youth in the child welfare system have persistent and severe mental health symptoms (Burns et al., 2004) with 80% experiencing mental health symptoms while in foster care (U.S. Department of Health and Human Services, Administration for Children and Families, n.d.). Seventy percent of youth in the juvenile justice system have at least one mental health condition; 20% have a severe mental illness (Skowrya & Coccozza, 2007). Youth of color receive far fewer mental health services



than their white counterparts: African Americans and Latinos receive half as much mental health care; Asian Americans receive one-third as much care (Agency for Healthcare Research and Quality, 2010). It is estimated that 88% of Latino children and youth have unmet mental health needs, compared to 77% of African-Americans and 76% of white children and youth (Kataoka, Zhang, & Wells, 2002).

The transition to adulthood between ages 16 and 24 complicates mental health challenges and treatment: a teenager or young adult is not only in need of continued mental health services, but is also working to establish independence through employment, housing, and social connections.

Approximately 50% of students age 14 and older living with a mental illness drop out of high school, the highest rate of any disability group (U.S. Department of Education, 2006). This group of youth faces a number of other barriers in getting and keeping adequate employment, such as: a lack of support services; insufficient awareness of mental health; discrimination in hiring and on the job; inadequate or complex and confusing health care benefits; and social isolation (Marrone & Boeltzig, 2005). Youth with persistent mental health conditions also face homelessness at higher rates than other youth (U.S. Department of Housing and Urban Development, 2011).

With such troubling statistics, the White House (2013) agrees that it's time for change and time to support easily-accessible mental health services for youth. Beyond that, those researching and working to benefit transition-age youth see the need for a coordinated system of services and supports, as well as a clear bridge from child to adult services to ensure continuity of care in this critical period (Podmostko, 2007). This report describes and evaluates the initial phase of the Houston/Harris County Transition-Age Youth and Families Initiative (TAYF) in which youth and young adults with lived mental health experience, their caregivers, and service providers have come to the table to improve services in the Houston, Texas area.

## **The Power of Youth and Caregiver Engagement**

The movement to include clients' and consumers' voices in planning for the services that impact their lives is not new, but has been gaining momentum in the mental health, public health, community action, and disability rights fields for years. "Youth engagement" is a strategy that providers use to recognize that youth transitioning into adulthood have important insights into what will best support them in their transition, and family/caregiver engagement acknowledges that family/caregivers have similarly important opinions as they learn to support their emerging adult children.

While there is no single definition of youth or caregiver engagement, the strategy is based on principles of inclusion, collaboration, equality, and respect. Youth and caregiver engagement involves viewing and valuing youth and caregivers as experts in their own care and treatment, and this engagement requires a cultural shift in programs and systems that tend to view youth as patients, and professionals as the only experts. Youth engagement initiatives reflect a realization that, without consumer input, providers risk missing the mark entirely with their programs and services.

Youth engagement strategies stem from the Positive Youth Development philosophy, one catchphrase of which is “problem free is not fully prepared” (Pittman and Wright, 1991). Karen Pittman’s work also emphasizes that additionally, being fully prepared is not being fully engaged. One youth engagement initiative does an especially good job of articulating how youth engagement fits into the Positive Youth Development framework by defining it as “a process where all young people, including troubled and prepared, are provided structured opportunities to use their time, intelligence, talents, skills, and abilities” (Youth Engagement Services Network Pakistan, 2011).

Meaningful youth and family engagement takes time to cultivate and effort to sustain – perhaps an organizational culture change. Researchers discuss the essential elements of a successful alliance between consumers and service providers, the phases of engagement, and the characteristics of effective youth and caregiver advocates in mental health services. Although there are limitations to the existing research, there are opportunities for more research to be done in this area based on the innovations that are occurring in the field every day.

At a basic level, successful youth engagement looks a lot like a therapeutic alliance between a service provider and a client where both parties are invested in a successful outcome (Pullmann et al., 2013). Pearce and Lawson (2006) explain the typical phases of youth engagement based on an in-depth, 4-month case study of a youth engagement initiative focused on justice in schools:

1. Entry phase: Because all youth joined for extrinsic reasons, they reported low motivation during this initial stage. They reported that they came to meetings, but were bored.
2. Personal connection: A transformation in their motivation occurred when they made a personal connection to the organization’s mission. As they attended meetings, youth saw similarities between their personal experiences and those of other youth. They began to identify with the

issues and problems being addressed. The key was the realization that their experiences were not unique to themselves and that there was a collective cause.

3. Intrinsic motivation: Youth shifted from passive attendance to active participation in this stage. They began to voluntarily take on tasks and responsibilities. Youth reported that the work they were doing was energizing and rewarding. Many stayed with the organization after their required number of credit hours were complete.

Peer and leader support were also essential factors in successful youth engagement. In a follow up study by Dawes and Lawson (2011), they expanded their work to identify three types of personal connections or benefits a young person may seek out when engaged: increased competence and public attention/praise; learning for their future career goals; and pursuing a meaningful purpose that can change others' lives.

When engaging parents and other caregivers, a mutual alliance is also important, but there are additional factors to consider. Based on first-person accounts of caregivers engaged in youth mental health services, Slaton, Cecil, Lambert, King, and Pearson (2012) recommend that family leadership positions be filled by those with lived experience; that the positions are strategically placed into all decision-making structures of an organization; that helping to keep hope alive for these leaders is essential; that family leaders receive training early and often; and that their relationships with staff are based on mutual respect and accountability.

These authors also identified the following characteristics of successful family leaders:

- Their journey into the work began after experiencing stigma, blame, judgment, shame, and hopelessness in the face of raising a child with significant mental health challenges. This personal experience gave them high credibility.
- They had some prior work or study experience they could channel toward advocacy work, and were lifelong learners eager to learn about strategy, power, and how to impact the political process.
- They understood they were working to earn trust, credibility, and authority.
- They were patient when the situation called for it, but also willing to take risks. They understood that their work may never benefit their own children, but would impact future generations.

- They displayed empathy for all key stakeholders in all types of positions, and they worked to build relationships.
- They had a drive to make change.

Various models exist for youth and caregiver engagement. Youth and caregivers may serve on advisory or steering committees, in peer support roles, as trainers or public advocates, or may have their own councils/support groups entirely. Monson and Thurley (2011), when reviewing a youth engagement initiative in Melbourne, Australia, cautioned that many organizations fail in their engagement efforts when they try to fit consumers into existing organizational structures that may move too fast or too slow, may not be set up to consider the consumer perspective fully, or may be overly complex or inconvenient. In their research, staff commitment to meaningful engagement was central to success.

### **Transition-Age Youth and Families (TAYF) Initiative**

By working in partnership with youth, family members, and over 40 service providers in the greater Houston, Texas area, the Hogg Foundation for Mental Health is leading the development of more relevant and effective services and supports for transition-age youth with mental health challenges. The TAYF Initiative began with a 6-month service Planning Phase and strategic learning process described throughout this report. This initial Planning Phase laid the groundwork for a 4-year initiative that began in the summer of 2014.

The Hogg Foundation for Mental Health has a long history of valuing consumer voice alongside professional and community perspectives. This is evidenced by the composition of the Foundation's staff, as well as the priorities of the projects and initiatives they fund. For example, the TAYF Initiative stems from a belief that, "by providing opportunities for transition-age youth and families to have a voice as equal partners during program planning, the results will yield a more comprehensive and relevant array of services and supports" (Hogg Foundation for Mental Health, 2013). The Foundation believes that its vision of services and supports that move transition-age youth closer to independence, wellness, and recovery, can be achieved through actively involving transition-age youth and their family members in service design, including by making recommendations for which services receive funding.

The Hogg Foundation's logic model for the TAYF initiative is included in Appendix A. Existing research on youth and caregiver engagement informs the theory of change for this work: as youth participate in activities related to the planning, implementation, or evaluation of an initiative, they gain the necessary

knowledge, skills, and abilities to participate meaningfully. Youth who are engaged come to identify with the purpose of the work, which is to improve services for individuals like themselves. They also develop meaningful relationships with caring adults and they develop intrinsic motivation to take on additional responsibility within the project. Positive outcomes may include staying involved in programming (greater retention); improvement in their educational attainment and employment status; reduction in their involvement with juvenile justice systems; and improvement in mental health status (Bulanda & McCrea, 2013; Dawes & Larson, 2011).

The TAYF Planning Phase was a fast-paced series of meetings and learning opportunities that included service providers as well as youth and caregiver partners and advocates. In October 2013, the Hogg Foundation awarded Texas Network of Youth Services (TNOYS) a grant to serve as the coordinator for the Planning Phase, including by coordinating meetings and events, providing individualized consultation and support for all involved, overseeing key communications, and facilitating connections with local and national experts. Later that month, the Foundation awarded eight Houston-based organizations planning grant funds for the purpose of engaging TAYF in planning to improve the delivery of services and supports for transitioning youth with mental health challenges in Harris County.

### **Planning Grantee Organizations**

The eight organizations that received planning grants were: Baylor College of Medicine, City of Houston Department of Health and Human Services, Communities In Schools of Greater Houston, Disability Rights Texas, Easter Seals of Greater Houston, Family Services of Greater Houston, Harris County Protective Services for Children and Adults, and Star of Hope Mission.

#### **Baylor College of Medicine (BCM)**

BCM, specifically the section of Adolescent Medicine/Sports Medicine, Department of Pediatrics, and the section of Pediatric Psychology, provides comprehensive counseling and psychiatric services to adolescents and young adults and offers specialized education with an interdisciplinary focus on training the next generation of providers.

### City of Houston Department of Health and Human Services (HDHHS)

HDHHS provides traditional public health services and seeks to use innovative methods to meet the community's present and future needs. They work in partnership with the community to promote and protect the health and social well-being of all Houstonians by offering the following services: consumer health programs, environmental health programs, community gardening programs, programs targeted at those over the age of 60, Women Infant and Children (WIC), and support for transitioning age youth and families. HDHHS elevates youth voice, emphasizes youth health, and ensures youth safety through public health methods.

### Communities in Schools (CIS) of Greater Houston

CIS offers school-based services to students of all ages in 106 schools in the Houston area. Programs consist of a variety of services, such as supportive guidance and counseling, academic support, parent and family engagement, college and career readiness, enrichment activities, as well as connecting students and their families with community resources tailored to fit their needs.

### Disability Rights Texas (DRTX)

DRTX provides legal advocacy, legal representation, and self-advocacy skills training and support for persons with disabilities, including transitioning age youth and their families. DRTX focuses on healthcare, housing, employment, transportation, accessibility, special education, civil rights, and access to community living.

### Easter Seals (ES) of Greater Houston

ES is the only area agency that provides services to people of all ages, with any type of disability, and their family members, regardless of their ability to pay for services. Services include: early intervention, children's therapy, respite for caregivers, support groups, play therapy, assistive technology, high school intervention services (including a Department of Justice project for at risk youth), autism services, housing and financial literacy, camps, case management, a food pantry, technology programs, and information and referral to other programs.

### Family Services of Greater Houston (FSGH)

FSGH was the first agency to provide family counseling in Houston in 1939 and for many years was the only agency providing mental health services to Houstonians. Services provided by FSGH include individual and family counseling, school-based programming with 11 mental health counselors or prevention specialists, and a parenting support program. In addition to the programs targeting youth, FSGH also provides a range of services designed to help low income families develop financial stability.

### Harris County Protective Services (HCPS) for Children and Adults

HCPS, specifically the HAY Center, is a one-stop center where foster youth and alumni ages 16 to 25 can acquire a variety of transition resources, services, and support. This array of services includes a focus on the transition out of foster care and into adulthood, such as: Preparation for Adult Living life skills classes, subsidized summer employment, housing and transportation assistance, educational services (GED and high school credit recovery), post-secondary education assistance, job specific training, job readiness training, as well as health/mental health services via referrals to community-based partner agencies.

### Star of Hope Mission

Star of Hope Mission serves homeless men, women, and families in the Houston area through four inter-related facilities. The Men's Development Center, the Women and Family shelter, the Transitional Living Center, and New Horizons/New Haven together offer drop-in services, short-term and long-term shelters, on-site childcare, afterschool programs, and much more.

## **Planning Phase Goals and Activities**

The TAYF Initiative Planning Phase officially ran from November, 2013 to April, 2014 but TNOYS was given a full one-year grant (from November, 2013 through October, 2014) to bridge the time between the end of the Planning Phase and the start of the 4-year service implementation phase. TNOYS' role as Coordinator was to support the selected provider organizations (now referred to as Planning Grantees) in their work to engage transition-age youth and families as they planned and developed improved services and supports, including through the facilitation of a strategic learning process.

TNOYS' goals included: sharing best practices for youth and caregiver engagement, especially in the realm of mental health services and supports; promoting networking and collaboration among service providers; and exposing youth, caregivers, and partner organizations to the values and strengths of the initiative. The ultimate goal for the Planning Phase was that Planning Grantees, along with their youth and caregiver partners, would capture what they learned in their proposals for 4-year service implementation grants due to the Hogg Foundation in mid-April 2014.

TNOYS coordinated regular activities during the Planning Phase, including monthly meetings and training opportunities for all participants in the Initiative and other Houston stakeholders, the facilitation of a Youth Council, the facilitation of a Caring Council, opportunities for resource and information sharing, and individualized technical assistance/consultation. The timeline and logic model (Appendix A), as well as other detailed support materials can be found in the Appendices

The following paragraphs reflect our ongoing meetings and activities during the Planning Phase.

#### Monthly Community Meetings

The goal of these meetings was to promote networking, learning, and collaboration while modeling and teaching youth and caregiver engagement best practices. The monthly meetings were open to all Planning Grantee organizations, partner organizations and potential partners, youth and caregiver advisors, and other interested stakeholders invited by one of these groups.

#### Youth and Caregiver Councils

A Youth Council and a Caring Council were created to give youth and caregivers interested in the Initiative (clients of grantee organizations, their friends, and other invested youth and caregiver leaders from the community) an additional forum and safe space to learn, hone their voices, and share their opinions and thoughts on the planning process. These groups met monthly, sometimes together and sometimes separately. Representatives from Planning Grantee organizations presented to these groups at select meetings. Council members also participated in video shoots, using creative communications to convey their hopes and opinions about mental health services and supports in Houston.

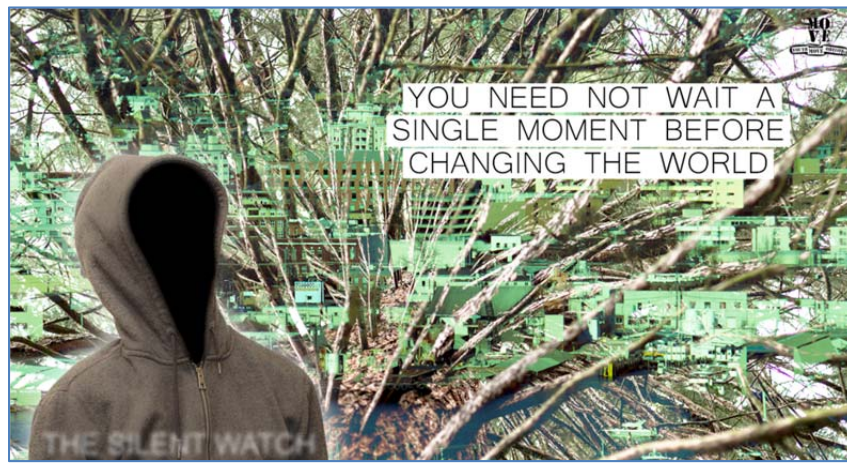


## Training and Dialogue

During monthly council meetings, as well as through virtual meetings (webinars, conference calls), TNOYS included training and experts on a selection of key topics. These included: youth engagement and empowerment best practices; a case study of youth and caregiver engagement in mental health from Pennsylvania; assessment of Houston service needs and gaps; partner identification; and an introduction to the evidence-based *Transition to Independence (TIP)* model. Participants also discussed their focus group findings and programming ideas, as well as their concerns or challenges with the process. The Hogg Foundation provided scholarships for participants to attend the *Alternatives 2013* conference, a national conference sponsored in part by the national Substance Abuse and Mental Health Administration (SAMHSA) and focused on mental health recovery where consumer voice and participation was central.

## Resource and Information Sharing

To further enhance learning and dialogue between in-person meetings and events, TNOYS provided participants with relevant research article summaries, creative media (videos, tip sheets, posters) online resources, and other expert information from Houston-based, statewide, and national sources. The participants themselves also provided resources for TNOYS to share with the larger group. Resources were shared via an email listserv and the online platform *Groupsie*.



Youth MOVE Oregon media campaign poster used as discussion prompts in Planning Phase

### Individual Support/Technical Assistance

In order to meet the Planning Grantee's individualized needs and strengthen working relationships, TNOYS completed a site visit to each Planning Grantee organization. At these meetings we provided additional consultation, troubleshooting, and support. Some of the topics included youth and caregiver engagement tips and guidance, plan draft and logic model review, focus group planning, clarifying elements of the process, making connections to expert consultants, and more.

### Provider Council

A Provider Council was not initially a planned part of this project, as the initial assumption was made that providers would network with one another during the monthly meetings or at other times. The monthly meetings included new partners, such as transition-age youth and their families, as well as other stakeholders. However, representatives from the eight Planning Grantee organizations carved out opportunities to meet on their own throughout the Planning Phase to discuss and compare the nuts and bolts of their plans, how all the plans fit together, and their findings from focus groups and interviews with youth and caregiver advisors. This council formed organically and became a productive and safe forum for providers to learn from each other and strengthen their youth and caregiver engagement practices.

## **Evaluation Approach**

As part of its role as Coordinator for the TAYF Initiative, TNOYS completed a process evaluation of the Planning Phase. The process evaluation can be characterized as a strategic learning process, including the facilitation of a continuous improvement process in which TNOYS and the Planning Grantees were able to make improvements to their approach to the project and its activities throughout the Planning Phase. The intent of the evaluation was to gain an understanding of what worked and did not work for youth and caregiver engagement and to provide constructive feedback to TNOYS, Planning Grantees, the Hogg Foundation, and participating youth and caregivers.

## Research Questions

In line with the goals of the TAYF Initiative, the TAYF Planning Phase evaluation sought to address two primary research questions:

1. Were there changes in the perception of and the extent of TAYF engagement in the planning process?
2. Was there a change in collaboration and coordinated planning among grantees, TAYF, and community stakeholders during the Planning Phase?

The evaluation also aimed to identify challenges that TNOYS, Planning Grantees, and youth and caregivers faced throughout the course of the project; strategies used by the various participants that contributed to the project's success; and lessons learned that other funders, youth advocates, caregiver advocates, providers, and initiative coordinators can reflect on when developing similar initiatives.

## Data Collection and Analysis Methods

TNOYS' evaluation of the TAYF Initiative Planning Phase relied on a mixed-methods approach, integrating both quantitative and qualitative analyses throughout the evaluation process. Certain aspects of the evaluation are not well-suited to quantitative analysis, and a relatively small sample size means opportunities for quantitative analysis are limited. Qualitative data supplement the discussion to provide a comprehensive understanding of the TAYF Planning Phase as appropriate.

## Research Question Metrics

The tools and measures outlined in Table 1 below were designed or identified by the evaluation team to address the research questions. All interview guides and tools are included in Appendix B except for the Four-year Implementation Plans. A summary of the plans is in Appendix E.

<b>Table 1: Research Questions and Metrics</b>	
<b>Question 1:</b>	<b>Was there a change in the perception of and the extent of TAYF engagement in the planning process?</b>
Measure:	Qualitative reports on engagement, perceptions of engagement, and related successes/barriers
Data Sources:	One-on-one interviews with grantees at beginning and end of the planning period; literature review; engagement ladder; survey of youth and caregiver participants; final interviews with TNOYS team members
Measure:	Number of youth and caregiver engaged over time
Data Source:	Monthly survey data on number of youth and caregivers engaged by each grantee
Measure:	Youth and caregiver roles built into implementation plans
Data Source:	4-year Implementation Plans
<b>Question 2:</b>	<b>Was there a change in collaboration and coordinated planning among grantees, TAYF, and community stakeholders?</b>
Measure:	Qualitative report on collaboration, changes in collaboration, and related successes/barriers
Data Source:	One-on-one interviews with grantees at beginning and end of the planning period; final interviews with partner organizations; survey of youth and caregiver participants
Measure:	Observed collaboration and coordination in monthly planning meetings
Data Source:	Meeting observation notes; final interviews with TNOYS team members; sign-in sheets tracking TAYF and provider attendance
Measure:	Provider assessment of service needs/gaps and structured collaboration and coordination plans
Data Source:	4-year Implementation Plans

Initial and follow-up interview instruments were designed to collect data on Planning Grantees' perceptions about youth and caregiver engagement and engagement practices, as well as feedback on the Initiative planning process as a whole. TNOYS designed the monthly engagement surveys to collect quantitative and qualitative data from Planning Grantees on the number of youth and caregivers engaged in the previous month, as well as the ways in which they were engaged and/or barriers to their engagement. An additional survey was provided to Planning Grantees to administer to youth and caregivers during focus groups and planning meetings to gauge their level of engagement and their perceptions of the value of their participation in the planning process.

TNOYS adapted a Ladder of Engagement (See Appendix C for detailed explanation and Ladder tool) for the use of this initiative, based on the Continuum of Youth Participation developed by Jack Nowicki, LCSW, TNOYS Senior Program Specialist and adapted from work by Dr. Roger Hart of the Children’s Environments Research Group and Hart’s Ladder of Involvement. The ladder displays the various ways in which youth might be included in a program or organization’s work – from “decoration or tokenism” all the way up to having youth “organizing and governing” a program or initiative and truly having an empowered voice in an organization. The Ladder was a visual tool for grantees to begin thinking progressively, and offers lessons for the parallel process of caregiver engagement.

The TNOYS evaluation specialist collected data through in-depth telephone interviews, in-person interviews, or electronic or paper surveys. A dedicated TNOYS evaluation specialist who had no other role in programming for the TAYF Initiative collected all information.

To promote a continuous improvement process, TNOYS shared background research (literature review summaries) and point-in-time findings with grantees and other participants throughout the Planning Phase. TNOYS also distributed a research brief (See Appendix D) with preliminary evaluation findings from initial interviews to the Planning Grantees, the Hogg Foundation, and the Youth Council and Caring Council in March 2014.

### Sample Sizes for Data Collected

Table 2 below summarizes the data that were collected and the sample size for each data collection method.

<b>Table 2: Data Collected by Tool</b>	
<b>Sample Size</b>	<b>Tool</b>
8	Initial telephone interviews with Planning Grantees (December 2013)
14	Follow-up telephone and electronic interviews with Planning Grantees, partner organizations, youth consultant (April/May 2014)
8	Monthly TAYF engagement survey for 5 months
203	Focus group youth and caregiver survey
6	Monthly meeting observations
4	Final survey with TNOYS team members
8	Planning Grantee Implementation Plans

It is important to note that the response rates were high, but varied. For example, the response rate for the monthly TAYF engagement surveys was 93% but the response rate was only 16% for partner organization surveys. The response rate for all other survey tools was at or near 100%.

## Evaluation Findings

### TAYF Engagement

Planning Grantees engaged youth and parents/caregivers during the Planning Phase through focus groups, interviews, surveys, one-on-one meetings, and opportunities for participation in Initiative meetings and related programming. According to monthly TAYF engagement survey data, TAYF were engaged in the following specific ways, listed in order of frequency (the items higher in the list being the ones mentioned most often):

- Participation in a one-on-one or group discussion
- Formal participation in a focus group
- Participation in an internal planning meeting/council/committee
- Participation in monthly planning meetings hosted by TNOYS
- Completion of a survey
- Other, including
  - Attended a consumer-driven mental health conference hosted by the Hogg Foundation and its partners
  - Reviewed implementation plan/proposal prior to its submission to the Hogg Foundation and offered feedback
  - Consultation by email or phone
  - Brought or sent youth and/or parents/caregivers to a Youth Council or Caring Council meeting

In order to meet the Planning Phase goal of creating youth and caregiver-informed service plans, the majority of grantees consulted with youth and caregivers in various ways on a monthly basis. All Planning Grantees conducted focus groups with TAYF participants to gather input on youths' needs. Three out of eight Planning Grantees developed internal planning groups that included youth and parents/caregivers along with agency staff members and representatives from partner organizations. All Planning Grantees were required to have one youth and one parent/caregiver review their plan before

submitting it to the Hogg Foundation, but providers that developed internal planning groups that included TAYF reported that TAYF participants were involved heavily throughout the planning process and assisted with drafting and reviewing their organization's implementation plans. Some Planning Grantees also brought youth and caregivers to the monthly planning meetings and to the Youth Council and Caring Council meetings.

### Quantity or Level of TAYF Engagement

As Table 3 shows, the number of youth and caregivers that Planning Grantees engaged during each month of the Planning Phase. The data reveal that Planning Grantees engaged youth and caregivers all throughout the Planning Phase. They engaged fewer youth and caregivers in earlier months, but that their engagement increased halfway through the Planning Phase as they were conducting focus groups. Planning Grantees were able to engage more youth than caregivers.

<b>Table 3: Overall Planning Phase Engagement</b>		
	<b># of Youth Engaged</b>	<b># of Caregivers Engaged</b>
<b>Month 1: December 2013</b>	35	25
<b>Month 2: January 2014</b>	122	122
<b>Month 3: February 2014</b>	300	120
<b>Month 4: March 2014</b>	161	53
<b>Month 5: April 2014</b>	119	57

Note that some of the same youth remained over the course of the grant, so each month does not reflect a unique group. This is important because youth engagement may be more meaningful over an extended period of time than if different young people are engaged from month to month. Additionally, some Planning Grantees partnered to conduct focus groups. Because these numbers come from outputs reported by each Grantee, it is possible that some youth and caregivers were counted twice. With these limitations, it is not possible to determine the exact number of youth and caregivers who were engaged overall, but each Planning Grantees did identify youth and caregiver leaders and advocates they could collaborate with in an ongoing manner.

All Planning Grantees conducted focus groups to engage both youth and caregivers in program planning. Easter Seals and Disability Rights Texas collaborated to hold focus groups. Family Services and

Communities in Schools also collaborated to conduct focus groups, and they engaged DePelchin Children's Services as a facilitator. In total, 293 youth and 108 caregivers participated in 39 focus groups. See Table 4 for focus group attendance by organization.

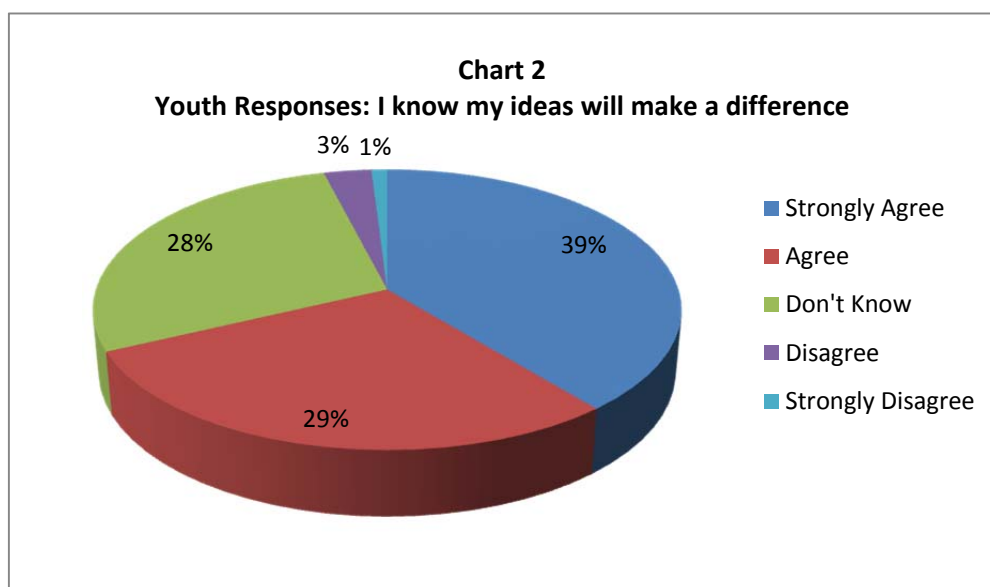
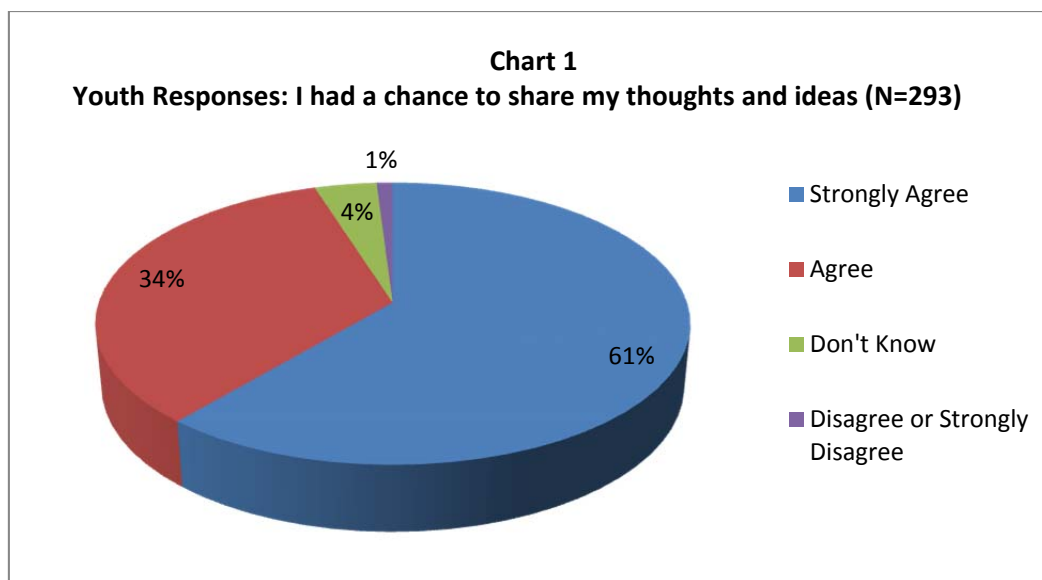
<b>Table 4: Focus Group Attendance</b>			
<b>Planning Grantee</b>	<b># of Focus Groups</b>	<b># of Youth Participants</b>	<b># of Parent/Caregiver Participants</b>
Disability Rights & Easter Seals	12	68	60
Communities in Schools & Family Services	11	65	15
Baylor	3	22	6
HCPS/HAY Center	3	21	0
City of Houston HHS	4	35	3
Star of Hope	6	82	24
<b>Total</b>	<b>39</b>	<b>293</b>	<b>108</b>

Three out of eight Planning Grantees created internal planning groups that included youth and caregivers along with agency staff members and representatives from partner organizations. These providers reported that youth and caregivers were involved throughout the planning process and assisted with drafting and reviewing their implementation plans. All Planning Grantees, even those who did not create these internal planning groups, were required to have at least one youth and one caregiver review their proposed implementation plans before submitting them to the Hogg Foundation.

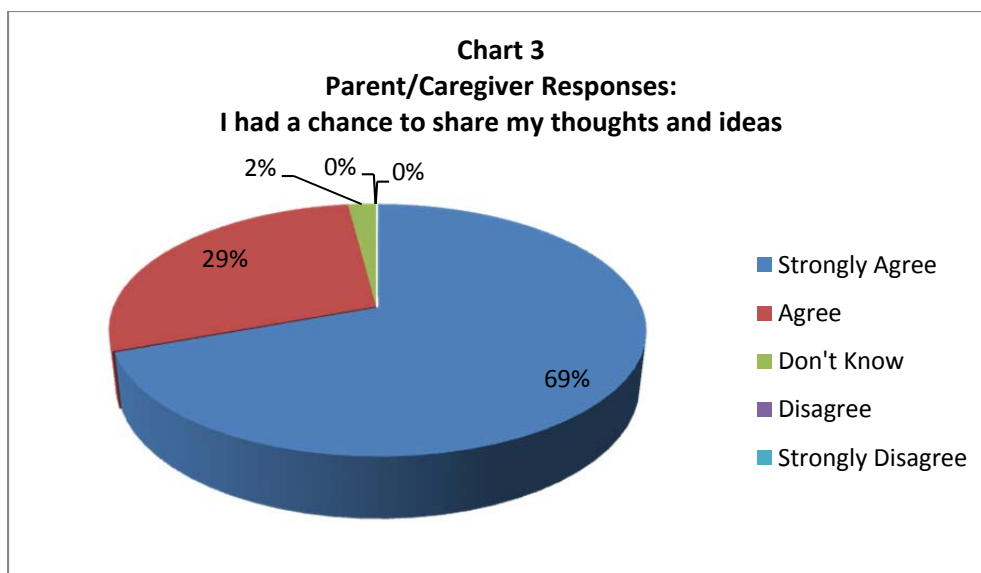
### Quality of TAYF Engagement

Reports on the quality of youth and parent/caregiver engagement were obtained via surveys given out during focus groups to determine whether TAYF were satisfied with their engagement experiences and whether or not their engagement was meaningful to them. The vast majority (95%) of youth participants agreed or strongly agreed that the focus groups offered them a chance to share their thoughts and ideas. A smaller, but still large proportion (68%) of youth reported that they agreed or strongly agreed that the ideas they shared during the focus group would make a difference. Charts 1 and 2 below illustrate youth perceptions of whether their engagement was meaningful.

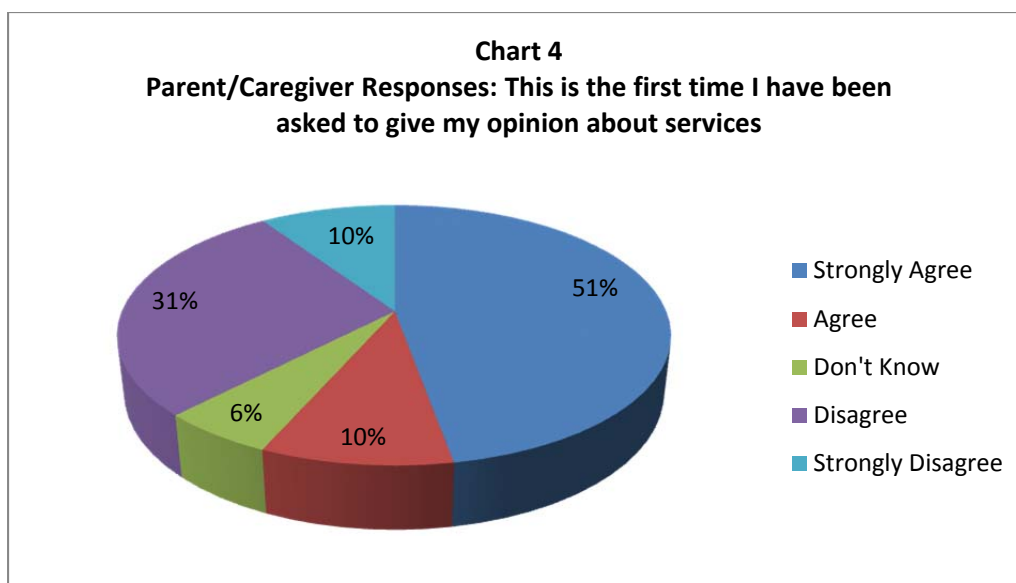




For parent/caregiver participants, responses also followed these trends. Nearly all parents/caregivers strongly agreed or agreed that they had a chance to share their thoughts and ideas through the focus groups (see Chart 3).



As Chart 4 shows, more than half of parent/caregiver focus group participants reported that the focus group was the first time they were asked by a service provider agency to share their opinion on services.



Youth and caregivers, together, commented that they felt more understood and hopeful after being engaged. Some were interested in further engagement, including participation in looking at the results of the needs assessments and being part of that discussion and follow up discussion on how it would impact the implementation plan proposals/proposed service improvements.

Qualitative feedback from focus groups and interviews sheds insight on the quality of TAYF engagement

throughout the Planning Phase. For example, one participant in the Initiative highlighted the importance of prioritizing TAYF engagement that is meaningful, rather than just focusing on the number of youth and parents/caregivers who are engaged:

*“The difference is that while we always did engage the youth, it was not always purposeful and intentional. We learned that sometimes more is not more.”*

Feedback from youth and caregivers on their participation in the focus groups included the following:

*“I had a chance to share my thoughts and ideas.”*

*“I liked hearing what others had to say.”*

*“I know my ideas will make a difference.”*

When participating in monthly TAYF Initiative meetings, the quality of youth and caregiver engagement varied – and it improved throughout the Planning Phase. Early on, small numbers of youth and caregivers attended meetings, but often became bored or had a difficult time following along and giving input. However, at the last Planning Phase meeting on April 1, 2014, engagement was evident. Eighty participants – youth, caregivers, and providers – had collaborative discussions about mental health needs and the proposed implementation plans. A highly engaged youth leader shared the following sentiment:

*“The very last meeting was the most successful. Youth got to speak. Everyone was very attentive...Even if they weren't listening, at least they showed up. If there had been more meetings like that, the programs would be on a wider scale. I know that youth are on fire with advocacy and change!”*

### **Perceptions of the Value of Engagement**

Planning Grantees gained a growing appreciation for the value and process of youth and caregiver engagement, and they appeared dedicated to the organizational culture shift it would take to achieve meaningful engagement. Multiple Planning Grantees mentioned the *Alternatives* conference, a consumer-driven mental health conference hosted by the Hogg Foundation and its partners, as an eye-opening experience, and a chance to see true engagement and consumer empowerment in action.

Planning Grantees also recognized that meaningful engagement requires time and thoughtfulness.

*“It was exciting-- youth with mental health conditions speaking about their experiences, eager to make their voices heard.”*

*“We learned that youth and their caregivers are very willing to share their perspective and, in fact, are honored to be asked.”*

*“It is a paradigm shift. We worked on it over the months, reading the research, talking about it. We needed to lay that foundation [before inviting youth and caregivers to the table].”*

*“I came to appreciate that people with lived experience are superior service providers, just as they are in the substance abuse field.”*

Data from interviews with Planning Grantees reveal that they experienced a positive change in their perception of the value of youth and caregiver engagement over the course of the TAYF Initiative Planning Phase. When asked directly about this change, seven of the eight Planning Grantees said that while their opinion at the start of the grant period was that engagement of youth and caregivers is important, they gained a deeper understanding of the importance of meaningful engagement over the course of the project. Some attributed this change to hearing the insights expressed by TAYF in focus groups and other needs assessment related activities. One Planning Grantee reported that their perception of the value of engaging youth and caregivers changed less because the organization was already advanced in its strategies and tactics for including youth and caregiver voice in program planning at the start of the project.

### **Challenges to Meaningful Engagement**

While excitement was high and an open-minded spirit dominated the Planning Phase, there were struggles to achieve meaningful TAYF engagement as found in any culture change process. Some of the challenges included: scheduling and determining the most engaging format for meetings; clarity on when and how to recruit youth and caregivers for meetings and events (for example, the Youth Council and Caring Council); competing priorities for potential youth and caregiver partners; and transportation challenges, which one participant described as “overwhelming.”

*"I felt pressure good or bad. I think that to some degree early on in the planning process, the focus was on bringing people to the table any way, giving a gift card, load them up and bring them in a van. It felt like artificial participation, fake it until we make it, bribe people to come until we can find the right people and engage them in the right way. We all made progress and it was better at the end."*

*"We didn't have enough information about [the Youth Council]. I didn't see how it was connected to everything else."*

Some Planning Grantees had more specific concerns. One concern was about how to ethically consult with youth and caregivers who are their current or former clients. In another case, Planning Grantees who work with homeless youth and youth in the foster care system had difficulty connecting with caregivers, even though the definition of caregiver is not limited to parents.

*"With caregivers, we have limited capacity. We invited them, offered stipends, but our youth are not connected with biological families like other youth. These caregivers are like staff members, or shift workers, and getting them to participate was not easy. It was a lesson learned. Part of our plan is to hold a [yearly] caregiver forum to see what we can do about getting them engaged."*

Beyond that, some Planning Grantees wondered if they had engaged a broad enough cross-section of families and were concerned that they had missed key populations or culturally-specific input.

*"I am a little disappointed that we – all grantees – probably didn't do the best job with the cultural perspective, Spanish speaking families. Had [we] included them, they might have different opinions, different perspective, education, or understanding. My goal over next 4 years is to continue to hear their voice, take extra effort. They're a huge population in the city, and we don't always hear their voice."*

Finally, some Planning Grantees reported a predictable, but important, finding: that it was difficult at times to encourage youth and caregivers to speak up at meetings or in interviews. In some cases, it was challenging to gather the youth's honest input with the parent or caregiver present.

*“It was sometimes a challenge encouraging them to use their voice in the meetings. They are accustomed to listening, and after we opened the door they talked for hours. We told them we’re here to learn from you. You are the experts.”*

*“It was challenging getting the parents to let the child speak and getting them to understand that we are interested in hearing what they have to say.”*

*“We had to get past our own history of the way we were accustomed to working and realize this was different.”*

However, when Planning Grantees created a safe space where TAYF felt comfortable, they found that they had committed and passionate partners at the table to help them hone their service plans and be more innovative than they might have been otherwise. This shift reflects the expressed goals of the TAYF initiative.

*“We hope to develop best practices we can recommend for a 20-year-old that would be different than a 40-year-old and pass along these best practices to professional groups.”*

*“We’re considering how we can provide services in a way that honors their preferences and desire for relationships, which will provide us with an ongoing opportunity to improve.”*

Engaging and supporting active youth and caregiver participation in program planning was (and continues to be) a learning process and important priority for many Planning Grantees.

## **Coordination and Collaboration among Providers**

In addition to examining Planning Grantees’ youth and caregiver engagement, this evaluation examines how the Planning Phase fostered provider collaboration and coordination. The evaluation examines collaboration and coordination between the eight Planning Grantees, as well as with their various partner and stakeholder organizations. Collaboration and coordination include activities such as networking, awareness-raising, making referrals, and working together to assess gaps and duplications in mental health services and supports for transitioning youth in Houston.

It is clear from the data that the Planning Phase supported a great deal of dialogue and a modest amount of collaboration among grantee organizations, as well as with other stakeholder organizations in

Houston. For example, Planning Grantees reported consistently that they forged new relationships with other providers and strengthened old relationships with this new lens on their service planning. Immediate, concrete benefits that Planning Grantees reported seeing from this collaboration/coordination included client referrals from other Planning Grantees and opportunities for collaboration on their implementation plans. This collaboration may have been supported by enthusiasm for the TAYF Initiative as a whole.

*“Conducting the focus groups was critically important for identifying gaps and needs of transition-age youth. The sharing of focus group results among the providers on the Drop Box was also important. I appreciated being able to read the results of the other providers and to see the consistency of what was said by youth and families.”*

*“We were able to put together a collaborative group that helps us make use of various sources of funding [in our implementation plan]...and allows [our partners] to provide services they couldn’t otherwise.”*

There were also some challenges identified to collaboration. The most concrete challenge may have been an initial skepticism that all Planning Grantees would be funded for an Implementation Phase following the Planning Phase. Despite assurance from the Hogg Foundation otherwise, this skepticism undermined early trust and collaboration. Additionally, some Planning Grantees found the strategic learning process to be stressful. Uncertainty about how to engage TAYF and about what to propose in their implementation plans may have limited potential opportunities to share ideas and work together. This ties in to a larger theme about varied expectations for the Planning Phase. Planning Grantees began the project with varying goals and different expectations for the degree to which they would – or would be able to – collaborate with one another.

*“Our biggest challenge was feeling ready to talk to other providers because we had not solidified our point of view. The challenge really was in us figuring out what we wanted to do.”*

The Planning Phase was also very fast-paced, with many, sometimes-competing priorities. These competing priorities included bringing youth and caregivers to the table while still learning about engagement best practices, the needs of transition-age youth with mental health challenges, and the Houston provider landscape. Collaboration was not always a top priority.

*“I also understand that this sort of engagement would have been difficult to reconcile with the goal of having youth and caregiver involvement in all aspects of planning.”*

Despite these challenges, Planning Grantees were eager to learn from one another’s efforts and wanted more grantee-only opportunities to do so. The structured monthly activities that encouraged the inclusion of youth, caregivers, and community partners made Planning Grantee coordination challenging, and grantees resolved this issue themselves by scheduling additional meeting and consultation time. Additionally, specific collaborative partnerships emerged both within and outside of implementation plans, suggesting that the desire for collaboration was very genuine, and not just something that occurred in order to meet grant requirements.

*“The monthly meetings were effective in teaching best practices for [transition-age youth and families] involvement but did not include sufficient opportunities for providers to discuss their projects or explore opportunities for collaborative programming. I think we lost an opportunity to develop a more comprehensive plan for TAYF service delivery by not supporting provider-to-provider engagement.”*

The evaluation identified some missed opportunities for collaboration. For example, a key part of a system of care for transition-age youth is the system of adult mental health providers who can help ease the transition for young adults from the child system to the adult system. Although a few Planning Grantees connected with adult mental health programs through consultation, interviews, and partnerships, these providers were largely missing from the monthly planning meetings and ongoing dialogue.

Another example illustrates a different missed opportunity for greater collaboration. One caregiver who was also working in a partner organization tried to initiate Planning Grantee collaboration and innovation by analyzing Provider Grantees’ existing services and proposed implementation plans through the TIP model domains (employment, education, housing, life skills, and wellness). This analysis would have added to the assessment of service gaps and duplication in Houston. However, as previously stated, each Planning Grantee had already conducted its own needs assessment. While they were interested in hearing about findings of other organizations, multiple Planning Grantees stated that they were still learning and conceptualizing their plans and were not ready to tackle a joint plan. Beyond that, a few providers pointed out that duplications are not always problematic in a city as large as Houston,



given that not all programs have the capacity to serve all areas or specific populations. As a result, although the individual assessment exercises effectively informed dialogue and planning, no clear leader or lead Planning Grantee emerged to drive a comprehensive assessment or plan that took a bird's eye view of Houston.

Planning Grantees may be better positioned for more collaboration during the Implementation Phase of the TAYF Initiative. Evaluation findings demonstrate that the desire for collaboration is strong and coordination has already occurred. Additionally, it is reasonable to anticipate that challenges such as rushed timelines, lack of clarity, competing priorities, and lack of trust will decrease as the Initiative continues to progress.

## **Analysis of Implementation Plans**

While youth, parent/caregiver, and Planning Grantee perceptions help to tell the story of the Planning Phase, the ultimate measure of change at this juncture is the degree to which TAYF input informed plans for the Implementation Phase. Youth and parent/caregiver voice impacted implementation plans in a number of ways, including through the addition of new program elements and service delivery methods, new categories of staff (peer and parent navigators), and new partnerships to fill service gaps. As the plans unfold over the four years of the Implementation Phase, an outcome evaluation will assess whether outcomes improve for transitioning youth with mental health conditions served by the Planning Grantees.

The Planning Grantees' four-year implementation plans, including the roles carved out for TAYF, are summarized in Appendix E. The section below is based on an analysis of the plans and reveals the ways in which youth and caregiver input and needs are directly reflected in the plans. All plans reflect TAYF participation.

Across the board, certain themes about youth and parent/caregiver needs and perceptions emerged through focus groups and planning activities with TAYF. Those themes included the following:

- The need for a trained, young adult mentor, navigator, or case manager to assist youth with transition
- Frustration and confusion caused by the complexity involved in obtaining services
- The need for love, support, and guidance from trusted adults and peers, especially those with lived mental health experience
- A desire to have an open dialogue with providers so that they can know and understand individual characteristics, including sexual orientation and cultural beliefs
- Understanding of how to secure and maintain employment
- to address the stigma associated with mental illness and the importance of raising awareness in creative ways that speak to young people
- The need for educators and employers to better understand mental illness and mental health care.
- Parents/caregivers are challenged by the many roles they serve in caring for their emerging adult child and need support, as well as guidance on services that are available
- Parents /caregivers fear that their children may not transition to adulthood successfully
- The need for parenting classes, family therapy, and family support services

An analysis of the implementation plans submitted by the Planning Grantees reveals that plans overwhelmingly reflect and address these focus group findings. For example, a need was expressed by youth and caregivers for a trained peer to assist with navigating services. The City of Houston Health and Human Services responded to this need by building their plan around creating a curriculum to train youth and young adults to be Peer Wellness Specialists who can be integrated into the workforce at provider agencies. Disability Rights Texas, which plans to provide enhanced training and legal services, included in its implementation plan to employ a youth with lived experience as a training specialist. The other six providers responded by including peer navigators in their implementation plans.

Star of Hope found varying needs for mentorship and educational and employment assistance. In its implementation plan, unaccompanied youth will be paired with “buddies” from local churches and will be able to take advantage of weekend workshops on test-taking techniques, preparation for the SAT, and applying for college admission.

The HAY Center, which serves youth and young adults aging out of foster care, addressed a specific need expressed in its focus groups regarding confusion about how to continue with medication after transitioning out of care. In its implementation plan, the HAY Center included a Mental Health Bridge that will use a peer navigator to connect youth to existing supports and mental health care service providers to help ensure that there is continuity of services as they transition.

Easter Seals also serves a specific population: youth with Autism Spectrum Disorder and a co-occurring mental health disorder. Findings from focus groups identified a desire and need to secure and retain employment as a top area of concern for this population of youth and their caregivers. In responding to this need, Easter Seals partnered with the Mental Health and Mental Retardation Authority (MHMRA) of Harris County to provide supported employment services, which had recently been defunded and otherwise would not be available to this population.

Communities in Schools found through its focus groups three distinct clusters of youth with specific needs targeted to their developmental level. Based on these results, CIS included in its implementation plans specific services for youth ages 16 and older that can be delivered through their high school or community college. The organization plans to hire and train peer navigators to assist youth 18 and older with developing and implementing individualized plans that support their wellness. Communities in Schools also found that caregivers need support in becoming advocates for their children's needs, and as a result is planning to work with the National Alliance on Mental Illness (NAMI) to offer parent navigator services to link caregivers with service providers.

Two service providing agencies; Family Services and Baylor College of Medicine, offer counseling services. In their implementation plans, they both continue to offer counseling services, but findings from their focus groups impacted the delivery of those services for transition-age youth. For example, Family Services noted that Hispanic youth, particularly those with family members who are undocumented, reported unique stressors related to transition, such as fear of deportation, as well as a need for services to be delivered in Spanish. To meet this need, Family Services plans to provide counseling services in Spanish and to create a support group for Spanish-speaking caregivers. Baylor responded to focus group input regarding the desire of youth to gain knowledge and skills for their transition to adulthood by proposing development of a transition curriculum that direct service

providers can use in individual and family therapy sessions to help youth gain needed knowledge and skills.

Although the concept of partnering on one larger plan was discussed, all eight Planning Grantees opted to develop their own individual implementation plan. However, it is important to note that long-term partnerships emerged. These partnerships included cross-training opportunities for both professionals and youth peer mentors, as well as agreements for client referrals. Other examples of partnerships included in the implementation plans are Baylor's Motivational Interviewing training offered to other providers in the initiative, Disability Rights Texas' legal rights training offered to other providers in the initiative, the City of Houston's training for youth peer mentors who will work with various other organizations, Easter Seals' ability to provide referrals services specific to youth with autism, and Family Services' partnership with CIS for young adult counseling services.

The success around collaboration in the implementation plans extends beyond the Planning Grantees to partnerships with other Houston stakeholders as well. In total, over 41 organizations will be engaged in the 4-year TAYF Initiative, based on the implementation plans.

## **Overarching Themes and Coordination**

### **Challenges Grantees Faced during the Planning Phase**

Change always occurs with some tensions and missteps, and this held true for the Planning Phase of the TAYF Initiative. One important challenge centered on the mix of skill levels and learning curves among the Planning Grantees. For example, some Planning Grantees had skills in TAYF engagement from their previous work and were impatient at times waiting for other grantees who were new to these practices to learn and catch up. However, more experienced grantees were happy to offer the others advice and wisdom along the way. Additionally, some Planning Grantees had existing relationships with other local mental health and other organizations that they believed should be at the table. While they were encouraged to – and often did – invite these contacts to attend events and meetings, they thought that TNOYS was at a disadvantage as the coordinator since TNOYS is a statewide organization and is not based in Houston.

*“TNOYS was at a disadvantage because [TNOYS does not] know the local environment. At some point, you could have utilized more local resources.”*

*“If the coordinating organization isn’t from Houston then take the time to learn about resources. Do key informant interviews in Houston and develop local resources to assist with the project.”*

These concerns were not universal, and other providers appreciated the new and unique perspective a statewide organization brought in – mixing Houston-based, statewide, and national resources.

Another important challenge centered on the fast pace and multiple, evolving expectations of the Planning Phase. Planning Grantees were asked by TNOYS and the Hogg Foundation to conduct needs assessments, engage youth and caregivers, and develop a four-year implementation plan: all in five months. Those Planning Grantees who planned primarily to engage youth and caregivers through focus groups were challenged by the pressure to include TAYF in planning meetings as well. They were not all confident that they could accomplish this task in such a short timeframe. Some more experienced caregiver advocates who independently connected to the initiative about halfway through the Planning Phase underlined this point; one said, “TNOYS seems to hear our opinions but I am not so sure about the grantees.”

Involving transition-age youth and parents/caregivers who were not directly linked to a Planning Grantee was also a challenge. Although they had a lot of insight to share, and their experience with advocacy made them resources for other members of the Youth and Caring Councils, it was challenging to figure out how to plug them in.

Another challenge already mentioned above was the struggle that some Planning Grantees had with the concept of an evolving learning phase where each step built upon the last.

*“More clear communication about the expectations of the Planning Phase would have been helpful to everybody: “This is the Planning Phase and we want to accomplish these goals” ...something we can tick off so we can see what we’re accomplishing.”*

*“More time to process and collaborate. It emerged but it might have been structured from the beginning.”*

*“It would have been helpful if the planning meetings would have included more opportunities for provider collaboration. What was missing was a catalyst to spark conversations among providers about collaboration.”*

*“I appreciated the meetings with the open dialogue. I did feel the constant battle with having large meetings versus the opportunity to have just eight providers. Open dialogue in small groups allowed us to move forward; large meetings were learning opportunities.”*

TNOYS staff expressed some of these same challenges when they were surveyed. It appears that moments of the Planning Phase felt confusing and chaotic, but that clarity, trust, and collaboration emerged in the end.

### **Major Successes during the Planning Phase**

Overall, the Planning Phase led to stronger collaboration between providers, youth, parents/caregivers, and other stakeholders in Houston. The quality and frequency of engagement opportunities increased, especially with youth. The quality and quantity of provider collaboration also increased. All involved agreed that the 4-year implementation plans were stronger as a result of the Planning Phase. Some grantees said this success could be attributed especially to the many paid roles for youth and parents/caregivers throughout the grant period.

Everyone involved, no matter how they were connected with the initiative, appreciated the unique opportunity of a planning period before services and programs begin. Planning Grantees expressed gratitude and characterized it as “eye-opening,” “a luxury,” “helpful to us as an organization,” and “a learning process that produced a well-rounded proposal.” A member of the Youth Council added, “We got to voice our ideas,” and other members of the Youth Council and Caring Council agreed they felt heard. One Planning Grantee summed it up nicely:

*“I can’t recall one time when I have had the time for planning. I really appreciate the Hogg Foundation putting this together. It allowed us to take a look at how we can impact the clients we serve and broaden it.”*

## Discussion

### Patterns of TAYF Engagement

Through this evaluation it became apparent that Planning Grantees seemed to fall into different groups around TAYF engagement based on their past experiences. Identifying which grouping fits a particular organization may be a useful strategy for supporting its engagement work, as the groupings provide insights into each organization's motivations, challenges, and learning curves. We fully expect these groupings to continue to evolve over the next four years, and are already finding that the groups are more fluid instead of mutually exclusive.

#### Group 1: Discouraged in the past

This first group included Planning Grantees who had made previous attempts to engage youth and caregivers. They believed they had never quite succeeded in those efforts and were discouraged. The Planning Phase provided them with opportunities to learn about best practices and to hear about unmet youth and family needs. They also began to change their perceptions when they connected with youth and/or caregivers who were motivated to be involved over the long-term.

*"I feel energized about it now. This is not something we were opposed to, but in our efforts previously, we had some setbacks; we were discouraged."*

#### Group 2: Deeper understanding reached

The second group included Planning Grantees who went into the Planning Phase believing that their organization was already significantly engaging youth, typically as clients in treatment planning or goal setting. The Planning Phase helped this group reach a deeper understanding of youth-centered engagement, particularly in service planning.

*"The planning process contributed to a major shift in the way I view engaging youth and families. Previously, I did not appreciate the importance of recovery or the role people with lived experience have in service provision."*

*"We have always tried to involve families, but in the past, it was more like taking a program plan and asking what they think about it; this process helped us learn that it's better to ask them in advance."*

*"There was a general thought that [engagement is] a good idea, but all of us had a different understanding of what it means to engage youth and families."*

*“While we always did engage the youth, it was not always purposeful and intentional.”*

### **Group 3: Satisfied, then surprised**

The third group included providers who went into the Planning Phase with a belief that their agency was already adequately meeting the needs and engaging the youth and caregivers they served and ultimately were surprised by feedback they heard from youth and caregivers in focus groups and other needs assessment activities.

*“The other change I experienced was in hearing how well they were able to articulate their needs; it was surprising, and I was impressed.”*

*“What changed is that now I am seeking their validation [for programming].”*

*“They shared their perspective on what it’s like to be a parent [of a child with mental health challenges]; they called it an invisible disability. Those words stuck with us.”*

### **Group 4: No change needed**

The fourth group was made up of providers who experienced less change in their thinking during the Planning Phase. This may have been due to the fact that they did not have enough opportunity to change or to the fact that their agencies were already structured to engage youth and caregivers and get input regularly on their needs.

## **Limitations and Opportunities**

A number of limitations impact the validity and reliability of the conclusions from this evaluation and provide lessons as we move into a larger, four-year evaluation process.

First; although this evaluation includes research-based measurements of youth and caregiver engagement, there was not a standardized tool available to assess provider collaboration, and there are many ways to measure whether collaboration is successful. Additionally, the return rate of partner organization surveys was low and there was not a research control or comparison group working to engage TAYF in the planning of services without support such as a Coordinator.

Additionally, the evaluation is based largely on Planning Grantee perceptions and this was done by design. Planning Grantees, as spokespeople, were asked to speak for their planning teams, and the included youth and caregivers. The lack of lead time for the Planning Phase and the learning curve for



the parties involved made it challenging to engage TAYF more meaningfully in the evaluation. For example, youth and parent/caregiver attendance at larger monthly planning meetings was sporadic, especially at the beginning of the grant period, and the Youth and Caring Councils took time to form, so it was not possible to engage TAYF partners in the evaluation at the beginning of the Planning Phase. TNOYS looks forward to the opportunity to work in partnership with TAYF to develop a more participatory evaluation for the Implementation Phase, in which TAYF play a larger role.

## **Recommendations and Lessons Learned**

This initiative offers many insights for other providers, coordinating organizations, youth and caregiver advocates, and funders that are considering participating in a Planning Phase or promoting consumer engagement. The list below is taken from elements that worked well or were identified for improvement

### **Recommendations for Service Providers**

- Clarify your own goals and the goals of the initiative at the outset and periodically throughout a Planning Phase. Select realistic goals and problems to solve. It is easy to get confused or sidetracked with so many moving parts.
- Think creatively and provide various opportunities with different degrees of involvement to draw in a diverse audience while being patient and persistent with their engagement.
- Leave time for the process. Be flexible with meeting times and goals. Be open to different styles of participation. Be open to learning and change as engagement evolves.
- Connect with other providers who are further along with engagement for guidance and support.
- Collect information in less structured or formal ways beyond what focus groups can provide.
- Conduct periodic needs assessment activities with a larger sample size after identifying select youth and caregiver leaders who can remain engaged to gather input on service plans and assess changes in needs.

## Recommendations for a Funder or Coordinator

- Identify and clarify common outcomes and have flexible and realistic expectations of the progress that can be made.
- Name and brand the initiative or project for easier reference; include youth and caregiver input in this process.
- Provide clear communication and guidance about the purpose of various opportunities to assist providers with recruiting youth and caregiver participants, (e.g., councils, planning meetings, events)
- Clarify expectations about how you want to engage youth and caregivers so that, for example, if providers are expected to bring youth and caregivers to a meeting, as much advance notice as possible is provided.
- Stay aware of differing levels of readiness and experience regarding engagement of consumers in planning, which results in differing levels of need for education and training.
- Set individual goals for each participating provider based on their readiness and experience regarding engagement.
- Encourage small steps and recognize progress toward meeting individual goals. Be willing to model engagement and highlight teachable moments, including successes and mistakes.
- Make greater use of webinars and other means of disseminating information and training and reserve meeting time for face-to-face activities.
- Allow some time for provider-only work sessions and needs assessment activities, especially early in a planning process. Mirror the safe space provided for youth and caregivers in their emerging councils.
- Promote collaboration and not competition for funding, resources, etc. This was a key element to the success of the TAYF Planning Phase.
- Encourage providers to work within their organizations for internal youth and caregiver engagement (e.g., in paid or advisory roles) prior to developing external engagement opportunities (e.g., overarching youth and caregiver councils). This allows providers to identify, mentor, and develop their youth and caregiver advisors to be able to participate in larger events and dialogue.

## Recommendations for Youth and Parent/Caregiver Partners and Advocates

- Be open minded to learning about the process of service planning and systems change.
- Be patient and persistent. Know that your concerns and experiences are entirely valid, but systems/services/providers can be slow to respond. Changing an organization's culture or a bigger system of care takes years.
- Be willing to speak up with your opinion and questions, especially if something is moving too fast or does not make sense. This includes about your practical needs – meeting times, location, child care etc.
- Reflect on how and when you want to share your personal experiences to be sure the experience feels valuable to you and to the larger initiative goals. Focus on both the positives and negatives with the goal of move forward in constructive ways.

## Conclusion

The TAYF Initiative is at an exciting juncture; with the Implementation Phase just beginning, there are numerous opportunities for all key stakeholders involved to apply lessons learned during the Planning Phase over the next four years and beyond. The Hogg Foundation and TNOYS envision organizations that change their cultures to include meaningful roles for youth and caregivers and supporting inclusion of consumer input in genuine, permanent ways. This culture change among Planning Grantees will inspire similar change in additional organizations in Houston with the long-term goal of complete system change such that mental health services and supports are relevant and responsive to the needs of those served. The TAYF Initiative can be replicated in cities and communities across the country where there are champions committed to promoting a more collaborative way of serving at risk populations while promoting wellness and recovery.

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## **Appendices**

**Appendix A: Initiative Logic Model and Planning Phase Timeline**

**Appendix B: Interview Guides and Survey Tools**

**Appendix C: Ladder of Youth Engagement Description, Data, and Tool**

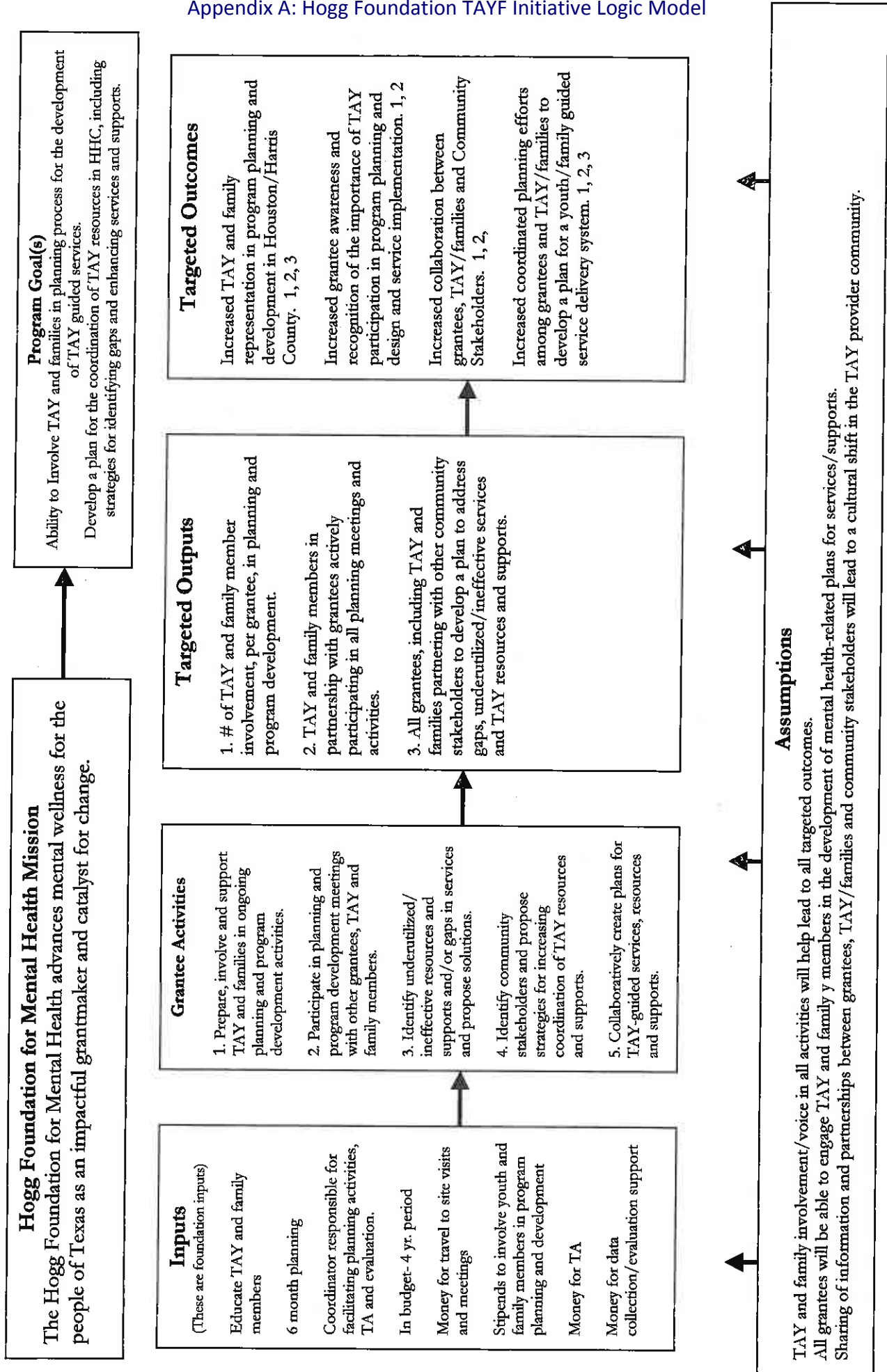
**Appendix D: Initial Interview Evaluation Brief**

**Appendix E: Crosswalk of Implementation Plans**

# Program Logic Model

TAY Planning and Coordination Grant

Date: 6/04/13





## Appendix A (continued): TNOYS TAYF Initiative Timeline

Texas Network of Youth Services  
TAYF Coordinator Proposal  
September 3, 2013

## Project Timeline

	Staff person(s) primarily responsible	2013			2014									
Milestones		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Review awarded planning grantee (PG) proposals if the Hogg Foundation permits	L. O'Toole and Project Team													
Establish "point person" at each PG site	L. O'Toole and Project Team													
Host kick-off meeting in Houston	L. O'Toole and Project Team													
Attend <i>Alternatives</i> conference and host a networking reception for PGs in conjunction	L. O'Toole and Project Team													
Complete a site visit to provide individualized TA, facilitation, or other support to each PG	L. O'Toole, D. Cormie, Via Hope													
Coordinate monthly training and networking opportunities in Houston for PGs	L. O'Toole and Project Team													
Provide ongoing TA for PGs, as needed	L. O'Toole, D. Cormie, Via Hope													
Engage stakeholders in the planning process	L. O'Toole, D. Cormie, Via Hope													
Host a kick-off Youth Council (YC) event	D. Cormie and E. Flint													
Host a kick-off Caring Council (CC) event	D. Cormie and E. Flint													
Provide continued support for the YC and CC, via meetings and conference calls	D. Cormie and E. Flint													
Facilitate youth/adult partnerships between YC and CC members	D. Cormie and E. Flint													
Launch YC/CC digital stories on YouTube	S. Walker													
Grant period for PGs ends	N/A													
PGs submit proposals to the Hogg Foundation for implementation grants	N/A													

[illegible]

## Appendix B: Interview Guides and Survey Tools

### Initial Interview Guide (Dec. 2013)

#### Transition Age Youth and Families (TAYF) Initiative Initial Interview Questionnaire

**Introduction:** *I'm an evaluation specialist at the Texas Network of Youth Services. One of our roles in the TAYF project is to coordinate the evaluation of the planning phase of the project. I'm conducting one-on-one phone interviews with a representative from each of the eight agencies involved in providing services to TAYF. The information you provide in this interview will be used to establish a baseline regarding your organization's level of engagement with TAYF in program planning at the beginning of the planning phase of the project. The information provided in this interview is confidential in the sense that your name will not be attached to your statements. Do you have any questions before I proceed?*

- Tell me about your agency.
  - How many clients do you serve each month?
  - How do you currently engage TAYF in program planning?
- What are the barriers, challenges, and successes you have encountered in previous efforts to engage TAYF in program planning?
- Do you think TAYF engagement in the planning process is important?
  - Why?
- What do you consider to be the ideal level of TAYF engagement in the planning process?
- How do you plan to engage TAYF in the planning process?

## Final Interview Questionnaire (April 2014)

**Introduction:** *I'm an evaluation specialist at the Texas Network of Youth Services. One of our roles in the TAYF initiative is to coordinate the evaluation of the planning phase of the project. I'm conducting one-on-one phone interviews with a representative from each of the eight agencies involved in providing services to youth and families. The information you provide in this interview will be used to establish your organization's level of engagement with youth and families in program planning at the conclusion of the planning phase of the project. The information provided in this interview is confidential in the sense that your name will not be attached to your statements and findings will be provided in summary form only. Do you have any questions before I proceed?*

*I will ask you first about your perceptions of collaboration between the providers and between providers and partner organizations during the planning phase. For the purposes of this interview, activities that foster collaboration are defined as follows:*

- *Examining services and eliminating duplication.*
  - *Is there high demand that supports duplication?*
  - *If so, which organization is better at providing the service?*
- *Identifying and filling gaps in services.*
- *Addressing issues regarding eligibility.*
  - *Does participation in one program limit participation in another?*
  - *Is there a way to make access easier, such as a single point of entry?*
- *Gaining knowledge about the services provided by the other providers and partner organizations.*

1) To what extent did the planning phase foster collaboration and coordination of program services between providers and between providers and partner organizations?

- a. Please explain and give examples of partnerships that were formed during the planning phase; how decisions were made; ways that you shared knowledge; ways that you built consensus; ways that you resolved conflicts and solved problems; etc.
- b. Please explain and give examples of challenges you encountered collaborating with other providers and partners during the planning phase. How did you overcome these challenges?
- c. Please explain and give examples of successes you had collaborating with other providers and partners during the planning phase.

- 2) To what extent did the planning phase foster collaboration with youth and families?
  - a. Please explain and give examples of ways that youth and families were given a voice and/or influenced your decision-making during the planning phase.
  - b. Please explain and give examples of challenges you encountered working with youth and families during the planning phase. How did you overcome these challenges?
  - c. Please explain and give examples of successes you had working with youth and families during the planning phase.
  
- 3) To what extent do you think differently today about engaging youth and families in program planning than you did at the beginning of the planning phase?
  - a. What brought about this change?
  - b. With regard to engaging youth and families in program planning, design, and implementation, where would you place your organization on the Youth Engagement Ladder (included on the last page) today?
  
- 4) Is there any support that would have made collaborating with other organizations, youth, and families easier during the planning phase?
  - a. What else could other providers or partner organizations have provided to be of assistance to you?
  - b. What else could TNOYS have provided to be of assistance to you?
  - c. What else could the Hogg Foundation have provided to be of assistance to you?
  
- 5) Is there anything else you'd like to share on these topics – or on the planning phase in general?

## **Monthly Engagement Data Collected via Survey Monkey electronic survey**

1. Month
2. Agency
3. How many youth were engaged in planning this month?
4. How many family members were engaged in planning this month?
5. How were youth engaged?
6. How were family members engaged?
7. What barriers to participation did youth or family report?
8. Describe your successes and challenges with youth engagement this month.

## Survey for Partner Organizations

*Your organization has been identified as a partner of a provider of the Transition Age Youth and Families (TAYF) initiative, funded by the Hogg Foundation for Mental Health. The Texas Network of Youth Services (TNOYS) is coordinating the evaluation of the planning phase of the TAYF project. The planning phase began in November 2013 and concludes at the end of May 2014. It will be followed by a four-year implementation phase.*

*As part of the evaluation, we are requesting that you complete this survey. The information you provide in this survey is confidential in the sense that your name will not be attached to your statements and findings will be provided in summary form only. You can type directly into this document or participate in a telephone interview.*

*The survey asks about your perception of collaboration with providers during the planning phase. For the purpose of the survey, activities that foster collaboration are defined as follows:*

- *Examining services and eliminating duplication.*
  - *Is there high demand that supports duplication?*
  - *If so, which organization is better at providing the service?*
- *Identifying and filling gaps in services.*
- *Addressing issues regarding eligibility.*
  - *Does participation in one program limit participation in another?*
  - *Is there a way to make access easier, such as a single point of entry?*
- *Gaining knowledge about the services provided by the other providers and partner organizations.*

1) What is the name of your organization and your title?

a. Which provider are you partnering with?

b. Is this the first time you have partnered with this organization?

c. If you have partnered with this organization before, please briefly describe the work you did together.

- 2) To what extent did the planning phase foster collaboration and coordination of program services between providers and partners?
  - a. Please explain and give examples of how decisions were made; ways that you shared knowledge; ways that you built consensus; ways that you resolved conflicts and solved problems, etc.
  - b. Please explain why you decided to participate as a partner (or why you decided not to participate).
  - c. Please explain and give examples of challenges you encountered collaborating with providers during the planning phase. How did you overcome these challenges?
  - d. Please explain and give examples of successes you had collaborating with providers during the planning phase.
- 3) To what extent did the planning phase foster collaboration with youth and families?
  - a. Please explain and give examples of ways that youth and families were given a voice and/or influenced your decision-making.
  - b. Please explain and give examples of challenges you encountered working with youth and families during the planning phase. How did you overcome these challenges?
  - c. Please explain and give examples regarding successes you had working with youth and families during the planning phase.
- 4) To what extent do you think differently today about engaging youth and families in program planning than you did at the beginning of the planning phase?
  - a. What brought about this change?



- 5) Is there any support that would have made collaborating with other organizations, youth, and families easier during the planning phase?
- a. What else could other providers or partner organizations have provided to be of assistance to you?
  - b. What else could TNOYS have provided to be of assistance to you?
  - c. What else could the Hogg Foundation have provided to be of assistance to you?
- 6) Is there anything else you'd like to share on these topics – or on the planning phase in general?

## Survey for Youth and Caregivers who Participated in Focus Groups

### Houston/Harris County Transition-Age Youth & Families Initiative SURVEY for YOUTH, YOUNG ADULTS, FAMILY MEMBERS, and CAREGIVERS Participating in FOCUS GROUPS or INTERNAL PLANNING COMMITTEES

1) I am a ....

- ☐ Youth or youth adult  
☐ Family member or caregiver

	Do you <u>agree</u> or <u>disagree</u> with the statement?	Strongly Agree	Agree	Don't Know	Disagree	Strongly Disagree
2	I had a chance to share my thoughts and ideas					
3	I liked hearing what others had to say					
4	People understood what I had to say					
5	This is the first time I have been asked to give my opinion or feedback about services					
6	I felt welcomed					
7	I know my ideas will make a difference					
8	I was comfortable talking to the other people in the room					
9	I was included in the discussion					
10	I had a hard time speaking up					

11) Have you been asked in the past for your opinion or feedback regarding services? ☐Yes ☐No

12) If you answered yes, do you feel that your opinion or feedback made a difference? ☐Yes ☐No

13) Why or why not?

14) Do you have any other comments? Please use the back if you need more room to write.

## **TNOYS Staff Survey Questions**

- 1) Did you do the following:
  - a. Attend planning council meetings? (Yes or No)
  - b. Attend youth or caring council meetings? (Yes or No)
  - c. Participate in conference calls? (Yes or No)
  - d. Provide information or feedback via phone calls or email? (Yes or No)
  - e. Provide technical assistance via site visits? (Yes or No)
- 2) Explain and give examples of observations you made that demonstrated that the planning phase DID or DID NOT foster collaboration between providers. What did you observe regarding sharing knowledge, reaching consensus, or resolving conflicts?
- 3) Explain and give examples of observations you made that demonstrated that the planning phase DID or DID NOT foster collaboration between providers and transition-age youth or caregivers. Explain and give examples of observations you made of youth and caregivers being given a voice or sharing in decision-making.

## Appendix C: Ladder of Engagement Description, Data, and Tool

### Ladder of Engagement: Context and Use during Planning Phase

The Youth Engagement Ladder used during the TAYF planning phase was adapted from the Continuum of Youth Participation in Programming, created by Jack Nowicki, TNOYS<sup>11</sup>, and Roger Hart's Ladder of Participation, developed by Dr. Roger Hart<sup>2</sup> of the Children's Environments Research Group. Both research-based tools were used to create a youth engagement ladder for grantees to use in assessing their organization's engagement of youth at the start of the planning phase and project a goal related to youth engagement one year later.

The ladder had 8 levels of organizational youth engagement. Level 1, entitled "Manipulation," signifies that adults may use youth to support causes and pretend that the causes are inspired by youth. Level 8, entitled, "Youth-initiated leadership and organization" signifies that the organization is empowering youth and giving youth opportunity to learn from life experiences and expertise of adults. Youth serve as peer leaders in paid or volunteer capacity or lead activities. Moving up the ladder is based on youth participating and having a voice in the decision making, including the power to make changes at an organization and service level.

This ladder was first introduced to the grantees at our December 2013 planning meeting, where each organization was asked to rank their starting point and where they would like to see their organization grow. The TNOYS team pointed out the similarities between youth and caregiver engagement processes, and chose the ladder as a visual aid and discussion tool for staff of grantee organizations to begin to think about the goals of the initiative and the larger picture of allowing youth and caregivers to have an equal voice at the table.

An interesting finding in the unveiling of the ladder was that some organizations believed that they were already doing meaningful youth engagement; however they also realized they might not be inclusive enough. In addition, some organizations believed they had two starting points, usually based on different departments or levels within the organization. As a result, they believed there was less room to grow, and their goal "dots" (positions) were lower on the ladder. For example, an organization may have placed a dot to indicate they had youth on their board, but that youth did not have an equal vote with the adults.

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<sup>1</sup> © Jack Nowicki, LCSW (1995) *Texas Network of Youth Services*

<sup>2</sup> Hart, R. (1992). Children's Participation from Tokenism to Citizenship. Florence: UNICEF Innocenti Research Centre, available online from <http://www.algomapublichealth.com/UserFiles/File/Media/Youth%20Engagement/1616.pdf>

In May 2014, the grantees were then asked about their progress on the ladder. Many grantees signified that they had movement up the ladder from their original placement in December. The ladder tool was designed for evaluation as well as for discussion. It proved to be a valuable technical assistance tool; however it has limited evaluative potential since each organization's responses were more complex than linear movement up the ladder. The engagement ladder acted as a comprehensive learning tool for the grantees to understand areas of youth engagement and to reflect on what is practiced in their own agencies. This conversation started allowed us to delve deeply into tangible ways to improve those engagement practices and ultimately work towards the goal of capturing the youth's voice at the highest level possible for their organization and its mission.

*The Ladder of Engagement with the Planning Grantees' December 2013 positions, May 2014 positions, and December 2014 goals is on the following page.*

# Youth Engagement Ladder

**Organizing and Governing**

Youth have a central role in the organization's structure, driving programmatic or strategic decisions. Youth are empowered to be part of shared decision-making processes and have the opportunity for youth to learn from life experiences and expertise of adults.

**Youth-initiated Leadership**

Youth serve as peer leaders in a paid or volunteer capacity. Youth lead activities with their peers or with adults. Adults are involved only in a supporting role.

**Youth-initiated Partnerships**

Youth and adults join together as equals to accomplish programming, plan activities, operate the program, or complete special tasks.

**Adult-initiated Shared Decision Making**

Adult-initiated, shared decision-making. Projects or programs are initiated by adults but the decision-making is shared with youth. Attempts are made to use youth-friendly procedures and language.

**Informed Dialogue**

Youth give ongoing advice on projects or programs designed and run by adults. Youth are informed as to how their input will be used and the outcomes of the decisions made by adults. Youth are involved in the evaluation of programming.

**Assigned and Informed**

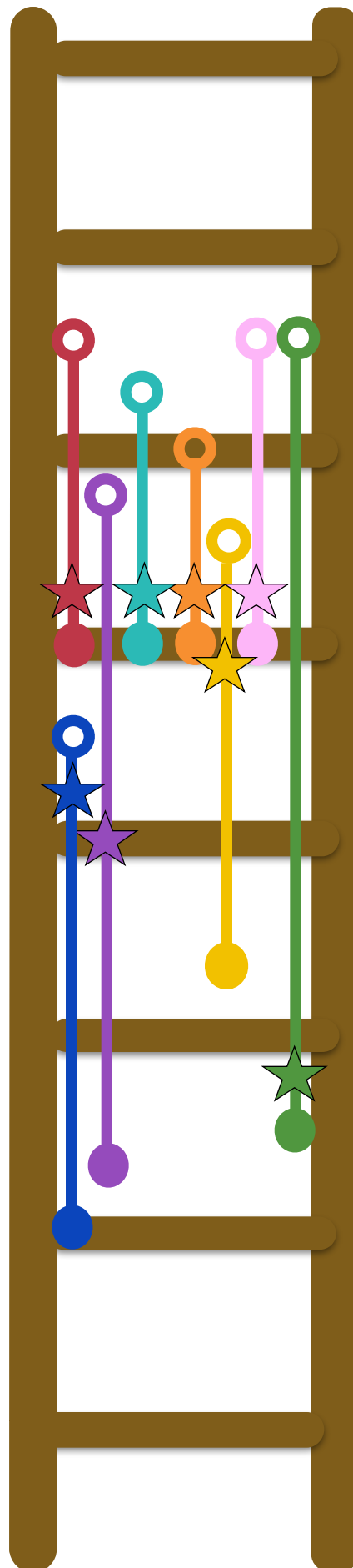
Youth are assigned a specific role and informed as to how and why they are being involved. This includes inconsistent youth involvement or temporary consultations such as a focus group or survey.

**Tokenism**

Young people appear to be given a voice, but in fact they have little or no choice about what they do or how they participate.

**Decoration**

Young people are used to bolster a cause in a relatively indirect way, although adults do not pretend that the cause is inspired by youth.



○ Goal Rating After One Year of Implementation

★ Middle of Planning Phase Rating

● Beginning of Planning Phase Rating



## **Houston Transition Age Youth and Families (TAYF) Initiative**

### **Evaluation Brief**

#### **Findings from Initial Interviews**

Joyce Humble, LMSW

Program Evaluation Specialist, Texas Network of Youth Services

Cynthia Osborne, Ph. D.

Program Evaluation Consultant, LBJ School of Public Affairs, The University of Texas

March 7, 2014

The TAYF Initiative and the evaluation are funded by the Hogg Foundation for Mental Health

## ***Introduction***

The Houston Transition Age Youth and Families (TAYF) Initiative seeks to improve service delivery for transition-age youth, ages 16-24, with mental health conditions in the greater Houston Area. The initiative is funded by the Hogg Foundation for Mental Health and includes eight service providers: Communities in Schools of Greater Houston, Family Services of Greater Houston, Star of Hope Mission, Easter Seals of Greater Houston, Baylor College of Medicine, Disability Rights Texas, City of Houston Health and Human Services, and Harris County Child Protective Services. The Texas Network of Youth Services (TNOYS) is also a grantee and has a coordination role, which includes facilitating meetings and trainings and providing technical assistance. TNOYS is also coordinating the evaluation with guidance from Cynthia Osborne, Ph. D., of the LBJ School of Public Affairs at The University of Texas.

The structure of the initiative is unique in that it provides for a six-month planning phase, during which participating agencies have the opportunity to collaborate and plan coordinated service delivery. A key requirement of the initiative is engagement of youth and family members in the planning, design, and implementation of programs.

As part of the evaluation of the planning phase of the initiative, TNOYS conducted initial interviews with representatives from the eight participating agencies. The interviews were conducted during the week of Dec. 9, 2013 via telephone using an interview guide (Appendix A). The purpose of the interviews was to establish a baseline of engagement. Final interviews will take place in April 2014, and a final evaluation report of the planning phase will be available in May 2014. Findings from these interviews will allow TNOYS to address the evaluation research questions for the planning phase:

- Was there a change in the perception of the importance of engaging youth and family members in program planning?
- Was there a change in the extent of engagement of youth and family members in program planning?
- Was there a change in the level of coordination and collaboration among planning grantees, youth and family members, and community stakeholders?

This Evaluation Brief begins with a description of the responses to the initial interview questions. Based on a review of these responses, a number of themes emerged. These themes follow in the Review of Findings section.



## ***Interview Findings***

### **1. How do you currently engage TAYF in program planning?**

The most common responses had to do with discussing programming options, allowing youth to decide whether to participate in activities, and through feedback or satisfaction surveys. Some grantees indicated little or no current engagement while others indicated that engagement about program planning takes place through informal conversation and not through an advisory council or other formal structure. Others noted that they engage former clients—one through a social alumni group and others through employment. Responses included the following:

- Feedback surveys regarding specific aspects of a program that are still in development
- Satisfaction surveys for youth and families
- Youth determine individual program activities and participation; however, youth are not engaged in any systematic way to determine programs, partnerships, services
- Through an alumni group (a social group)
- Engagement takes place through conversation but is not formalized
- Former clients work for the organization
- Mental health advisory board that provides a venue for engagement but has not been successful
- Needs assessment focus groups
- High school program with older students who act as mentors to younger students and who direct training in the program
- Young professionals program participants make decisions about program content and activities
- No youth engagement
- Youth participatory research project in two high schools where young people are designing systems to increase access to services
- Youth trained to survey peers and analyze data
- Serve on advisory council
- Hire youth during the summer to plan and to test the programs they helped design
- Youth overall have had little participation in planning process
- Youth choose program activities they participate in; they are offered options and choices

2. What are the barriers, challenges, and successes you have encountered in previous efforts to engage TAYF in program planning?

The most frequently cited barriers to engagement were lack of transportation and competing priorities (other activities in which the youth is already involved or has an interest). Other barriers included the following:

- Culture
- Lack of support from family/caregivers
- Lack of life resources [that might otherwise be provided by parents and family]
- A youth's current place on the continuum of recovery, particularly if the youth is in crisis
- Concerns about ethical dilemmas related to dual relationships, confidentiality, and use of technology
- How to make meetings/activities fun and interesting; how to build camaraderie; how to ensure that youth feel that they have a voice and are listened to; how to ensure that the people who show up are people youth want to be with
- Staff work schedules
- Behavior that is challenging among youth with Autism and/or a mental health condition
- Differing levels of maturity

Three grantees gave examples of successful engagement. Two mentioned ways in which programming changed in response to input from youth; the third named development of tools that help adults to "have a better ear" and to become more effective in engaging youth as a success.

3. Do you think TAYF engagement in the planning process is important? Why?

Seven of the eight grantees agreed that engaging TAYF in the planning process is important, with one grantee describing him/herself as "skeptically curious" but "open minded." In response to being asked why engagement is important, the most common responses were that youth offer a unique and important perspective and that engagement in planning improves engagement in services, and therefore, it improves outcomes. Other responses included the following:

- It adds credibility
- "They will have ideas that we've never thought of"
- "We've seen that it works to improve programs"

- “It’s the right thing to do”
- “Once you do it, you wonder why you ever did it any other way”

One grantee expressed concern about the quality of input based on past experiences with consumers providing input through focus groups: “I’m concerned that we’ll have the same thing with youth. They really don’t have a lot of ideas; they have fantasies. Will they really have concrete suggestions about what kind of program might be appealing or helpful?”

#### 4. What do you consider to be the ideal level of TAYF engagement in the planning process?

These interviews took place after the second TAYF planning council meeting, during which TNOYS facilitators presented a research-based ladder of youth engagement. Planning grantees were asked to indicate where their agency currently stands in terms of youth engagement and where they would like to be after one year of the initiative’s implementation. These documents are included in Appendix B. Comments made regarding the ideal level of engagement in planning include the following:

- “Come from a place of collaboration”
- “Come to them with barriers and problems and get feedback”
- Informed but not taking a leadership role because the planning process is too short
- Bring them together to help design the implementation of the program moving forward
- “I would like for them all to feel as if their voices were heard”
- “I would want the youth to all leave saying that someone finally heard me; they helped me articulate my thoughts; my needs are being heard and we’re working towards meeting them in a realistic way”
- “We want them to see the final proposal and know that because of their input during the planning process, they are going to be making a difference in the lives of other youth”
- Youth participating on a planning council/committee, which may become an advisory group for the program
- “Help us understand what success looks like”
- Youth input will be most useful during implementation; providing input so that the program meets their needs; having a youth council of participants; having youth employed through the program

- Equal peers with adults. “In some cases of delivering services, adults can be in a supportive role but since we’re designing the program, we need adult expertise. The program has to be informed by limitations of laws, has to be sustainable, etc.”
- “It depends on the group. If we’re talking about 16-18 year olds, shared decision making with adults because they are still under control of parents. For the older group 18-24, move towards more youth-initiated partnerships”

5. How do you plan to engage TAYF in the planning process?

All grantees indicated they were conducting focus groups of youth and/or family members during the planning phase as part of their needs assessment. Comments about engaging TAYF in planning included the following:

- “We are forming a committee to focus on identifying needs and finding ways to meet the needs”
- “We’re going to have a planning team that includes youth to help develop the proposal for implementation and to review work under service implementation”
- Working with community partner organizations to hold focus groups at their facilities
- Meeting with a group of parents of youth with autism who also have a co-occurring mental health disorder
- Conducting individual interviews
- “I’m using focus group opportunities to recruit youth and parents to be part of advisory panel”
- Recruit youth from partner organizations to participate in advisory group
- First step is to identify ways to engage youth
- Participate in the core planning group
- “It’s important that you bring them to the table but also provide them with support so they can participate. Training and coaching are very important; [you] have to empower them. We want to help them present their experiences in a way so that it is received; they’re the subject-matter experts but if there is no training in how to communicate, their voices get lost”
- Analyze data from focus groups and make recommendations; based on that, bring youth back to the table and determine how the program needs to look

## ***Review of Findings***

A review of the responses in the initial interviews revealed several themes that are critically important as the TAYF Initiative moves forward into the implementation phase. Overall, the representatives of the eight agencies are optimistic and enthusiastic about the benefits of engaging youth and families in program planning. Their responses to the question regarding the importance of engagement demonstrate an understanding of the importance of input and feedback from program participants and a desire to move in the direction of greater engagement. The individuals who were interviewed have demonstrated—through their many years of serving persons in need of assistance in Houston—a commitment to the most basic goal of the TAYF Initiative, which is to improve service delivery for a high-need population.

Grantees expressed optimism and support of the mandate from the Hogg Foundation to create and offer opportunities for meaningful engagement of youth and families. However, there may be a disconnect between this expression of support and the reality of where they are today regarding engagement and what it will take to create high-level engagement of youth and families in their processes going forward. For example, when asked in these interviews how they are currently engaging youth and families in planning, five grantees reported little to no engagement (as expected at the start of the initiative). Three reported higher levels of engagement: two reported significant engagement that includes having infrastructure in place to enable engagement; one reported informal engagement that in the past has resulted in programming changes.

While a low level of engagement was expected at the start of the initiative, when asked to indicate their current position on a ladder of engagement, no participant placed themselves below the level entitled “Assigned but informed,” which translates to “Youth are assigned a specific role and informed as to how and why they are being involved. This includes inconsistent youth involvement or temporary consultations such as focus group or survey.” Five placed themselves between “Adult-initiated, shared decision making” and “Youth-initiated partnerships.” These levels are two-thirds of the way to the top of the ladder of engagement.

The grantee who reported the highest level of formal engagement was the only agency representative who stated that a barrier to engagement is the need for adults/staff members to receive training regarding ways to facilitate engagement of youth and families. The grantees who are currently

minimally engaging youth and families did not name their own lack of training or organizational capacity as barriers to engagement.

Culture was reported as a barrier to engagement by one grantee who stated that the cultural preferences of a specific ethnic group in Houston made engagement in services challenging. However, observations of the race and ethnicity of the youth and families, as well as staff members of agencies, attending the monthly TAYF planning council meetings indicate a lack of involvement of the Latino and Asian communities in Houston. It may be that youth and family members of these ethnicities are participating in focus groups or internal planning councils, which TNOYS has not observed.

Ethical considerations such as the need to receive informed consent from participants, confidentiality, and concern about dual relationships were named by one grantee as barriers to engagement. This grantee also expressed concern about ethical issues related to use of email, cell phones, and social media to keep in touch with youth and family members who are participating.

In response to the question about how participating agencies planned to engage youth and family members in the planning process, all grantees indicated that they would make use of focus groups as part of their needs assessment. One also planned to conduct individual interviews. Five indicated that they would form an internal planning committee/advisory group of youth and/or family members to review focus group findings and assist in developing implementation plans.

### ***Limitations***

There were a number of limitations that impacted the validity of the baseline established by these interviews. The interviews took place after the first two meetings of the planning grantees had taken place so the grantees were already engaged in the work of the planning phase. Also, at the second planning council meeting when grantees were asked to indicate their agency's position on a ladder of engagement, it was not made clear that the question had to do with engagement in planning rather than engagement in program activities or treatment, which may have impacted the responses. The agency representatives who were interviewed may not reflect the work of the agency because they were selected to participate in the project or they may have self-selected because of a belief in the importance of engaging youth and families in program planning and implementation. Interviewees were also not prompted with follow-up questions regarding their thoughts about, for example, specific

barriers such as culture or ethical concerns. Finally, the organic and fast-paced nature of the planning phase may have impacted the validity of the baseline established by these interviews.

## ***Conclusion***

A review of the initial interviews indicates enthusiasm and sincere desire to work towards meaningful engagement of youth and families in the program planning process, which will continue into the implementation phase. However, there may be a disconnect between this expression of support and the reality of where they are today regarding engagement and what it will take to create high-level engagement of youth and families in their processes going forward. The needs of transition-age youth with mental health conditions are complex so it is challenging to create meaningful engagement, even for agencies with infrastructure in place to facilitate engagement. As the initiative moves forward, it may be necessary to address and overcome the basic challenges of engagement, such as providing transportation, stipends, childcare, etc., and move beyond them to greater challenges such as building the capacity within agencies—and within the TAYF leaders themselves—that will enable meaningful engagement.

## Appendix A: Interview Guide

### Transition Age Youth and Families (TAYF) Initiative Initial Interview Questionnaire

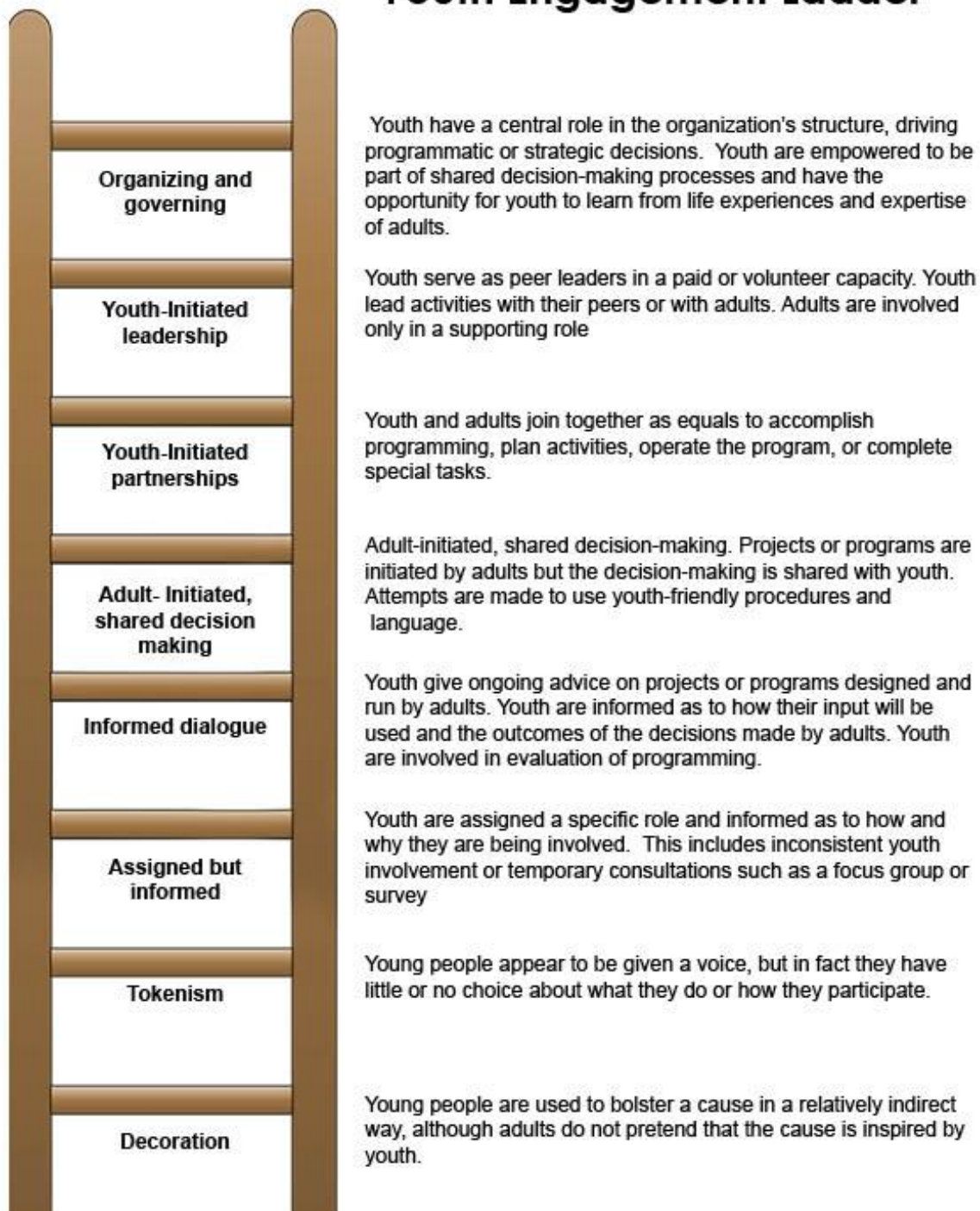
**Introduction:** *I'm an evaluation specialist at the Texas Network of Youth Services. One of our roles in the TAYF project is to coordinate the evaluation of the planning phase of the project. I'm conducting one-on-one phone interviews with a representative from each of the eight agencies involved in providing services to TAYF. The information you provide in this interview will be used to establish a baseline regarding your organization's level of engagement with TAYF in program planning at the beginning of the planning phase of the project. The information provided in this interview is confidential in the sense that your name will not be attached to your statements. Do you have any questions before I proceed?*

- Tell me about your agency.
  - How many clients do you serve each month?
  - How do you currently engage TAYF in program planning?
- What are the barriers, challenges, and successes you have encountered in previous efforts to engage TAYF in program planning?
- Do you think TAYF engagement in the planning process is important?
  - Why?
- What do you consider to be the ideal level of TAYF engagement in the planning process?
- How do you plan to engage TAYF in the planning process?



## Appendix B: Youth Engagement Ladder and Agency Placement on Ladder of Engagement

### Youth Engagement Ladder



Adapted from works by J. Nowicki and R. Hart

### Agency Placement on Ladder of Engagement

At the second planning meeting, representatives from the eight agencies were asked where they are today on a continuum of youth engagement and where they would like to be after the first year of implementation.

Agency	Planning Phase	After Year 1 Implementation
Baylor College of Medicine	Assigned but informed	Youth-initiated partnerships
Communities in Schools	Between Adult-initiated, shared decision making and Youth-initiated partnerships	Youth-initiated leadership
Disability Rights Texas	Between Adult-initiated, shared decision making and Youth-initiated partnerships	Youth-initiated leadership
Easter Seals	Between Adult-initiated, shared decision making and Youth-initiated partnerships	Youth-initiated partnerships
Family Services	Assigned but informed	Youth-initiated leadership
HAY Center (CPS)	Between Adult-initiated, shared decision making and Youth-initiated partnerships	Youth-initiated leadership
City of Houston HHS	Between Adult-initiated, shared decision making and Youth-initiated partnerships	Between Youth-initiated partnerships and Youth-initiated leadership
Star of Hope	Assigned but informed	Youth-initiated partnerships

## Harris County Transition-Age Youth and Family (TAYF) Initiative

Organization	Services	Description	Target Population	Number to Serve	Partner Orgs	Youth & Caregiver Engagement
<b>Baylor College of Medicine</b>	TIP Informed Direct Mental Health Service	Individual, family, group therapy	Youth ages 16-24 with eating disorders, depression, and/or anxiety	70 annually at 3 locations	Covenant House, Center for Children and Women, Texas Children's Hospital	Youth involvement in participatory evaluation
	Transition-focused Intervention Curriculum and Service	Develop and employ TIP-informed curriculum to assist youth with transition	Youth beginning at ages 15-16 and family members	25 annually	Covenant House, Center for Children and Women, Texas Children's Hospital	Youth involved in providing feedback on satisfaction with services
	Motivational Interviewing Training	Provide training to other grantees & peer mentor cohorts from Houston Health & Human Services	Youth ages 15-24 and adult staff of grantees	Year 1: 30	City of Houston Health and Human Services, Disability Rights, Star of Hope, Texas Children's Hospital, Covenant House, Center for Children and Women, CIS, Family Services	
	Transition Training Curriculum	Develop and employ curriculum for training pediatric & adult mental health providers on unique needs of transition-age youth	Staff of mental health providers	50		Youth participating in curriculum development, evaluation, and possible co-presenting
	Mental Health Collaborative Conference	One-day conference to build collaboration & between mental health service providers and transition-age youth & caregivers	Youth ages 16-24, family members, and mental health providers	Year 1: 50 youth/ caregivers Years 2-4: 100		Youth and family members may attend conference, participate on planning committee

### Harris County Transition-Age Youth and Family (TAYF) Initiative

Organization	Services	Description	Target Population	Number to Serve	Partner Orgs	Youth & Caregiver Engagement
<b>Disability Rights Texas</b>	Self-advocacy Training for youth & caregivers	Develop and employ TIP-informed training curriculum to assist youth and family members with accessing services and supports	Youth ages 14-24 and family members	90 youth 90 family members	Houston Community College, Family to Family Network, Lighthouse Learning and Resources	Employ youth with lived experience as training specialists; ongoing input from community network of youth & caregivers; youth chair of mental health advisory board
	Legal Services	Holistic legal representation to assist with discrimination in education, housing, transportation, employment, etc.	Youth ages 14-24	155 youth and family members		Youth/caregivers on staff providing and consulting on the services
	Advocacy & Legal Rights Training	Train grantees and community partners on legal issues related to service system	Staff of grantees and partners	20 trainings to be provided		

Organization	Services	Description	Target Population	Number to Serve	Partner Orgs	Youth & Caregiver Engagement
<b>HAY Center, Harris County Child Protective Services</b>	Peer Support/Leadership Program	Train youth as Peer Support and Peer Leaders  Peer Support will work with youth & case managers.  Peer Leaders will be program advisors & community experts	Current and former foster youth ages 15.5-25	10 Peer Support 40 Peer Leaders	City of Houston Health and Human services	Youth will be employed as Peer Support and Peer Leaders
	Mental Health Bridge	Assist with transition for youth with mental health diagnoses/risk to adult systems of care	Youth clients with a current diagnosis or mental health risk factors		DFPS, community colleges, residential treatment centers, employers, etc.	
	Housing Options	Provide vouchers for housing assistance		100 over 4 years	Houston Housing Authority	

### Harris County Transition-Age Youth and Family (TAYF) Initiative

Organization	Services	Description	Target Population	Number to Serve	Partner Orgs	Youth & Caregiver Engagement
<b>Easter Seals of Greater Houston</b>	Assessment and Case Management	Connecting clients to partner orgs. and continue to provide support and tracking toward goals	Youth ages 16-27 with Autism Spectrum Disorder and co-occurring mental health disorder	Year 1: 70  Years 2-4: 100 annually  *Youth can access the array of services/programs described below	MHMRA of Harris County	Youth serve on Advisory Council, giving advice and guidance on program planning; youth and families help create/review quarterly satisfaction surveys
	Social Skills Training	Provide services through existing Social Motion program			MHMRA of Harris County (Coffeehouse program)	Youth serve as Peer Supporters and Mentors
	Supported Employment	<ul style="list-style-type: none"> <li>• Skill identification and job search/retention assistance through existing Job Club program</li> <li>• Summer internships</li> <li>• High School/High Tech internships</li> <li>• Academic training</li> <li>• Job training</li> <li>• Other supported employment services include peer support and access to a behavior analyst</li> </ul>			<ul style="list-style-type: none"> <li>• MHMRA of Harris County</li> <li>• Jewish Family Services</li> <li>• Various employers in STEM fields</li> <li>• Houston Community College</li> <li>• CompuCycle</li> </ul>	Youth serve as Peer Supporters and Mentors
	Additional Menu of Services	<ul style="list-style-type: none"> <li>• Financial literacy skills</li> <li>• Housing assistance through existing Home of Your Own program</li> <li>• Driver's education</li> <li>• Supportive technology and apps</li> </ul>			<ul style="list-style-type: none"> <li>• United Way (project THRIVE)</li> <li>• Safe Way Driving School</li> </ul>	

### Harris County Transition-Age Youth and Family (TAYF) Initiative

Organization	Services	Description	Target Population	Number to Serve	Partner Orgs	Youth & Caregiver Engagement
<b>Family Services of Greater Houston</b>	TIP Informed Individual and Family Counseling	Two Transition Facilitators provide counseling, navigation services, and monthly parent therapy groups (English and Spanish)	Youth ages 17-24 and their parents	Year 1: 200 youth	<ul style="list-style-type: none"> <li>Communities in Schools to provide referrals</li> </ul>	Youth and Caregiver Advisory Council
	Youth Peer Group	Support group led by two Youth Mentors	Youth ages 17-24			

Organization	Services	Description	Target Population	Number to Serve	Partner Orgs	Youth & Caregiver Engagement
<b>City of Houston Department of Health and Human Services</b>	Peer Wellness Specialist training	<ul style="list-style-type: none"> <li>Develop skill-building, multi-week training curriculum to train and certify youth to be Peer Wellness Specialists</li> <li>Includes 2 week service learning experience and 40-hour practicum</li> </ul>	Ages 15-24	Year 1: 25 youth to pilot curriculum	<ul style="list-style-type: none"> <li>All Hogg grantees</li> <li>MHMRA of Harris County</li> <li>YWCA</li> <li>UTPRC</li> </ul>	<ul style="list-style-type: none"> <li>Engage youth in developing curriculum</li> <li>Peer Wellness Specialists placed with multiple grantee orgs. assist with improving services</li> </ul>
	Health and Wellness workshops	<ul style="list-style-type: none"> <li>Topic-based training that promotes independence.</li> <li>Examples: Healthy Decision Making, Futures Planning, Youth Advocacy</li> </ul>	Ages 15-24	Year 1: 75	<ul style="list-style-type: none"> <li>Hogg grantees</li> <li>MHMRA of Harris County</li> <li>YWCA</li> <li>UTPRC</li> <li>Other wellness stakeholders</li> </ul>	Engage youth in selecting workshop topics
	Additional support services	<ul style="list-style-type: none"> <li>Provide supervisor training</li> <li>Prepare organization(s) to support Peer Wellness Specialists</li> <li>Provide debriefing and professional mentoring</li> </ul>	Youth serving organizations	Year 1: 30	Youth serving organizations (see list above)	Youth involved in developing evaluation tools and data collection

### Harris County Transition-Age Youth and Family (TAYF) Initiative

Organization	Services	Description	Target Population	Number to Serve	Partner Orgs	Youth & Caregiver Engagement
<b>Star of Hope</b>	New Journey	<ul style="list-style-type: none"> <li>• Umbrella program over existing services</li> <li>• Peer Navigators to be a guide through social service, educational, employment, legal, medical systems</li> <li>• Outreach Specialist to follow up with youth after exit from residential services</li> <li>• Services include: housing; educational &amp; employment support; parenting; substance abuse; legal; CPS/probation &amp; benefits navigation; mental health</li> </ul>	Homeless youth ages 14-24 who are current or former residents of Star of Hope's shelters and transitional and supportive living programs	350	Donald Driver Foundation, Hope for Youth, WorkFaith Connections, Career and Beyond, New Hope Housing, Inc., HISD, Baylor, Disability Rights, City of Houston	<ul style="list-style-type: none"> <li>• Employ youth/former youth as Peer Navigators</li> <li>• Youth Council</li> <li>• Recruit youth/former youth to serve as volunteer mentors and "buddies" from local churches</li> </ul>
	Night and Weekend Seminars	Life skills and Career Development seminars	Youth ages of 14-24 who are connected to any of the grantees for this initiative	150	All 8 Hogg grantees for this initiative and their partner orgs.	<ul style="list-style-type: none"> <li>• Youth input on seminar topics</li> <li>• Peer Navigators to assist with seminars</li> <li>• Former youth to co-facilitate seminars</li> </ul>

### Harris County Transition-Age Youth and Family (TAYF) Initiative

Organization	Services	Description	Target Population	Number to Serve	Partner Orgs	Youth & Caregiver Engagement
<b>Communities in Schools</b>	Mental Health Case Management	<ul style="list-style-type: none"> <li>Services on high school and community college campuses</li> <li>Connect students and families with community resources</li> </ul>	High school and community college youth ages 16 and older with mental health diagnosis or symptoms	<ul style="list-style-type: none"> <li>135 case managed students annually</li> <li>Up to 1,000 youth receiving one or more services over 4 years</li> </ul>	Council on Alcohol/Drugs; DePelchin Children's Center; Depression & Bipolar Support Alliance; Dibble Institute; Family Services; Houston Galveston Institute; Mental Health America; Montrose Center; NAMI; Planned Parenthood; Project GRAD and 200+CIS community partners.	Youth clients and mental health professionals collaborate on a tailored service plan
	Peer Navigator services	<ul style="list-style-type: none"> <li>Hire and train 3 Peer Navigators with lived experience to support services on high school and community college campuses</li> <li>Work youth to develop/implement individual action plan that supports wellness</li> </ul>	<ul style="list-style-type: none"> <li>Young adults ages 18 to early 20s struggling with school, employment, and housing</li> <li>Young adults, ages mid- to late-20s who experienced a mental health crisis</li> </ul>	45 youth annually	NAMI, Mental Health America, Montrose Center, Dibble Institute, Planned Parenthood.	Peer Navigators will be a full part of the CIS team and included in campus team meetings and CIS collaborative meetings
	Parent Navigator services	Link family members and caregivers to medical, legal, financial, social service providers	Families and caregivers facing challenges advocating for their children's needs	25 families annually (case management) 50 additional families annually (certain services)	NAMI Houston, Houston Galveston Institute, Mental Health America, Planned Parenthood	Families and caregivers be a full part of CIS collaborative meetings and provide guidance on program implementation
	Transitioning Youth Leadership Council	Provide ongoing feedback to CIS to on peer navigation services and mental health case management	Youth clients who volunteer for Leadership Council	20 to 40 youth annually on high school and community college sites	Mental Health America, NAMI, Project GRAD	Youth oversee program, provide guidance, & seek other youth input on program progress