

Assessing Comprehensive Community Support for Youth and Young Adults with Serious Mental Health Conditions:

Results of the *Community Supports for Transition Inventory* for Oklahoma Healthy Transitions Initiative in Norman (OHTI)

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Highlights of Findings

In the winter of 2011, the Oklahoma Healthy Transitions Initiative elected to use the **Community Supports for Transition Inventory (CSTI)** to assess the extent to which agencies and organizations in the local service system had developed the capacity to collaborate in providing comprehensive care for youth and young adults with serious mental health conditions. Community- and state-level stakeholders responded to the CSTI assessment from February through April, 2011. This report includes data from the community-level survey only: Findings from the state survey are reported separately.

This report provides background information on the CSTI and findings from the Oklahoma Healthy Transitions Initiative.

Highlights from the findings include the following:

- 25 community stakeholders and 15 young people, allies, and providers were nominated as potential respondents for the CSTI in Norman. The response rate among community stakeholders was 80% (n=20), while the response rate for youth/young adults/allies and service providers was 33% (n=5). Findings from the Youth/Young Adult/Ally/Provider Module should be interpreted in the light of this relatively low response rate.
- On the Community Stakeholder Module, the OHTI had an overall grand mean (or average) item score of 2.81. On the scale of the CSTI, respondents rate each item from 0 (least developed) to 4 (fully developed). Thus a grand mean score of 2.81 corresponds to an overall level of development above “midway.”
- For the Community Stakeholder Module, theme 3, *practice quality and support* was seen as the general area of greatest development, while theme 2, *collaborative action* and theme 5, *fiscal policies and sustainability* were seen as the areas of greatest challenge. However, all theme means were close to each other and well above the midpoint.

- The grand mean score for the Youth/Young Adult/Ally/Provider Module was 3.77, or very close to “fully developed” on the scale of the CSTI. The individual theme means were all quite similar and close to the grand mean. The small sample of respondents (n=5) makes it very difficult to generalize from these findings.

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Background on the CSTI

Why is it important to measure how well agencies and organizations are collaborating to provide care for youth and young adults in the “transition” years? The *Community Supports for Transition Inventory* (CSTI) is a survey tool that assesses the level of development of a particular community’s ability to provide comprehensive, individualized, community-based care for young people with serious mental health conditions of “transition” age (typically 16-24).

These young people typically have complex needs that cannot be met within a single agency or organization. Instead, a comprehensive approach usually includes services and supports from a variety of sources, including agencies or organizations focused on mental health, education/vocation, housing, justice/corrections, developmental disabilities, and others. Other organizations and agencies—including provider agencies and community organizations—may also be involved. Furthermore, depending on the young person’s age, the services and supports received may be provided through child systems or adult systems.

In order to provide a coherent service/support package, the work of these various agencies and organizations needs to be coordinated, and this in turn requires the agencies and organizations to collaborate. Building the necessary level of inter-organizational collaboration can be a difficult and confusing process, and the CSTI was designed to serve as a kind of map or guide. The CSTI helps communities understand what they are aiming for: sustainable capacity to provide effective, comprehensive support for young people with serious mental health conditions. The CSTI also provides communities with data that tells them how far they are along the path to that destination. Communities can use this information as an input for strategic planning. Repeated use of the CSTI—at intervals of two years or so—allows communities to objectively assess what they have accomplished, and what yet needs to be done.

What is the format for the CSTI? The CSTI includes three separate survey modules.

1. **Community Stakeholder Module.** Community stakeholders with high levels of knowledge about the transition project and its implementation respond to the items on this module, which includes 45 items grouped into eight themes:

Theme 1: Community Partnership. *Collective community ownership of and responsibility for the transition project is built through collaboration among key stakeholder groups.*

Theme 2: Collaborative Action. *Stakeholders involved in the wraparound effort take concrete steps to translate the wraparound philosophy into concrete policies, practices and achievements.*

Theme 3: Practice Quality and Support. *The community has developed sustainable capacity to provide individualized transition planning in a manner that is consistent with transition values and principles.*

Theme 4: Workforce. *The community supports the transition program and partner agency staff to work in a manner that reflects transition values and principles.*

Theme 5: Fiscal Policies and Sustainability. *The community has developed fiscal strategies to support and sustain the transition project, and methods to collect and use data on expenditures for project-eligible young people.*

Theme 6: Access to Needed Supports & Services. *The community has developed mechanisms for ensuring access to the transition project and the services and supports that young people need for their individualized transition plans.*

Theme 7: Accountability. *The community has implemented mechanisms to monitor service quality and outcomes, and to assess the quality and development of the transition program.*

Theme 8: State Support. *State agencies and their leaders understand and actively support the philosophy and goals of the transition program and take concrete steps to support it.*

2. **Youth/Young Adult/Ally/Provider Module.** This module requests feedback from people who have personal knowledge about the services and supports that are actually received by young people participating in the transition program. (Service providers with knowledge about the project’s governance and implementation are asked to respond to the longer Community Stakeholder Module.) In some ways, this module serves as a basic fidelity check to see if the services and supports experienced by young people are indeed comprehensive and coordinated, and whether they are accessible, attractive, individualized and strengths based. This module includes 19 items that reflect five of the eight themes on the Community Stakeholder Module. The youth/young adults, allies and providers are not asked to respond to items related to *collaborative action, fiscal policies and sustainability, or state support*. Furthermore, this module contains different items from the Community Stakeholder Module. Thus, while the themes are roughly comparable across modules, they do not cover exactly the same ground.
3. **State Module.** This module assesses the extent to which the state provides active support for community efforts to serve youth and young adults of transition age. Findings from the state module are included in a separate report.

What information does the CSTI provide? The CSTI provides an overall score—for all themes combined—as well as a score for each theme and each item. Scores are computed by averaging respondents’ ratings for the appropriate item(s) on the CSTI. Respondents are asked to provide ratings for each item on the assessment; however, if they do not have information to rate a particular item, they are encouraged to provide a “don’t know” response.

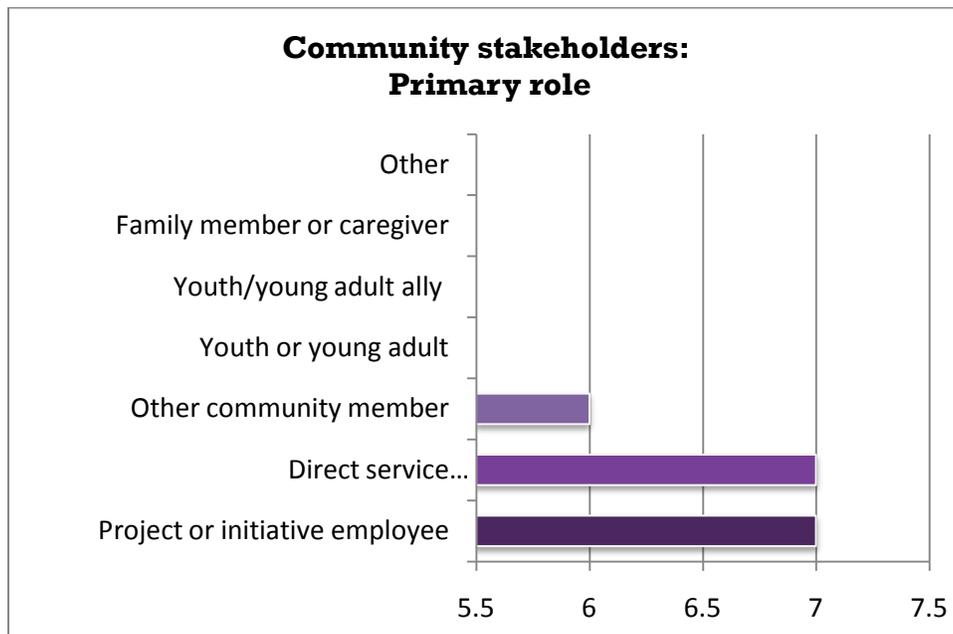
What else should I know about the CSTI? Further detail on how data for the CSTI is gathered and how the CSTI was developed is included in Appendix A of this report.

Oklahoma Healthy Transition Initiative (OHTI) Response Rate and Respondent Characteristics

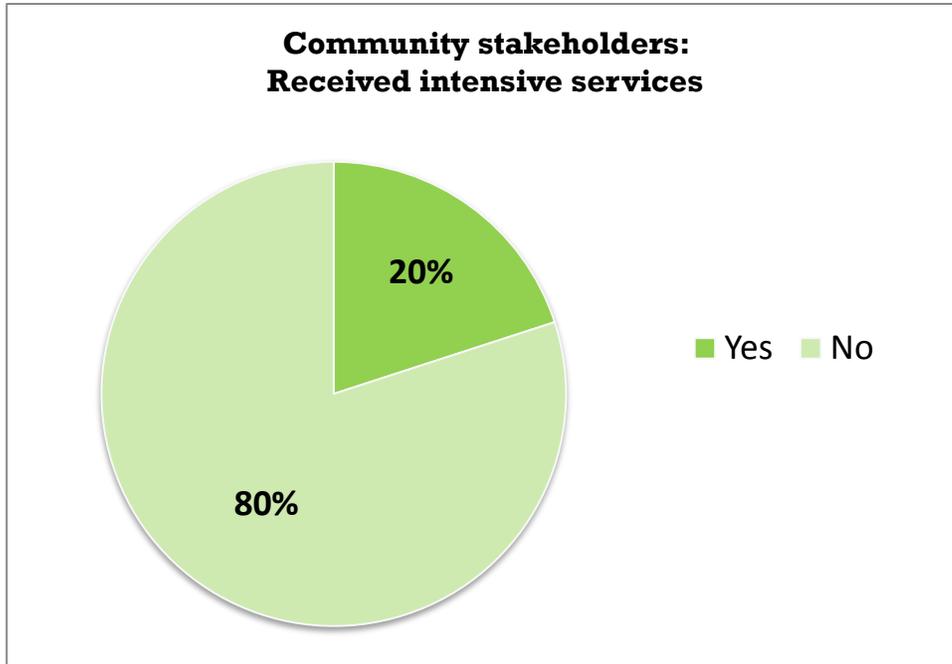
Response rate. The final lists of potential respondents from the OHTI included 25 people for the Community Stakeholder Module and 15 people for the Youth/Young Adult/Ally/Provider Module. For the Community Stakeholder Module, 20 responded, and 5 either declined or did not respond. This represents an overall response rate of 80%. For the Youth/Young Adult/Ally/Provider Module, 5 responded, and 10 either declined or did not respond. This represents an overall response rate of 33%. Only youth were nominated for the Youth/Young Adult/Ally/Provider Module. Findings from this module should be interpreted in the light of this relatively low response rate.

Respondent characteristics. Response rates are calculated from information provided by the local coordinator. Further information about the respondents is gathered during the survey.

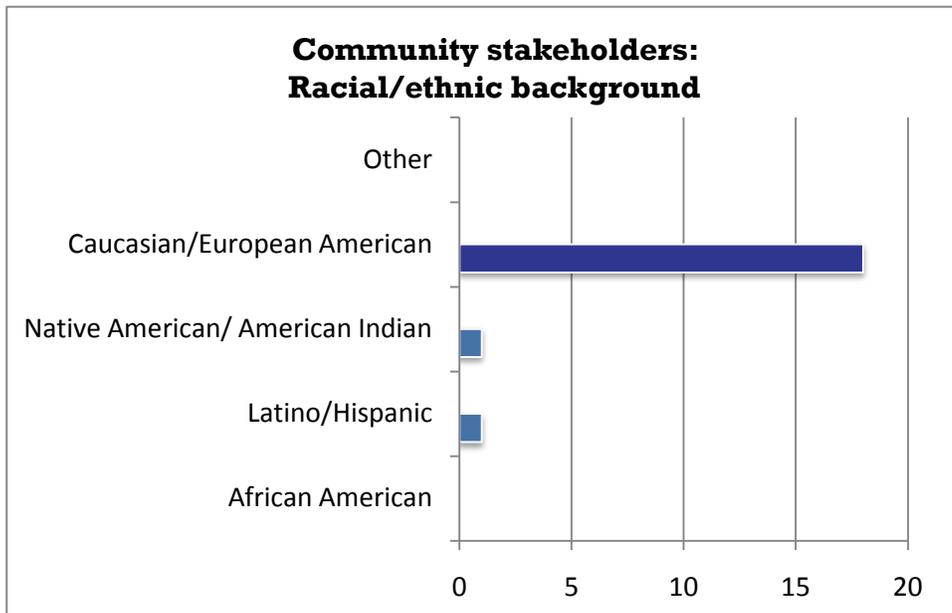
Community Stakeholder. Community stakeholders were asked to describe their primary role in the OHTI's transition project. Seven participants (35%) identified themselves as employees of the project or initiative and 7 identified themselves as direct service providers or administrators. The graph below provides more details on respondents' roles.



In response to the question “Have you or an immediate member of your family received intensive mental health and related services? (Includes agencies in child and adult mental services.)” 20% (n=4) indicated that they had.



When asked about their racial or ethnic background, 90% (n=18) of respondents identified themselves as Caucasian.

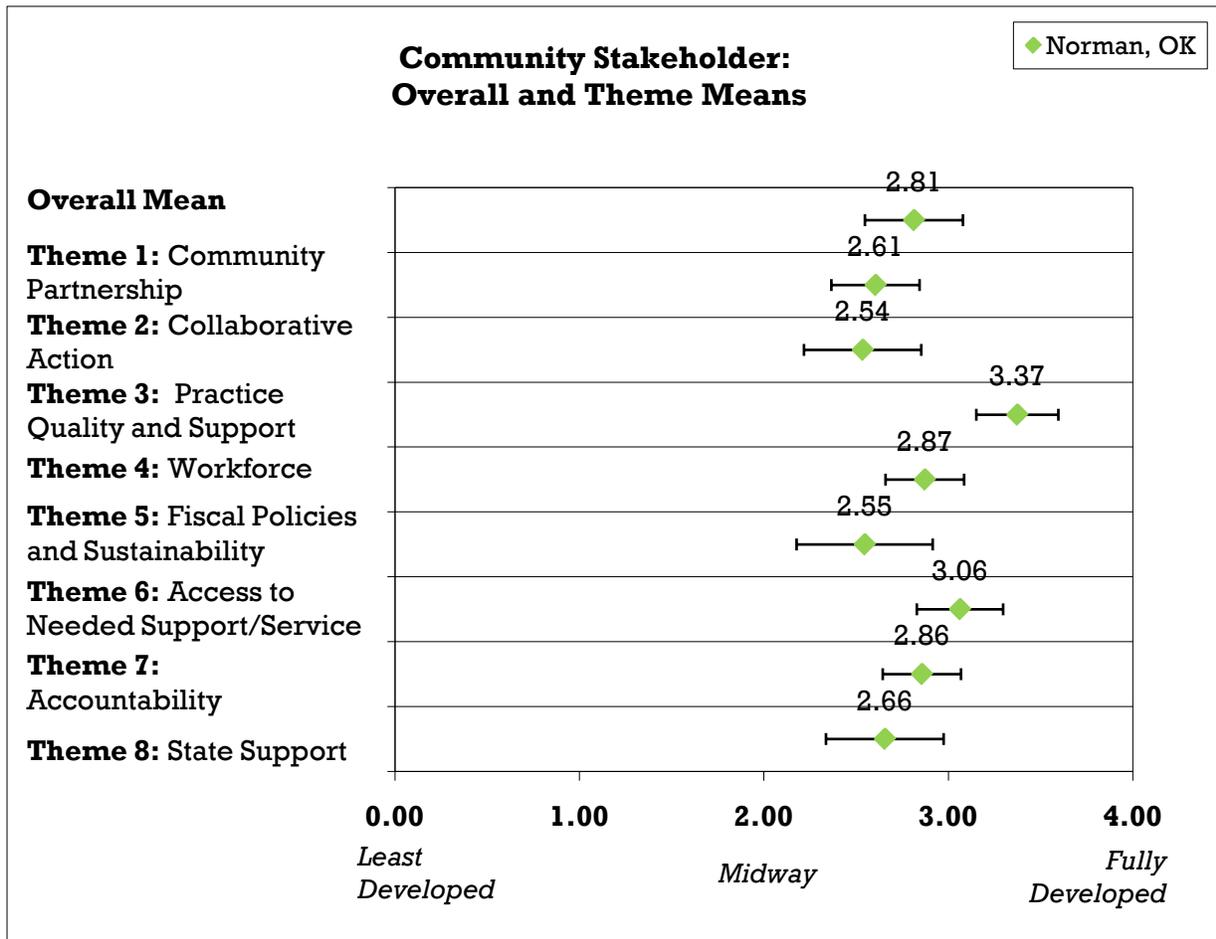


Youth/Young Adult/Ally/Provider. Respondents to this module were also asked to describe their primary role in the OHTI's transition project. Only young adults in transition were nominated to complete the survey.

When asked about their racial or ethnic background, all respondents (n=5) identified themselves as Caucasian.

Overall Score and Theme Scores

Community Stakeholder Module. It is easiest to interpret CSTI scores when thought of as mean scores on items or groups of items. On the Community Stakeholder Module, the OHTI had an overall grand mean (or average) item score of 2.81. On the scale of the CSTI, respondents rate each item from 0 (least developed) to 4 (fully developed). Thus a grand mean score of 2.81 corresponds to an overall level of development closest to 3.0 or “almost there.” (In the figures in this report, the bars to the left and right of the mean represent a statistical confidence interval for the score.)



As a rough comparison, on the Community Support for Wraparound Inventory (CSWI, the wraparound assessment from which the CSTI was adapted; see Appendix A), the national average for the grand mean is just about the “midway” point (1.98), and ranges between 1.04 and 2.77, with more communities scoring near the average and fewer toward the upper and lower ends of the scale.

Findings from the wraparound assessment (CSWI) also showed that communities consistently scored lower or higher in certain areas. For example, mean theme scores for the *fiscal policies and sustainability* theme on the CSWI tended to be the lowest, by quite a large margin, while scores on the equivalent of the *practice quality and support* theme tended to be the highest. Both of these tendencies were apparent in the data from the OHTI, with the lowest score on theme 5 and the highest on theme 3, and other theme scores falling in between.

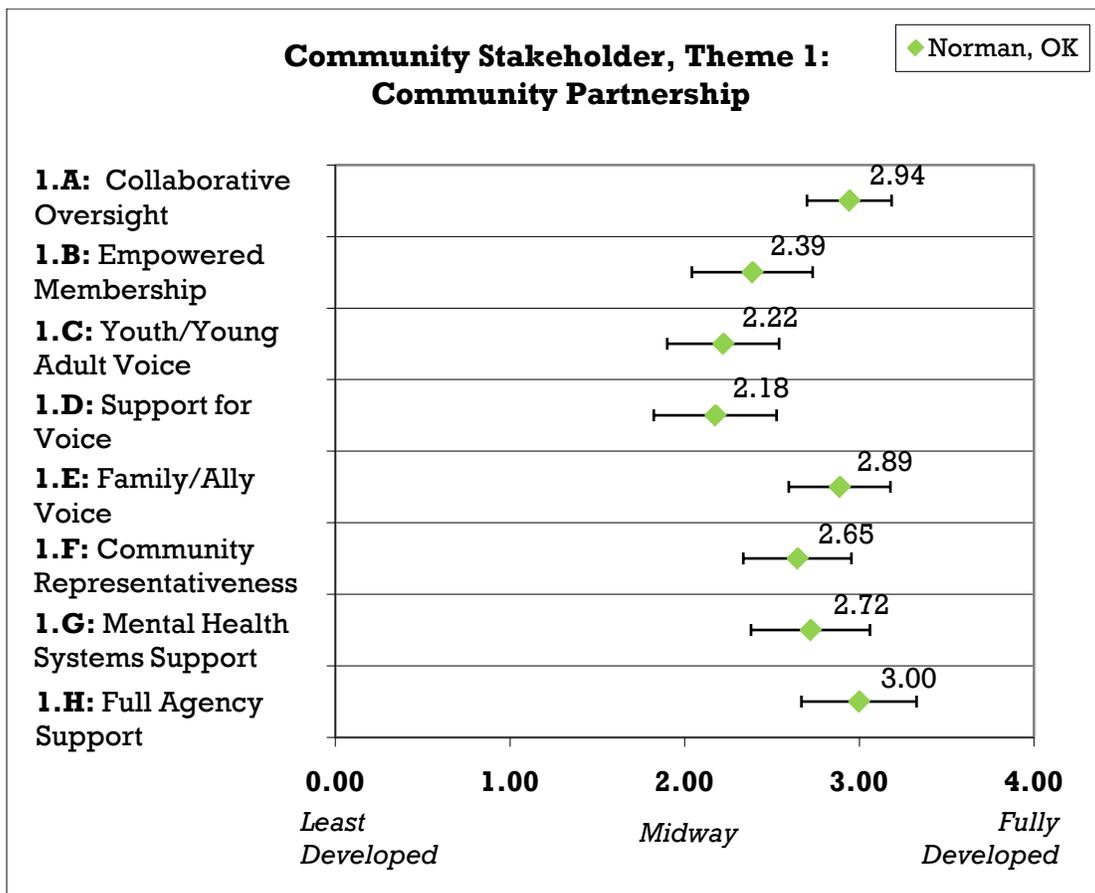
Youth/Young Adult/Ally/Provider Module. The items in this module cover five of the same general areas found on the Community Stakeholder Module. However, it is important to remember that the scope of the items within each theme of this module is more limited than the scope in the Community Stakeholder Module, so the theme scores are not directly comparable across the two modules.

The grand mean score for the Youth/Young Adult/Ally/Provider Module was 3.77, or “fully developed” on the scale of the CSTI. The individual theme means were all quite similar and close to the grand mean. In some cases, all five respondents gave close to the same score, resulting in small or nonexistent confidence intervals. The graph on the next page provides more details.

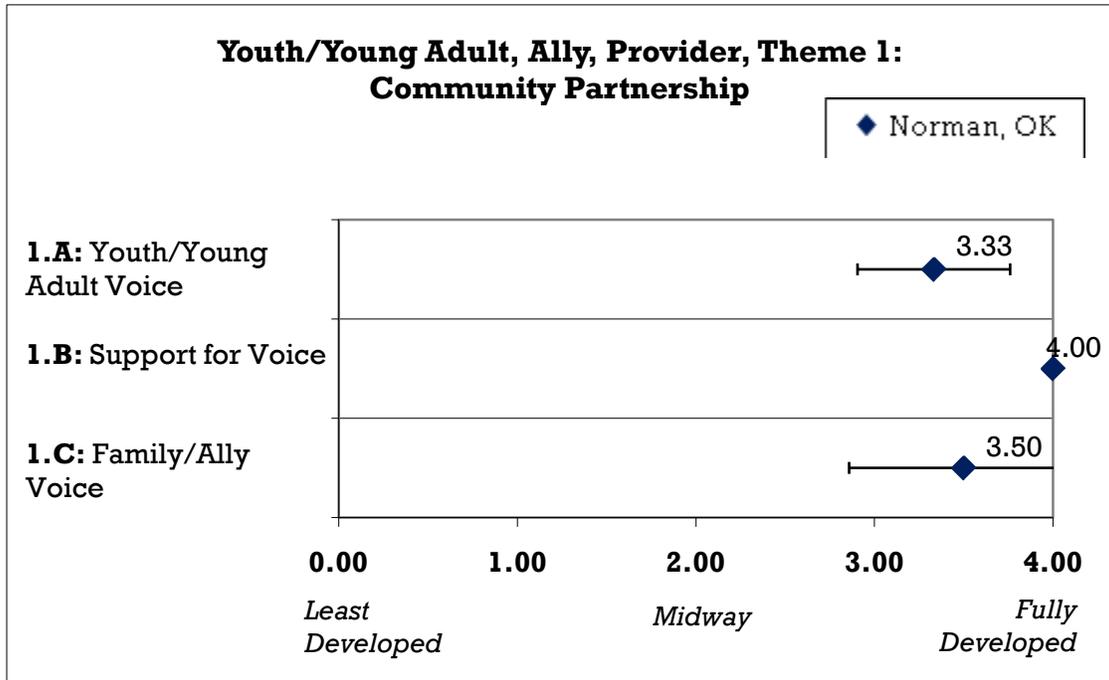
Theme 1: Community Partnership

Collective community ownership of and responsibility for the transition project is built through collaboration among key stakeholder groups.

The mean theme score for *community partnership* (2.61) was somewhat below, but not significantly different from, the overall mean (2.81) for the entire CSTI. The figure below shows item means for theme 1 of the Community Stakeholder Module. The complete text of each item can be found in Appendix B. Within this theme, the OHTI appears to have made the most progress in *full agency support* (item 1.H), *collaborative oversight* (item 1.A) and *family/ally voice* (item 1.E). All individual item means were above 2.0 with no item suggesting an area of great challenge. Lowest item means were seen for items 1.C and 1.D, both related to *youth/young adult voice*.



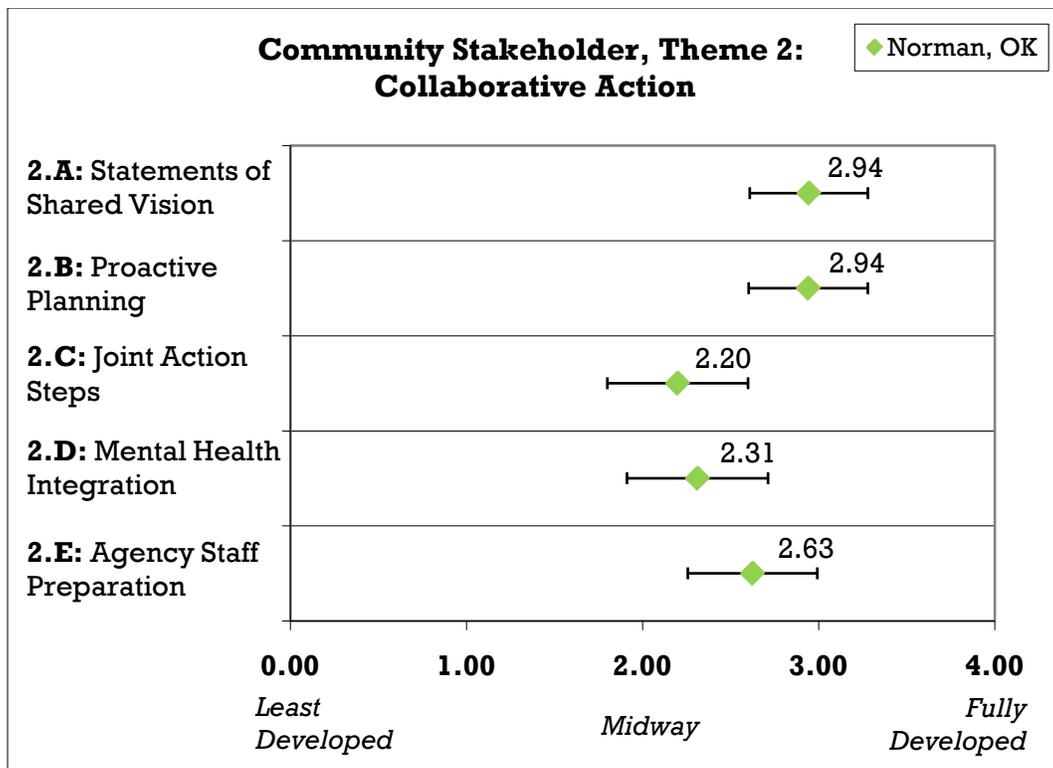
The items for this theme in the Youth/Young Adult/Ally/Provider Module focus exclusively on the extent to which young people and their allies are included in decision making on the bodies that oversee the transition project and its implementation. One or two respondents marked “don’t know” for each item, so the means for items in Theme 1 are based on responses from 3 or 4 young adults. These results should be viewed conservatively in light of the very small numbers. In general, the responses were very positive. Item 1.B has no confidence interval because the 3 respondents gave it the same score.



Theme 2: Collaborative Action

Stakeholders involved in the transition project take steps to translate the project philosophy into concrete policies, practices and achievements.

The mean theme score for *collaborative action* (2.54) was somewhat below, but not significantly different from, the overall mean (2.81) for the entire CSTI. Within the theme, however, the community's scores on two items point to a relative strength: *statement of shared vision* (2.A) and *proactive planning* (2.B). On the remainder of the items, the community scored well above 2.0 (midway). The number of "don't know" responses was highest for the last three items, with 4 or 5 of the 20 respondents marking that response.

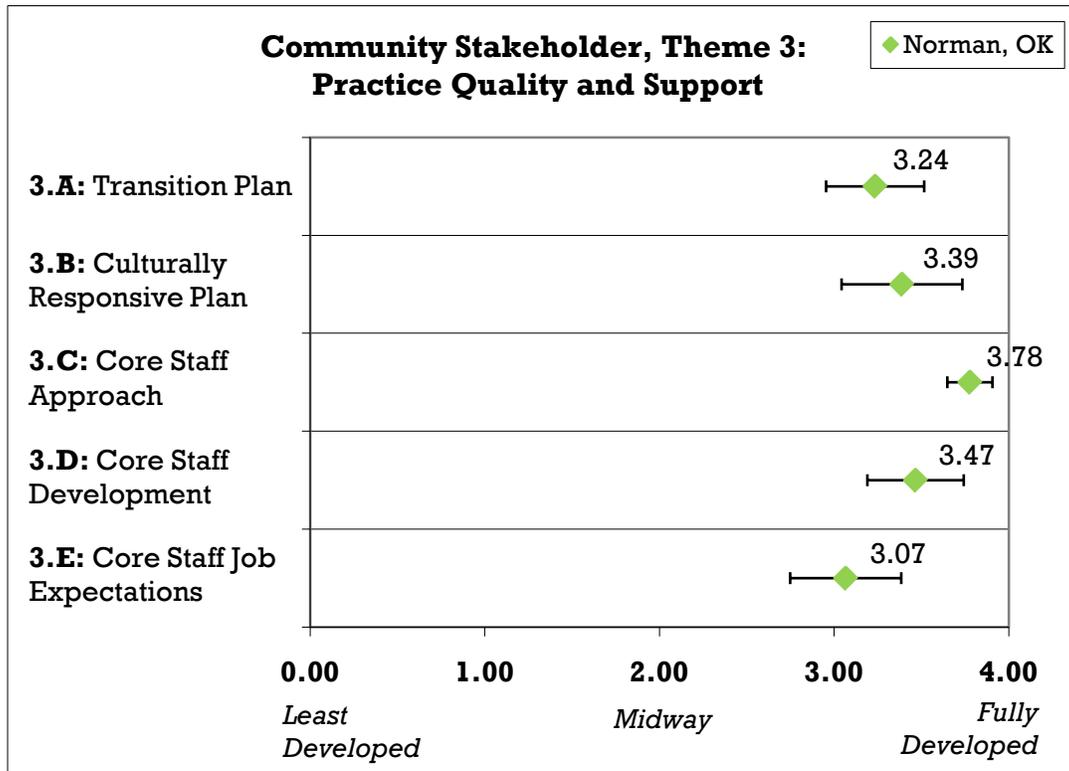


The Youth/Young Adult/Ally/Provider Module did not cover this theme.

Theme 3: Practice Quality and Support

The community has developed sustainable capacity to provide individualized transition planning in a manner that is consistent with transition values and principles.

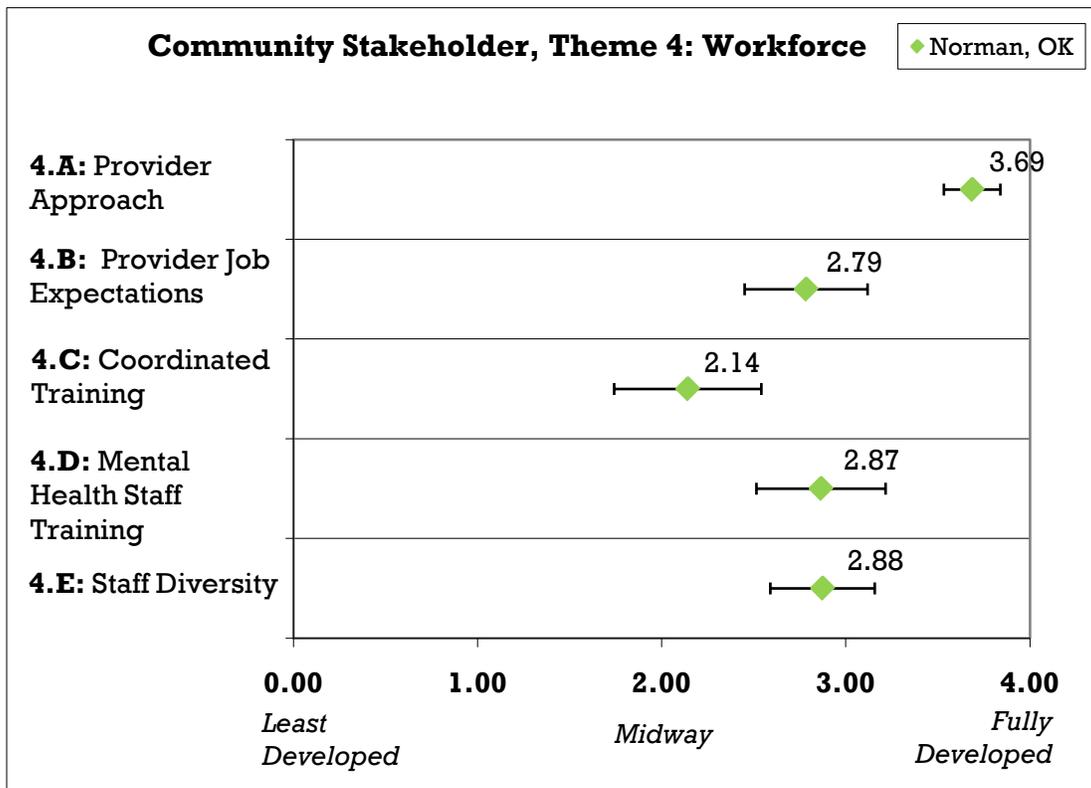
The mean for this theme (3.37) was very high when compared to the overall CSTI mean (2.81) and to the means of the other themes. This points to practice quality and support as an area of relative strength for the OHTI. For all items in this theme in the Community Stakeholder Module, the OHTI showed a high level of development, above a 3 on the 4-point scale. One item, *core staff approach* (3.C) stands out because all respondents rated this item as either a 3 or 4 on the 4 point scale. Item 3.B, *culturally responsive plan*, also shows high consensus with 16 of the 19 respondents rating this item at either a 3 or 4. Two respondents rated this item as either a zero or 1 and one respondent marked the “don’t know” category. This diversity of responses accounts for the wider confidence interval. In general, few respondents chose the “don’t know” category for this theme. Item 3.D has the highest “don’t know” response (n=4). Although the mean for this item is higher than 3.B, fewer respondents (n=14) actively endorsed a 3 or 4 rating for this item. The number of respondents is reduced to 19 for this theme because one respondent did not answer any items after theme 1.



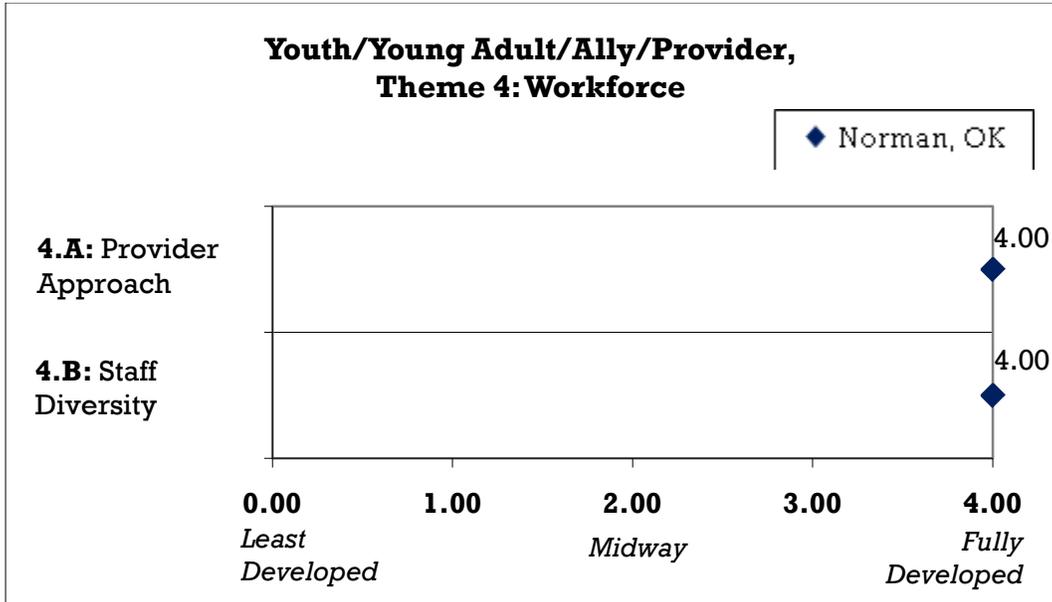
Theme 4. Workforce

The community supports the transition program and partner agency staff to work in a manner that reflects transition values and principles.

The OHTI's score on this theme was slightly higher (2.87), but not significantly different from, the overall mean score (2.81). (Differences are considered significant if the confidence intervals do not overlap). Within the theme, however, large item-to-item differences are apparent. The Initiative scored significantly higher on item 4.A, *provider approach*, while item 4.C, *coordinated training* showed less development. Item 4.A showed high consensus among respondents with 11 (of the 18 respondents) scoring this item as a 4 and 5 scoring it as a 3. In comparison, item 4.E, *staff diversity*, also had a high mean but a different frequency distribution. For this item, 3 individuals scored it as 4 and 10 scored it as 3. Item 4.C, the lowest mean, showed scores across the 0 to 4 range and 4 respondents marked "don't know."



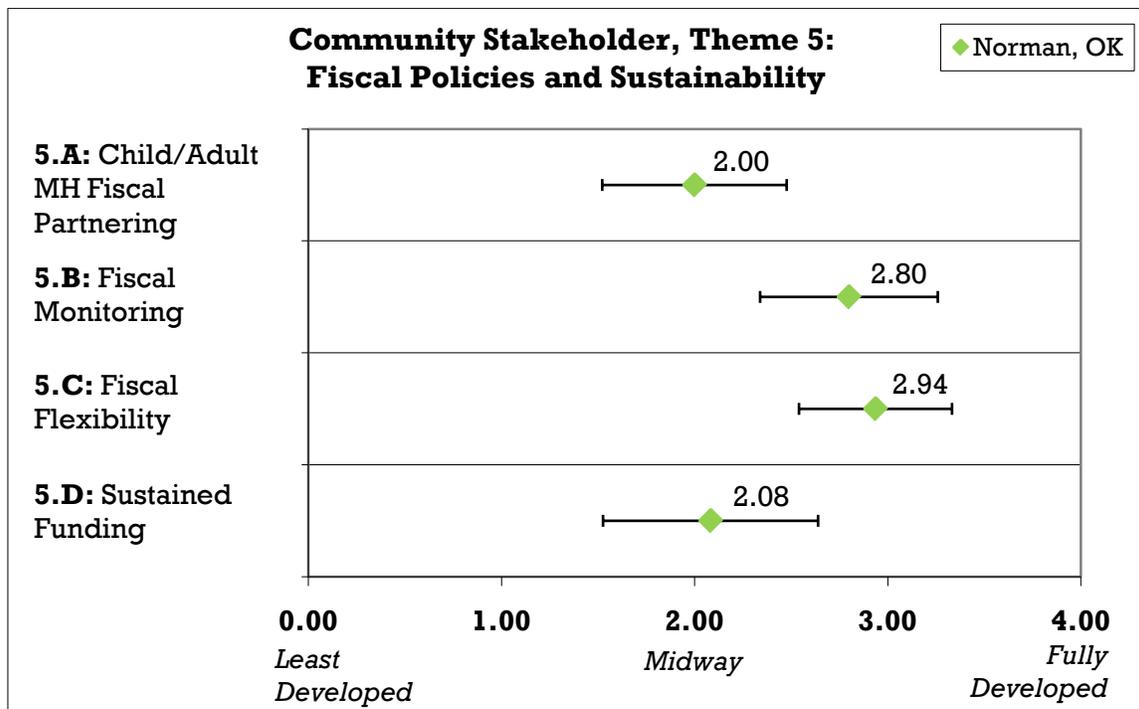
There are only two items for this theme on the Youth/Young Adult/Ally/Provider Module and low incidence of “don’t know” scores. All respondents were very positive about the community’s progress on this theme.



Theme 5: Fiscal Policies and Sustainability

The community has developed fiscal strategies to support and sustain the transition project, and methods to collect and use data on expenditures for project-eligible young people.

The mean for this theme (2.55) indicates that fiscal policies and sustainability are the area of greatest challenge for the OHTI when compared with the overall CSTI mean (2.81). Closer inspection of the individual items shows that the community stakeholders rate progress as above “midway” for all items and fairly high for two items (5.B and 5.C). Both 5.A (n=9) and 5.B (n=8) had high “don’t know” responses. Item 5.C had the strongest positive response with 11 participants scoring it as 3 or 4 and only 2 “don’t know” responses.

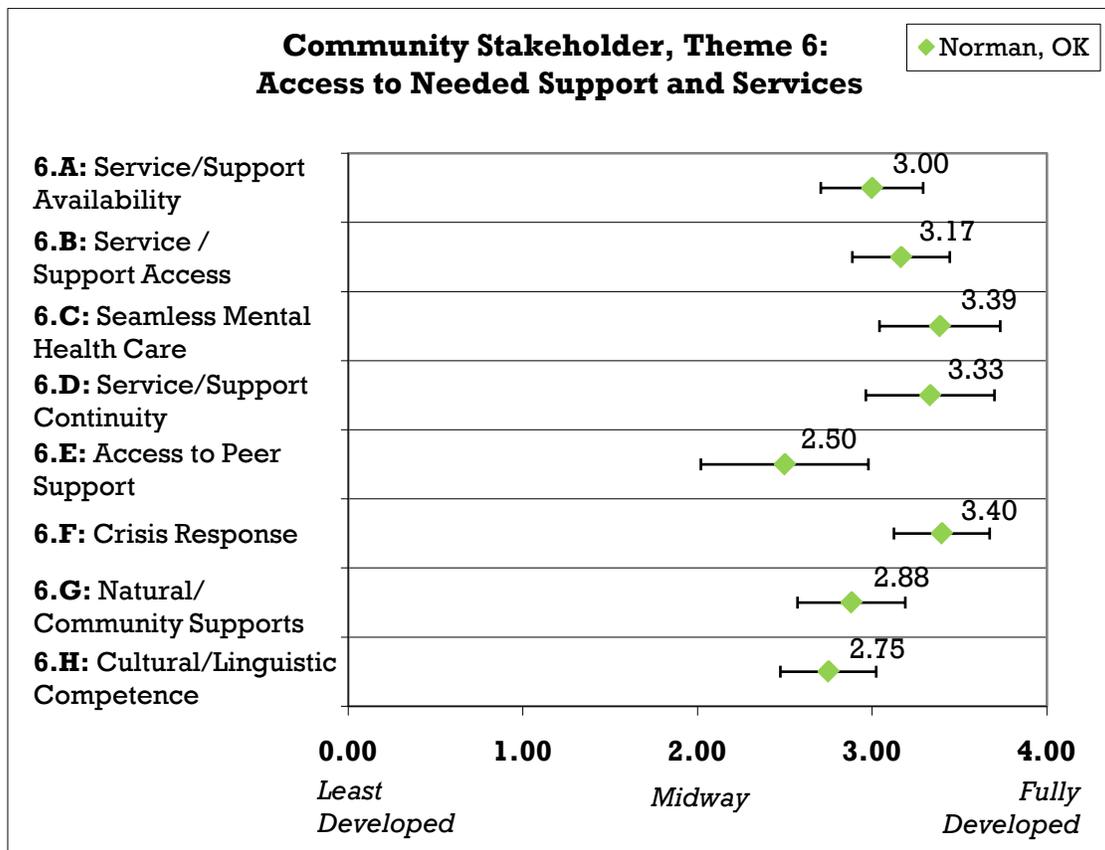


The Youth/Young Adult/Ally/Provider Module did not cover this theme.

Theme 6: Access to Needed Supports and Services

The community has developed mechanisms for ensuring access to the transition project and the services and supports that young people need for their individualized transition plans.

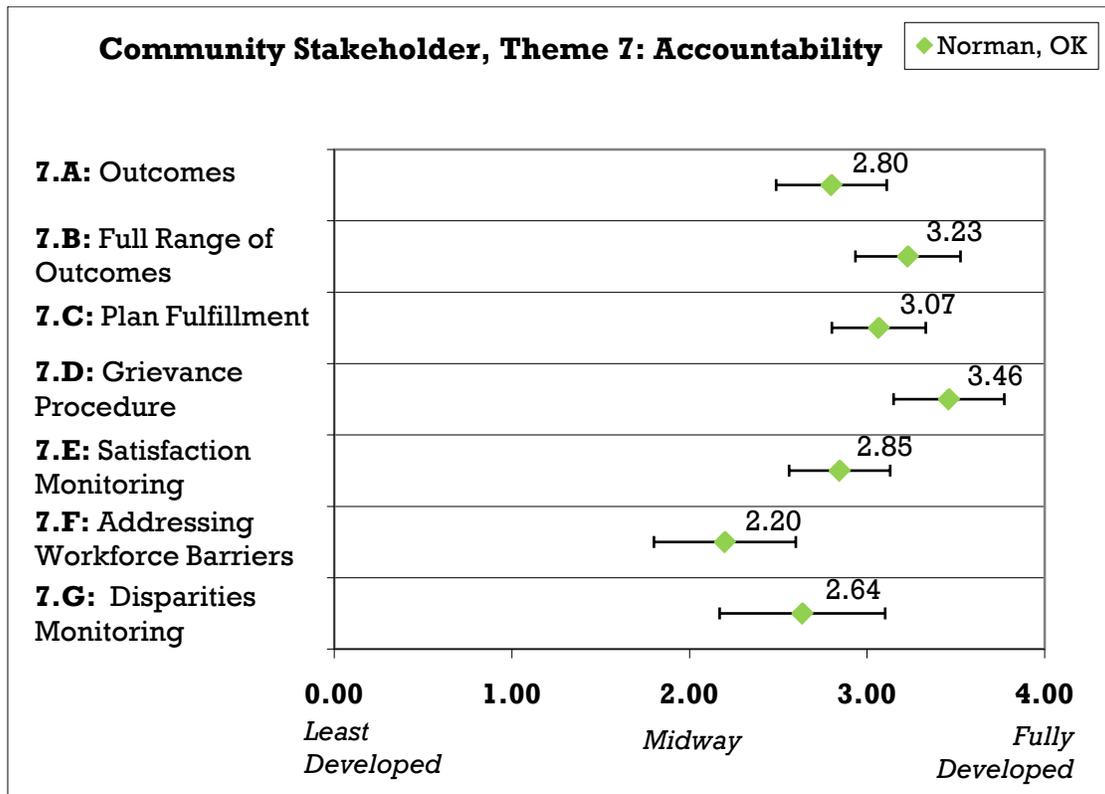
The mean for theme 6, *access to needed supports and services*, was 3.06, suggesting this is an area of strength for the community. Three items are clearly delineated strengths: item 6.F, *crisis response*; item 6.C, *seamless mental health care*; and item 6.D, *services/support continuity*. All items in this theme had very low “don’t know” responses. Item 6.E, *access to peer support* had the lowest item mean (2.50) and the highest number of “don’t know” responses (n=4). All items means for this theme were well above 2.0 (midway) and 5 items were above 3.0 (almost there).



Theme 7: Accountability

The community has implemented mechanisms to monitor service quality and outcomes, and to assess the quality and development of the transition program.

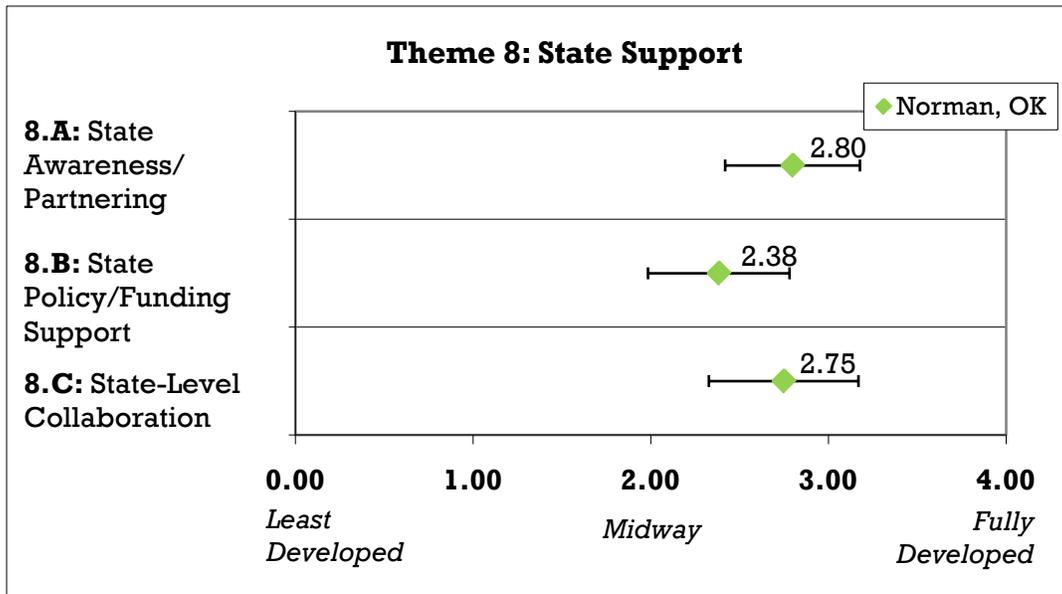
The mean on the Community Stakeholder Module for this theme (2.86) is above the overall mean for the Oklahoma CSTI (2.81) and shows that accountability is an area of both relative strength and weakness for the OHTI. “Don’t know” responses were high in this theme (5 or 6 per item) out of the 18 respondents. Within the theme, item 7.D points to a relative strength in the availability of a *grievance procedure* with 12 respondents rating it either 3 or 4 and 5 respondents scoring it as “don’t know.” Item 7.F suggests a relative weakness in *addressing workforce barriers*. Although 5 respondents gave this item a 0 or 1 rating, 10 of the 18 respondents to this item rated it as a 3 or “almost there”; three scored it as “don’t know.”



Theme 8: State Support

State agencies and their leaders understand and actively support the philosophy and goals of the transition program and take concrete steps to support it.

The overall mean from the Community Stakeholder Module for this theme is 2.66, slightly below the overall CSTI mean of 2.81. Confidence intervals for these items are moderately broad, reflecting a range of opinions on each item. The use of the “don’t know” response is moderate—the highest is for item 8.C, *state-level collaboration* (n=5).



The Youth/Young Adult/Ally/Provider Module did not cover this theme.

Specific Areas of Strength and Challenge

Community Stakeholder Module. The Oklahoma Healthy Transition Initiative (OHTI) had an overall grand mean (or average) item score of 2.81. On the scale of the CSTI, respondents rate each item from 0 (least developed) to 4 (fully developed). Thus a grand mean score of 2.81 corresponds to an overall level of development well above “midway” and close to a score of 3.0, or “almost there.” A reasonably sized sample responded to the Community Stakeholder Module (n=20), and the use of “don’t know” by respondents was minimal.

For the Community Stakeholder Module, theme 3, *practice quality and support* was seen as the general area of greatest development, while theme 2, *collaborative action*, and theme 5, *fiscal policies and sustainability* were seen as the areas of greatest challenge. However, all theme means were close to each other and well above the midpoint.

Youth/Young Adult/Ally/Provider Module. The grand mean score for the Youth/Young Adult/Ally/Provider Module was 3.77, or very close to “fully developed” on the scale of the CSTI. The individual theme means were all quite similar and close to the grand mean. The sample of respondents (n=5) is very small resulting in wide confidence intervals. Data for this module should be interpreted with great care because of the small sample.

Themes from Respondents' Comments

Respondents were given the opportunity to comment on three open-ended questions. Most respondents took the time to express their opinions about both challenges and strengths. The two modules asked similar questions, but with slightly different wording.

Please describe one or two things (programs, activities, policy changes) that your community has done recently to improve services to young people with serious mental health disorders. (Stakeholder Module)

A variety of programs and activities were mentioned by respondents as recent improvements in the Oklahoma services for youth of transition age. These include offering a regular “family night” where young people and their families can comment on service needs; lowering the age at which young adults can consent to services; and implementation of a food drive and crisis cell phone program. A number of respondents mentioned the HTI grant funding as important to improving services.

“Developed specialty services for young parents to improve their knowledge of child development and parent. We are also focusing on teaching about the importance of preventive care for the children.”

What are the best things about this transition project? (Youth/Young Adult/Ally/Provider Module)

Two youth mentioned the availability of support in a positive, no blame manner.

“It’s a no shame, no blame place. The staff is more than willing to help the youth (me) out with different problems and crisis.”

What are the most pressing challenges that your community is trying to solve for this population? (Stakeholder Module)

The primary issue mentioned by respondents is the lack of affordable housing. Housing issues were mentioned by over half of the stakeholder respondents:

“We have very limited housing options for young people in our community. Most of the housing is not available to persons under the age of 21. Housing is generally expensive and there is a long waiting list for financial assistance.”

Comments were also made about the need to work more closely with private agencies.

Appendix A: Additional Background on the CSTI

How was the CSTI developed? The CSTI is an adaptation of a measure called the *Community Supports for Wraparound Inventory (CSWI)*, which assesses the extent to which community partners have come together to provide comprehensive, community-based care for children with serious emotional or behavioral disorders and their families. The children and families who participate in wraparound typically receive services and supports from multiple agencies and systems, and in most cases the children are at high risk of being placed in an institutional setting such as a hospital or residential treatment center. Wraparound brings the family and providers together to create a single, collaborative and comprehensive care plan that is designed to ensure that the child can remain in the community and thrive.

The CSWI emerged from research by Walker & Koroloff,¹ and it was further refined through feedback collected from the advisors of the National Wraparound Initiative.² Research using the CSWI has provided evidence of the measure's reliability and validity.³ Within communities, there is typically a fairly high level of agreement about where greatest progress has been made, and where most work remains to be done. Different communities show variation both in the overall level of implementation support (recognized by item means that are high relative to averages in other communities) and in areas of strength and challenge. Moreover, previous studies of system and organizational support for wraparound implementation have shown that greater levels of such supports are associated with higher wraparound fidelity scores.⁴

Efforts to serve youth and young adults with SMHC are undertaken in a system environment that is quite different from the environment for wraparound programs. Additionally, the needs of youth and young adults are quite distinct from those of children. Nevertheless, the basic underlying challenge is the same: to bring diverse systems and providers together to provide comprehensive, coordinated, community-based care focused on improving functional outcomes and quality of life. Furthermore, wraparound specifies that the service approaches used should be strengths based and driven by the perspectives of the family and (to the extent developmentally appropriate) the child. This is similar to the service philosophy that underlies efforts to meet the needs of transition-aged young people in communities using the CSTI.

Adaptation of the CSWI began with a review of items by the research team at Portland State University. This was followed by several rounds of review and further adaptation. Feedback was

¹ Walker & Koroloff (2007). Grounded theory and backward mapping: Exploring the implementation context for wraparound. *Journal of Behavioral Health Services and Research*.

² Walker, J. S., Bruns, E. J., & Penn, M. (2008). Individualized services in systems of care: The wraparound process. In B. A. Stroul & G. M. Blau (Eds.), *The system of care handbook: Transforming mental health services for children, youth, and families*. Baltimore, MD: Brookes Publishing

³ Walker, J. S. & Sanders, B. (in press). *The Community Supports for Wraparound Inventory: An Assessment of the Implementation Context for Wraparound*, *Journal of Child and Family Studies*.

⁴ Bruns, E. J., Suter, J. C., & Leverentz-Brady, K. L. (2006). Relations between program and system variables and fidelity to the wraparound process for children and families. *Psychiatric Services*, 57, 1586-1593.

sought from stakeholders with high levels of experience and expertise, representing different roles including young people and families, providers, administrators and state-level policy makers.

How is data for the CSTI gathered? In the first step for the CSTI, a community selects a local coordinator to work with the research team from Portland State University. The local coordinator has two main responsibilities for the CSTI. First, he or she works with the research team to compile a list of potential respondents for each module of the CSTI. Second, the local coordinator is responsible for working within the community to ensure that respondents do indeed complete the CSTI. The goal is to ensure a good response rate, so that the community can have confidence that the findings from the CSTI are indeed an accurate representation of community perceptions. Communities responding to the CSWI have compiled lists of anywhere between about 25 and 130 respondents. Exactly how many respondents are nominated depends on the size of the community and, to some extent on how much system-level development has already taken place.

The local coordinator provides the list of potential respondents to the research team, and the team then creates an online version of each CSTI module for the community/state. The research team then sends an email invitation to each potential respondent for the CSTI modules. Potential respondents are given about three weeks to complete the CSTI, and they are sent weekly email reminders. People can take the survey, or they can choose to “decline” the survey. People who decline the survey and people who complete the survey do not receive further reminders. Other people from the list are considered “nonresponders” and receive emails and, perhaps, followup calls asking them to respond or decline.

After three weeks, the research team and the local coordinator check the response rate. If the response rate is not high enough—75% is considered the minimum acceptable rate—the research team and the local coordinator work together to encourage further responses. Usually, this involves making reminder phone calls to nonresponders. Communities using the CSWI are usually able to get response rates near 80%.

Appendix B: Text of CSTI Items and Item Means

Theme 1: Community Partnership (Community Stakeholder Module)

Item	OHTI
<p>1.A Collaborative Oversight</p> <p>There is a collaborative group (a “community leadership team”) for planning and decision making through which community partners jointly oversee the development and implementation of the transition project.</p>	2.94
<p>1.B Empowered Membership</p> <p>The community leadership team includes leaders who are empowered to make decisions and commit resources on behalf of their organizations to support the transition project.</p>	2.39
<p>1.C Influential Youth/Young Adult Voice</p> <p>Youth and young adults with significant experience in systems and/or services are influential members of the community leadership team, and they take active roles in decisions and discussions.</p>	2.22
<p>1.D Support for Youth/Young Adult Voice</p> <p>The project works to recruit, train and support youth and young adults, including youth from diverse backgrounds, so that they can participate actively and productively on the community leadership team.</p>	2.18
<p>1.E Influential Family/Ally Voice</p> <p>Families and other adult “allies” of youth with significant experience in the mental health system are influential members of the community leadership team, and they take active roles in discussions and decisions.</p>	2.89
<p>1.F Community Representativeness</p> <p>The membership of the community leadership team reflects the social, cultural and economic diversity of the community and of the youth and young adults served.</p>	2.65
<p>1.G Mental Health Systems Support</p> <p>Representatives from both the adult and child mental health systems are active on the community leadership team and support the transition project’s philosophy and goals.</p>	2.72
<p>1.H Full Agency Support</p> <p>Representatives from relevant public agencies (e.g., child and adult mental health, substance abuse, child welfare, juvenile/criminal justice, secondary and post-secondary education providers, vocational rehabilitation, etc.) and major provider organizations participate productively on the community leadership team. These representatives understand and support the transition project’s philosophy and goals.</p>	3.00

Theme 1: Community Partnership (Youth/Young Adult/Ally/Provider Module)

Item	OHTI
<p>1.A Influential Youth/Young Adult Voice</p> <p>Youth and young adults with significant experience in systems and/or services are members of the collaborative oversight team. They have an impact on decisions and discussions.</p>	3.33
<p>1.B Support for Youth Voice</p> <p>The project works to train and support (e.g. pay) youth and young adults so that they can participate actively and productively on the community leadership team.</p>	4.00
<p>1.C Influential Family/Ally Voice</p> <p>Families /or other adult “allies” of youth with experience in mental health services are members of the community leadership team. They have influence in decisions and discussions.</p>	3.50

Theme 2 Collaborative Action (Community Stakeholder Module)

Item	OHTI
<p>2.A Statements of Shared Vision</p> <p>Key stakeholders in the transition project have worked together to develop clear statements of mission, values, and desired outcomes for the transition project. These statements reflect transition values and principles.</p>	2.94
<p>2.B Proactive Planning</p> <p>The transition project is guided by a strategic plan that describes the goals of the project and stakeholders' responsibilities in helping to achieve the goals. The plan is reviewed and updated as needed.</p>	2.94
<p>2.C Joint Action Steps</p> <p>Participating agencies and organizations take tangible steps (e.g., developing MOUs, contributing resources, revising agency policies or regulations, participating in planning activities) toward achieving joint goals that are central to the project.</p>	2.20
<p>2.D Mental Health Integration</p> <p>The child and adult mental health systems take tangible steps (e.g., developing MOUs, contributing resources, revising agency regulations, participating in planning activities) toward integrating their efforts to improve outcomes for young people.</p>	2.31
<p>2.E Agency Staff Preparation</p> <p>The collaborating agencies take concrete steps to ensure that their staff members are informed about the transition project and its values and practices. These agencies have communicated clear expectations about how staff should communicate, co-ordinate and/or collaborate with the transition project.</p>	2.63

The Youth/Young Adult/Ally/Provider Module did not cover this theme.

Theme 3 Practice Quality and Support (Community Stakeholder Module)

Item	OHTI
<p>3.A Individualized Transition Plan</p> <p>Each young person participating in the program has an individualized transition plan that responds to his/her unique needs and goals, and reflects transition values and principles (e.g., youth-/young adult-driven, focused on community integration skills and outcomes, etc.)</p>	3.24
<p>3.B Culturally Responsive Plan</p> <p>The transition plan is developed in a manner that reflects the young person’s cultural and linguistic preferences, and is respectful of his/her personal and sexual identity.</p>	3.39
<p>3.C Core Staff Approach</p> <p>Staff who work with young people on creating their transition plans are strength based and respectful of the young people. These staff work to ensure that the young people take the lead in creating their own transition plans.</p>	3.78
<p>3.D Core Staff Professional Development</p> <p>Staff who work with young people on creating their transition plans receive comprehensive training and ongoing supervision/coaching. This professional development systematically focuses on developing skills and knowledge for working effectively with youth and young adults.</p>	3.47
<p>3.E Core Staff Job Expectations</p> <p>The caseloads and job expectations for staff with primary roles in the transition planning process (e.g., transition facilitators, peer supporters) allow them adequate time, flexibility, and resources to provide high-quality service consistent with transition values and principles.</p>	3.07

Theme 3 Practice Quality and Support (Youth/Young Adult/Ally/Provider Module)

Item	OHTI
<p>3.A Transition Plan</p> <p>Each young person participating in the program has an individualized transition plan. The plan is strengths based, and focuses on helping the young person achieve the goals that are most important to him/her.</p>	3.75
<p>3.B Culturally Responsive Transition Plan</p> <p>The transition plan fits with the young person’s personal and cultural beliefs and preferences, and with his/her sexual identity.</p>	4.00
<p>3.C Core Staff Values</p> <p>Staff who work with young people on creating their transition plans are strength based and respectful of the young people. These staff work to ensure that the young people take the lead in creating their own transition plans.</p>	4.00

Theme 4 Workforce (Community Stakeholder Module)

Item	OHTI
<p>4.A Provider Approach</p> <p>Staff who provide services/supports to young people (e.g., providers of supported employment, therapists, job coaches, etc.) are respectful and strength based, and encourage young people to make choices and decisions about their services/supports.</p>	3.69
<p>4.B Provider Job Expectations</p> <p>The caseloads and job expectations of service/support providers (e.g., providers of supported employment, therapists, job coaches, etc.) allow them adequate time, flexibility, and resources to provide high-quality services consistent with transition values and principles.</p>	2.79
<p>4.C Coordinated Training</p> <p>There is a coordinated training effort to ensure that providers across all participating agencies learn specific practice skills to work effectively with youth and young adults. These practice skills are consistent with transition values and principles.</p>	2.14
<p>4.D Mental Health Staff Training</p> <p>Staff from both adult and child mental health settings who work with youth and young adults are trained so that they have specific skills to work effectively with this population.</p>	2.87
<p>4.E Staff Diversity</p> <p>The transition project and community providers successfully recruit and retain staff—including transition facilitators and peer support providers—who reflect the diversity of the youth being served and their language preferences.</p>	2.88

Theme 4 Workforce (Youth/Young Adult/Ally/Provider Module)

Item	OHTI
<p>4.A Provider Approach</p> <p>Staff who provide services/supports to young people (e.g., providers of supported employment, therapists, job coaches, etc.) are strength based and respectful, and encourage young people to make choices about their services/supports.</p>	4.00
<p>4.B Staff Diversity</p> <p>Staff and providers who work with the transition project reflect the diversity of the youth being served and their language preferences.</p>	4.00

Theme 5 Fiscal Policies and Sustainability (Community Stakeholder Module)

Item	OHTI
<p>5.A Child and Adult Mental Health Fiscal Partnering</p> <p>The child and adult mental health systems integrate their funding to finance the transition project and/or have worked together to create policies that outline each system's financial contributions to the project.</p>	2.00
<p>5.B Fiscal Monitoring</p> <p>There is a formalized mechanism for reviewing the costs of implementing the transition project. This information is used to streamline spending and to become more efficient.</p>	2.80
<p>5.C Fiscal Flexibility</p> <p>Funds are available to pay for services and supports typically needed by young people of transition age. Some funds are flexible, and can be used to pay for unique or non-traditional services and supports needed for individualized transition plans.</p>	2.94
<p>5.D Sustained Funding</p> <p>There is a clear and feasible plan for sustaining sufficient fiscal support for the transition project over the long term, and the plan is being implemented.</p>	2.08

The Youth/Young Adult/Ally/Provider Module did not cover this theme.

Theme 6 Access to Needed Supports and Services (Community Stakeholder Module)

Item	OHTI
<p>6.A Service/Support Availability</p> <p>Young people can access the services and supports required for their transition plans (e.g., employment support, therapy, medication management, peer support) without long delays.</p>	3.00
<p>6.B Service/Support Access</p> <p>Services and supports needed by young people are available at the times and locations that are convenient for the young people. If the young people have constraints around times/locations, providers are flexible and work with young people to find alternatives.</p>	3.17
<p>6.C Seamless Mental Health Care</p> <p>As long as young people are eligible for the transition program, they can continue to receive mental health services without interruption or disruption because of change in age.</p>	3.39
<p>6.D Transition Services/Supports Continuity</p> <p>As long as young people are eligible for the transition program, they can continue to receive transition related services (including housing, employment supports, peer support) without interruption or disruption because of change in age.</p>	3.33
<p>6.E Access to Peer Support</p> <p>Young people who participate in the transition project have access to peer-delivered services and supports. Peer supporters have clearly defined roles, and their activities are integrated into other project components.</p>	2.50
<p>6.F Crisis Response</p> <p>Support for averting and managing crises and fully implementing young people's safety/crisis plans is available around the clock. The community's crisis response is consistent with preferences expressed in young people's safety/crisis plans.</p>	3.40
<p>6.G Building Natural and Community Supports</p> <p>The transition project devotes resources to developing or is able to access individuals and organizations in the community who support the young person (e.g., coach, teacher, youth group). Young people have access to these resources in ways that that are consistent with their transition plans.</p>	2.88
<p>6.H Building Cultural and Linguistic Competence</p> <p>The transition program devotes resources to developing or is able to access services and supports that are culturally and linguistically responsive to the needs and preferences of the young people who participate in the program.</p>	2.75

Theme 6 Access to Needed Supports and Services (Youth/Young Adult/Ally/Provider Module)

Item	OHTI
<p>6.A Service/Support Availability</p> <p>Young people can get the services and supports they need for their transition plans (e.g., employment support, therapy, medication management, peer support) without long delays.</p>	3.40
<p>6.B Service/Support Access</p> <p>Young people can get services and supports at the times and locations that are convenient for them. Providers are flexible and work with young people to find times and places that work well for them.</p>	3.80
<p>6.C Continuing Transition Services/Supports</p> <p>As long as a young people are eligible for the transition program, they do not get kicked out of mental health services or have to change providers just because they are a certain age.</p>	3.25
<p>6.D Seamless Mental Health Care</p> <p>As long as young people are eligible for the transition program, they can continue to receive transition related services (including housing, employment supports, peer support) without interruption or disruption because of change in age.</p>	3.80
<p>6.E Access to Peer Support</p> <p>Young people who participate in the transition project have access to good quality peer-delivered services and supports (like peer partners, coaches, or mentors who are close to their age).</p>	4.00
<p>6.F Crisis Support and Response</p> <p>Crisis support is available 24/7. It is respectful and strengths based, and fits with the young person's transition plan and preferences.</p>	3.60
<p>6.G Building Natural and Community Supports</p> <p>The transition project helps young people develop positive connections to individuals and organizations in the community (e.g., friends, family, mentor, team, club, youth program).</p>	4.00
<p>6.H Respect for Culture and Language Preferences</p> <p>The transition program helps young people services and supports in the language that is most comfortable for them. The transition program also gives opportunities for young people to get services and supports that reflect their cultural and personal values.</p>	3.75

Theme 7 Accountability (Community Stakeholder Module)

Item	OHTI
<p>7.A Outcomes</p> <p>There is centralized monitoring of relevant outcomes for young people in the transition project. This information is used by the collaborative oversight team as the basis for strategic planning and for funding and policy discussions.</p>	2.80
<p>7.B Full Range of Outcomes</p> <p>The outcomes measured reflect a full range of outcomes, consistent with young people’s goals and transition values and principles (e.g. youth self-determination, progress in education/training, housing stability).</p>	3.23
<p>7.C Plan Fulfillment</p> <p>There is ongoing monitoring to determine if services and supports indicated in the transition plans are provided and if goals that appear on the transition plans are met.</p>	3.07
<p>7.D Grievance Procedure</p> <p>There is a grievance procedure that is easily available to young people. Grievances are resolved in a timely manner, and young people are not penalized for using these procedures.</p>	3.46
<p>7.E Satisfaction Monitoring</p> <p>There is an ongoing and systematic process to track satisfaction with transition planning and with project services among young people and their families. Concerns and barriers have been identified and addressed.</p>	2.85
<p>7.F Addressing Workforce Barriers</p> <p>There is a systematic process for identifying and addressing barriers that prevent program staff from doing their work effectively. Key barriers have been successfully addressed through this process.</p>	2.20
<p>7.G Disparities Monitoring</p> <p>There is a systematic process for identifying and addressing barriers in access, quality and outcomes of youth based on racial, ethnic, or other cultural identities.</p>	2.64

Theme 7 Accountability (Youth/Young Adult/Ally/Provider Module)

Item	OHTI
<p>7.A Progress on the Plan</p> <p>The young person and transition program staff regularly check in together to review how much progress is being made on achieving the goals on the transition plan.</p>	3.80
<p>7.B Grievance Procedure</p> <p>There is a grievance procedure (a way of making a formal complaint) that is easily available to young people. Grievances are resolved in a reasonable amount of time, and young people are not treated differently if they make a grievance.</p>	3.75
<p>7.C Satisfaction Monitoring</p> <p>Young people and their adult allies are regularly asked to provide data about their satisfaction with the transition program and with the services and supports they receive. The data is used to improve the transition project.</p>	4.00

Theme 8 State Support (Community Stakeholder Module)

Item	OHTI
<p>8.A State Awareness and Partnering</p> <p>Leaders of state agencies that provide services to youth and young adults are aware of and support transition values and principles. The state agencies maintain active and productive partnerships with local transition project(s) and are open to their recommendations.</p>	2.80
<p>8.B State Policy and Funding Support</p> <p>Staff and leaders at state agencies are active in helping to identify and initiate policy and funding changes that support the local transition project(s).</p>	2.38
<p>8.C State-Level Collaboration</p> <p>State-level staff responsible for child and adult mental health work together to plan for and monitor the delivery and effectiveness of services to the transition population.</p>	2.75

The Youth/Young Adult/Ally/Provider Module did not cover this theme.

Appendix C: Responses from the Open-Ended Questions

Open-ended responses are shown exactly as entered on the survey. Information that might compromise confidentiality has been deleted.

Please describe one or two things (programs, activities, policy changes) that your community has done recently to improve services to young people with serious mental health disorders. (Stakeholder):

- setting goals for staff to complete needed steps in timely manner
- Being consistent in the front end of the process even with changes from the back end.
- Obtaining a grant for transition services and developing a work group
- Offered panel discussion with youth in transition to tell their stories
- Developed speciality services for young parents to improve their knowledge of child development and parenting. We are also focusing on teaching about the importance of preventive care for the children. / / We are partnering with our Wellness Center (SAMHSA funded) to address the health needs of our young people. Most have no health insurance and are linked to the Wellness Center during engagement for preventive and ongoing health maintenance.
- We have lowered the age in which a young adult can sign themselves in for services (from 17 to 16).
- Since the program I am involved with had already started providing transition services to youth prior to the grant, the lead agency had a lot of the things in place. Since receiving the grant that has been an ability to hire more staff and to provide the training necessary to provided needed services to transition age youth.
- We have a family community night at our facility held every month to hear from yougn people that are recieving services and to get feed back
- The implementation of a food drive transition youth to give back to the community. We have received a crisis cell phone which transition youth can get ahold of the transition program 24 hours a day.
- Providing opportunities for participating in conferences and participating in a youth community action team.
- Community Mental Health Center hosts a regular "family night" in which young people get to interact with staff and peers.
- working on transitional services Returned to self-referral for behavioral in-home support services. / / Moving Forward/TIP Grant. / / Wraparound Case Management in certain areas of the state.

Things that improved services (Youth/Young Adult/Ally/Provider):

- The transition project supports the youth in a positive manner and provides a gentle push to keep things going down the right path. If the youth has a problem it will be worked out in a timely manner with the most appropriate solution.
- It's a no shame, no blame place. The staff is more then willing to help the youth (me) out with different problems and crisis
- I can say thins without biens judseded /

What are the most pressing challenges that your community is trying to solve for this population? (Stakeholder):

- getting other agencies on board.
- Working with private agencies in the community. There seems to still be a stigma attached to state agencies, a barrier that we have to work through.
- Housing; economic situation resulting in budget cuts so severe that services of all types have been affected negatively, including transition services. Lack of leadership on this issue.
- Housing and employment
- Norman has very little resources for the homeless. There are 2 agencies that help the homeless, but they are living facilities so they are always full and have a wait list. The Salvation Army will let people stay for up to 5 nights a month, but they have to have certain documentation that not everyone has. Norman needs a place for youth in transition to go in emergency homeless situations that is more accessible, has immediate openings and more bed space. I would also like to see some kind of housing for young mothers. A lot of young mothers stay in bad environments because they have no where else to go.
- We have very limited housing options for young people in our community. Most of the housing is not available to persons under the age of 21. Housing is generally expensive and there is a long waiting list for financial assistance for housing in our community. We do have a access to money for subsidized housing, but run into barriers related to age and the inability to sign leases without an adult co-signer. / / Emergency housing for most people in crisis in our community is very limited. We have three primary shelters for person over 18 and they all have day limites or long waiting lists. The two shelters available for persons under 18 are often full or have criteria that limit access.
- Funding & lack of resources
- Stable housing for young adults 18 years and older. The biggest challenge is finding housing for 16-18 year olds with a diagnosed mental illness.
- One of the most pressing needs for this age group is the issue of housing. Since this grant did not include funding for housing, it is always a stretch to assist youth in finding adequate, appropriate housing. This is especially true for youth under the age of 21. Our program had made some progress in working with other community agencies to assist with this problem.
- Housing continues to be a need.
- No shows and missed appointments on consumer's end. Trying to get timeframes adjusted so that we can get the young person involved quickly and effiecently.
- Housing you transition youth is a big obstacle.
- Homelessness and finding and maintaining employment.
- Lack of affordable housing.
- Housing
- Housing--availability and funding

Pressing Challenges (Youth/Young Adult/Ally/Provider):

- More funding so it can grow to help more people.
- I wish the problem changed the age bracket to help out younger kids. Maybe 14-26

Do you have any additional feedback you would like to provide? (Stakeholder):

- Our agency has been the host agency for a wraparound project since 2001. We have also been providing wraparound services to young adults for several years and was fortunate to be awarded the OHTI grant to further our growth in this area.
- I believe that the program that I am involved in has important structures in place that will assist in the successful outcomes for transition youth. There was already a community team and a referral team in place. This made adding the transition youth a fairly seamless process.

Additional feedback (Youth/Young Adult/Ally/Provider):

[NONE GIVEN]