Acknowledgements and Disclaimer

• The work included in this presentation stems from work conducted under the Now Is The Time National Evaluation contract sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services under contract no. 283-12-0608 and project no. 0213405.008.

• The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).
Symposium Overview

- Overview of Healthy Transitions program and national evaluation
- Summary of preliminary findings from 3rd year of the national evaluation
  - System-Level outcomes (Time 1 SSTI & CSTI)
  - GPRA NOMs (grantee and client program enrollment)
  - Process Evaluation
- Discussion of findings
NITT-HT National Evaluation Team

- **SAMHSA**
  - COR: Judith Harvilchuck; ACOR: Kirstin Painter

- **RTI International**
  - Lead Contacts: Heather Ringeisen, James Trudeau, Ariana Napier, Amy Ryder-Burge
  - Roles: Lead NITT-HT evaluation team and outcome evaluation efforts

- **University of Massachusetts Medical School**
  - Lead Contacts: Kathryn Sabella, Amanda Costa, Maryann Davis
  - Roles: Lead NITT-HT process evaluation; lead Youth Voices substudy

- **Portland State University**
  - Lead Contacts: Janet Walker and Nancy Koroloff
  - Roles: Advise on NITT-HT evaluation design, conduct SSTI and CSTI

- **Cloudburst Group**
  - Lead Contact and role: Steve Sullivan, local performance assessment TA
SAMHSA’s Healthy Transitions Program

• **Purpose:** To improve access to treatment and support services for youth and young adults ages 16-25 who either have, or are at risk of developing, a serious mental health condition.

• **Program Objectives:**
  – Create, implement, and expand services and supports that are culturally competent and youth-driven, involve family and community members, and provide continuity of care between child and adult systems.
  – Improve infrastructure and organization change at state/tribal/territorial level to improve cross-system collaboration, service capacity, and expertise related to youth and young adults with, or at-risk of, serious mental health conditions.
  – Increase public awareness.
  – Support cross-system provider training.
Healthy Transitions Grantees

- 16 HT grants awarded
  - 13 grants awarded to state mental health authorities:
    - 5 to the SMHA child division of the SMHA
    - 3 to the adult division of the SMHA
    - 5 to the SMHA in general (i.e., in divisions that serve all ages)
  - One HT grant was awarded to a tribal organization and 2 are administered by nonprofit entities that qualify as arms of the state by statute
NITT-HT National Evaluation Design

• NITT-HT evaluation design includes process and outcome evaluation measures at both systems and participant levels.

• Process Evaluation
  — Includes special attention to the role that both youth, young adult and family voice play in program development, implementation, and local evaluation.
  — Includes both qualitative and quantitative components supported by multiple types of data collection

• Outcome Evaluation
  — Includes two levels of primary outcomes: systems and program participant.
  — Supported by web-based surveys of state/grantee and local leaders as well as supplemental youth/young adult interviews.
Participant-Level Outcome Measures
- Client-level GPRA NOMs*
- Supplemental Youth & Young Adult (Y&YA) Interviews
- *National comparison special study*

Systems-Level Outcome Measures
- Grantee-level GPRA NOMs*
- Community Support and the State Support for Transition Inventories (CSTI/SSTI)*

Process Evaluation Measures
- Grantee visits (that will include key stakeholder interviews, a services and supports inventory, young adult and family ally focus groups, and provider web surveys)
- Web surveys of transition team members (Collaborative Member Survey and Self-Assessment)
- Project Director interviews and document review*
- *Youth multi-media special study*
Baseline System-Level Outcomes from the Healthy Transitions National Evaluation

Janet Walker and Nancy Koroloff, Portland State University
HT Preliminary System-Level Outcomes: Assessment Tool

- CSTI: Community Support for Transition Inventory
  - 43 items/20-25 minutes to complete
  - Assesses the extent to which local communities are developing partnerships, infrastructure and policies to support comprehensive systems of care for transition

- SSTI: State Support for Transition Inventory
  - 27 items/15-20 minutes to complete
  - Assesses the extent to which a state is developing infrastructure and policies that support local efforts statewide

- Both measures designed to help states/communities assess
  - what they are aiming for and
  - how much progress they have made toward achieving that goal

SSTI/CSTI Data Collection

- Administered as web-based surveys
- Respondents are stakeholders at the community and state levels who have knowledge about system-level collaboration and change
- Planned to be administered 2 times
  - Time 1 (June 2016 thru early 2017, complete);
  - Time 2 (canceled)
CSTI/SSTI Outcomes

- Cultural/Linguistic Responsiveness
- Outreach
- Workforce Development
- Child/Adult Systems Collaboration
- Youth/Young Adult Voice
- Use of Data

- Cross-System Partnering
- Collaborative Activity
- Quality Services/Supports
- Quality planning process (CSTI only)
- Fiscal Systems
<table>
<thead>
<tr>
<th>Instrument</th>
<th># Surveys Released for Completion</th>
<th># Surveys Completed</th>
<th>Response Rate</th>
<th>Response Rate Range across Grantees (min-max)</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Supports for Transitions Inventory (SSTI)</td>
<td>344</td>
<td>239</td>
<td>69%</td>
<td>27%-88%</td>
</tr>
<tr>
<td>Community Supports for Transitions Inventory (CSTI)</td>
<td>656</td>
<td>366</td>
<td>55%</td>
<td>12%-96%</td>
</tr>
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</table>
## SSTI and CSTI: Time 1 Response Rates—Reported Sites ONLY

<table>
<thead>
<tr>
<th>Instrument</th>
<th># Surveys Released for Completion</th>
<th># Sites/ Surveys Completed</th>
<th>Mean Response Rate</th>
<th>Response Rate Range across Grantees (min-max)</th>
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<tbody>
<tr>
<td>State Supports for Transitions Inventory (SSTI)</td>
<td>219</td>
<td>12/290</td>
<td>77%</td>
<td>65%-88%</td>
</tr>
<tr>
<td>Community Supports for Transitions Inventory (CSTI)</td>
<td>468</td>
<td>22/306</td>
<td>70%</td>
<td>44%-96%</td>
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SSTI Outcomes: Construction and Internal Reliability

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<thead>
<tr>
<th>Outcome</th>
<th># of Items</th>
<th>Alpha</th>
<th>Corr.</th>
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<tbody>
<tr>
<td>Cultural/linguistic responsiveness</td>
<td>2</td>
<td>0.59</td>
<td>0.000</td>
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<tr>
<td>Outreach</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workforce development</td>
<td>3</td>
<td>0.89</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child/adult systems collaboration</td>
<td>3</td>
<td>0.80</td>
<td></td>
<td></td>
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<tr>
<td>Youth/young adult/ally voice</td>
<td>2</td>
<td>0.72</td>
<td>0.000</td>
<td></td>
</tr>
<tr>
<td>Use of data</td>
<td>4</td>
<td>0.91</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cross-system partnering</td>
<td>2</td>
<td>0.69</td>
<td>0.000</td>
<td></td>
</tr>
<tr>
<td>Collaborative activity</td>
<td>3</td>
<td>0.78</td>
<td></td>
<td></td>
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<tr>
<td>Quality services/ supports</td>
<td>6</td>
<td>0.89</td>
<td></td>
<td></td>
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<tr>
<td>Fiscal systems</td>
<td>2</td>
<td>0.68</td>
<td>0.000</td>
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</table>
# CSTI Outcomes: Construction and Internal Reliability

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<tr>
<th>Outcome</th>
<th># of Items</th>
<th>Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cultural/linguistic responsiveness</td>
<td>4</td>
<td>0.90</td>
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<tr>
<td>Outreach</td>
<td>1</td>
<td></td>
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<tr>
<td>Workforce development</td>
<td>5</td>
<td>0.92</td>
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<tr>
<td>Child/adult systems collaboration</td>
<td>4</td>
<td>0.84</td>
</tr>
<tr>
<td>Youth/young adult/ally voice</td>
<td>3</td>
<td>0.88</td>
</tr>
<tr>
<td>Use of data</td>
<td>7</td>
<td>0.97</td>
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<tr>
<td>Cross-system partnering</td>
<td>3</td>
<td>0.87</td>
</tr>
<tr>
<td>Collaborative activity</td>
<td>3</td>
<td>0.91</td>
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<tr>
<td>Quality services/ supports (Services)</td>
<td>8</td>
<td>0.95</td>
</tr>
<tr>
<td>Quality planning process (Planning)</td>
<td>6</td>
<td>0.95</td>
</tr>
<tr>
<td>Fiscal systems</td>
<td>3</td>
<td>0.91</td>
</tr>
</tbody>
</table>
Time 1 State Supports for Transitions Inventory (SSTI) Results

Development Scale Rating
0 = Least Developed
4 = Fully Developed

2016 SSTI State-Level Means
2016 SSTI Grand Means
Time 1 Community Supports for Transition Inventory (CSTI) Results
Preliminary Systems Findings to Consider: Opportunities for Program Support

• Fiscal systems and sustainability low at both state and community level—also true for HTI.
  – Possible to develop detailed finance package plus intensive consulting as has been done over the years with SoC/TA network?
  – May be difficult to share lessons learned since fiscal context and arrangements can vary so much from state to state.

• In some areas, strategies from high scoring states could be used by lower scoring communities. This work could also inform state efforts that generally lag:
  – Outreach
  – Cultural/linguistic responsiveness
  – Use of data
  – High quality services and supports
Preliminary Systems Findings to Consider: Opportunities for Program Support

- Develop TA—possibly including strategies from higher-scoring states/communities regarding child and adult MH partnering
  - Scores at both state and community level are low
  - Some high-scoring sites
- Develop detailed case studies (possibly from site visits etc.) about what the consistently highest-scoring states/communities are doing
- Use the assessment of “Youth/Young Adult Voice on Councils and Committees” with TA process
  - Educate stakeholders about best practices
  - Identify areas of success and challenge
  - Target TA
  - Assess progress
Early Participant-Level Outcomes from the Healthy Transitions National Evaluation

Heather Ringeisen and Chelsea Burfeind, RTI International
NITT-HT National Evaluation: Outcome Evaluation Design & Methods

• Participant-Level Outcomes
  — Client-level GPRA/NOMs Elements
  — Supplemental Youth and Young Adult Interviews (SYAI)
    • Designed to assess youth/young adult participants’ behavioral health and functioning outcomes. Conducted with a subset of service recipients per grantee at program enrollment (baseline) and 12- and 24-months after enrollment.
  — National Comparison Special Study: Using SYAI measures and items that are also included in the annual National Survey of Drug Use and Health (NSDUH)
    • NITT-HT youth/young adults will be compared with similarly aged youth across the US on select indicators of emotional/behavioral health, functioning (employment, education, housing, and health), and mental health service use.
National Evaluation: Participant-Level Data Collection Activities to Date

- Baseline Supplemental Youth and Young Adult Interview (SYAI)
  - 729 interviews completed by laptop computers within practice communities
  - Participants from all 16 grant communities (variation by program enrollment levels)
  - Data collection ended March 1

- 12-month Follow-up SYAI
  - 116 interviews completed by phone (RTI call center) or web
  - Data collection canceled
GPRA/NOMS Analyzed

• IPP and client-level NOMS interview data from FY2015, FY2016 and Quarters 1-3 of FY2017
• 2704 program enrollment interviews
• 718 6-month follow-up interviews
To date, the 16 HT grantees have:

- Conducted outreach activities to 67,141 individuals
- Screened 12,569 youth and young adults for signs or risk of serious mental health conditions
- Referred 8,035 youth and young adults for mental health services, and
- Served 2,704 youth and young adults in HT grant-supported program services.
Number of Individuals Contacted Through Outreach Efforts: 2015-Q3 2017

Cumulative Number that Participated in Outreach Activities

Number that Participated in Outreach Activities per Quarter

Cumulative Total

Number per Quarter

Cumulative Total

Q1 2015
Q2 2015
Q3 2015
Q4 2015
FY 2015

Q1 2016
Q2 2016
Q3 2016
Q4 2016
FY 2016

Q1 2017
Q2 2017
Q3 2017
FY 2017

67,141

0
2,000
4,000
6,000
8,000
10,000
12,000
14,000
16,000
0
2,000
4,000
6,000
8,000
10,000
12,000
14,000
16,000
20,000
30,000
40,000
50,000
60,000
70,000
80,000
Number of Youth and Young Adults Referred for Mental Health Services: 2015-Q3 2017

Cumulative Number Referred for Mental Health & Related Interventions

Number Referred for Mental Health & Related Interventions by Quarter

Cumulative Total
HT Participant Characteristics at Program Enrollment

- 2,704 youth and young adults enrolled in HT services
  - Ages
    - 24% 16-18 years old
    - 37% 19-21 years old
    - 39% older than 22
  - 42% of HT program participants are non-white and 16% are Hispanic.
  - 20% describe their sexual identity as LGBTQ.
Preliminary Participant-Level Outcomes: NOMS

- Enrollment and every 6 months (while enrolled in services)
- >1/4 discharged before being eligible for 6-month interview
- Reasons for discharge:
  - No contact within 90 days of last encounter: 36.89%
  - Withdrew from or refused treatment: 26.08%
  - Some other reason (not listed): 20.27%
  - Mutually agreed cessation of treatment: 13.11%
  - Clinically referred out: 3.65%
- 84% of those eligible completed an enrollment and 6-month interview (n = 718)
Differences between NOMS responders and “non-responders”

- Chi-square tests to determine if significant differences exist between those who completed the interview (n=718) and those who did not (n=138), among those considered eligible.
- No differences in demographic characteristics (gender, race) and other functional outcomes (psychological distress, illicit drug use, hospitalizations).
- One significant difference—those who reported some period of homelessness in the past 30 days at baseline were more likely to complete the 6-month follow-up interview.

Conclusion: Responder and non-responder groups were similar.
- Data still only represents those determined by grantees to be “service-enrolled”
Baseline to 6-Month Comparisons

- McNemar tests (best for paired data with binomial outcomes). Chi square tests on variables with more than 2 levels.
- Outcomes examined:
  - High psychological distress (K-6)
  - Any drug use in past 30 days (including and excluding cannabis)
  - Past 30 day binge drinking
  - General health (excellent or very good by self-report)
  - School enrollment
  - Full or part time employment
  - Past 30 day: Nights homeless, in hospital for mental health care, ER admissions, jail, detox
Preliminary Participant-Level Findings: NOMS

Experienced high psychological distress in past 30 days*

- Baseline: 23%
- Follow-up: 31%

Used drugs in the past 30 days (including cannabis)

- Baseline: 28%
- Follow-up: 30%

In excellent or very good health*

- Baseline: 31%
- Follow-up: 35%

Enrolled in school or job training program full or part-time

- Baseline: 45%
- Follow-up: 47%

Employed full or part-time*

- Baseline: 9%
- Follow-up: 13%

*Significant at $p < 0.001$
Preliminary Participant-Level Findings: NOMS (Past 30 days)

<table>
<thead>
<tr>
<th>Past 30-Day Characteristic</th>
<th>Percent at Baseline</th>
<th>Percent at 6-month Follow-up</th>
<th>$X^2$ ($p$-value)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any nights homeless</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>11.4%</td>
<td>6.6%</td>
<td>19.9 ($p &lt; 0.001$)</td>
</tr>
<tr>
<td>No</td>
<td>88.6%</td>
<td>93.4%</td>
<td></td>
</tr>
<tr>
<td>Any nights in hospital for mental health care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>6.6%</td>
<td>3.5%</td>
<td>5.1 ($p &lt; 0.05$)</td>
</tr>
<tr>
<td>No</td>
<td>93.5%</td>
<td>96.5%</td>
<td></td>
</tr>
<tr>
<td>Any emergency room admissions for mental health care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>6.5%</td>
<td>3.5%</td>
<td>NS</td>
</tr>
<tr>
<td>No</td>
<td>93.5%</td>
<td>96.5%</td>
<td></td>
</tr>
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</table>
Preliminary Participant Findings to Consider: Opportunities for Program Support

• Signs of things working well
  — Significant decreases in “SMI” psychological distress characteristics
  — Positive directions in “functional” outcomes (days homeless) and experiences with “restrictive” treatment settings (hospitalizations)

• Areas for program improvement and focus
  — Substance abuse (alcohol and drugs)
  — Education and work engagement
Preliminary Participant Findings to Consider: Opportunities for Program Support

• Program enrollment challenges
  — Despite impressive outreach, screening and referral efforts, many HT programs still struggle with new participant program enrollment
  — Enrollment in “clinical” services may be even lower than general HT grantee “service/program” enrollment
  — This varies dramatically from grantee to grantee
  — There are innovative strategies to learn from and share (for HT grantees and the field at large)
Preliminary Participant Findings to Consider: Opportunities for Program Support

- Youth/young adult engagement challenges
  - One quarter are not involved in HT program services 6 months after starting
  - Locating, engaging and keeping program participants involved is a topic discussed often in grantee conversations
Inputs and activities in the early implementation of Healthy Transitions (HT) grants

Kathryn Sabella, MS, PhD (cand.)
Amanda Costa, BS
Transitions to Adulthood Center for Research (ACR)
University of Massachusetts Medical School
Process Evaluation Design & Methodology
Process Evaluation

• Inputs
  – Existing system (e.g. resources, plans, target population)
  – Social, economic, political environment

• Activities
  – The actions that staff or organizations take to achieve the NITT-HT project aims
  – Outreach, engagement, and services
  – Barriers and facilitators, successes and challenges
  – Role of youth voice
Process Evaluation Questions: Systems, Services, & Voice

SYSTEMS: What were the barriers and facilitators to state/local
  — Collaboration,
  — Partnership development
  — Decision-making

SERVICES: What are effective strategies for:
  — Awareness, outreach & engagement
  — Developing and expanding services
  — Increasing access to care

VOICE: How was voice integrated into
  — Decision making in services (Y&YA)
  — planning, implementation, and evaluation (Y&YA and Family)
NITT-HT Process Evaluation Design

• **Mixed Methods**
  - Project Director Web and Telephone interviews
  - Grantee Document Review
  - Collaborative Advisory/Transition Team web surveys
  - 1X Grantee Visit: Focus groups with young adults, key stakeholder interviews and provider surveys

• **Strong Youth and Young adult Participatory Methods**
  - InSight Multimedia App
  - Site Visit Activities:
    - Youth Coordinator Interviews
    - Client level and Systems level focus groups
Data Collection Activities to Date: Process Evaluation

1. Baseline Process Evaluation Assessment:
   • PD Web Survey, PD Telephone Interview and Document Review (Fall 2016)

2. Time 1 Collaborative Member Survey (CMS) and Collaborative Self-Assessment (CSA): Fall/Winter 2017
   • 158 respondents on CMS
   • 11 respondents on CSA

3. Site Visits: Late 2017/Early 2018
   • 7 visits completed: KY, OK, FL, PA, DC, RI, CT

4. InSight App:
   • Initiated with grantees who completed site visit
Grantee Characteristics and Inputs
### Baseline HT Grantee Local Practice Community Characteristics (n=38)

#### Population Size

<table>
<thead>
<tr>
<th>Population Size</th>
<th>% (# of local practice communities)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 50,000</td>
<td>21% (8)</td>
</tr>
<tr>
<td>50,001 - 100,000</td>
<td>32% (12)</td>
</tr>
<tr>
<td>100,001 – 500,000</td>
<td>29% (11)</td>
</tr>
<tr>
<td>500,000 +</td>
<td>19% (7)</td>
</tr>
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</table>

#### Urbanicity

<table>
<thead>
<tr>
<th>Urbanicity</th>
<th>% (# of local practice communities)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural</td>
<td>47% (18)</td>
</tr>
<tr>
<td>Urban/Suburban</td>
<td>53% (20)</td>
</tr>
</tbody>
</table>
Project Director Characteristics

- As required, all 16 grantees employed full-time project directors
- Most PDs are female (81%), White (88%), with a masters degree (69%)
- 50% had 3 or more years of experience
- More than 2/3 had been a NITT-HT PD for 12 months or more
- Issue of note: Project Director turnover
  - Since the start of their grant funding, six grantees have experienced turnover in the Project Director position, one experiencing three different PD’s
Preliminary Findings: Early Activities

Service
System
Outreach & Engagement
Service Design

• Two grantees focused only on first-episode psychosis

• Two primarily utilize a drop-in center model

• Various emphases on vulnerable sub-populations

• Varied use of peers

• Use of evidence-based practices varies
  — Wraparound
  — Transition to Independence (TIP)
  — Coordinated Specialty Care
  — Individualized Placement and Supports (IPS)
  — Motivational Interviewing
Early System-level Activities

- **Memoranda of Understanding between Child and Adult Systems**
  - 15/16 had either successfully established, were in the process of establishing, or previously had an established child/adult behavioral health entity MOU in place

- **Cross-Agency Collaboration and Coordination**
  - HT grantees have entered into MOUs to improve mental health services with 440 organizations (of an average of 27.5 organizations per grantee) to date
Early System-level activities: State Transition Team (STT)

- State Transition Teams (STT)
  - 11/16 grantees have established active STTs
  - All reported some young adult participation
  - All included child mental health and adult mental health representation
  - 10/11 included family advocacy groups
  - 7/11 included youth advocacy groups
  - Common activities: information sharing, sustainability planning, reviewing local evaluation findings
Early Outreach Activities

- **Social Media/Communication Plans**
  - 11/16 grantees have formal plans with goals, audiences, activities, and evaluation plans described

- **Innovative outreach strategies**
  - School partnerships
  - Survey disconnected youth/young adults
  - Culturally-driven activities (e.g. art shows)
  - Resource and employment fairs
  - Community-based events (e.g. information sessions, partnerships with food establishments, use of “swag”)
Early Engagement Activities

• “Meeting young people where they are at”
  – Slow engagement, don’t force it
  – Jobs, housing, education needs sometimes are the way in

• Innovative engagement activities
  – Drop-in centers
  – Organized outings (e.g. hiking, skating, paint nights)
  – Life skills “classes” (e.g. cooking, budgeting)
  – Job fairs
Important Considerations for Moving Forward

• The innovation is in the flexibility
  — Many praised the flexibility allowed by the grant to serve the diverse needs of young adults but simultaneously expressed concerns about sustainability (i.e. what happens to the services when they have to be translated to billable hours)

• “Mental Health” is not always at the forefront
  — The ways in which young adults talk about their mental health is important, not always willing to self-identify as struggling with mental health issues. Often what gets them in the door is an identified need in other areas (e.g. housing, employment)

• Staff and provider turnover is an ongoing challenge
Preliminary Findings: Youth & Family Voice
Youth Coordinators

- Youth Coordinators: Top 5 job responsibilities
  - Infuse YA voice into activities (100%)
  - Development/implement youth advisory councils (50%)
  - Support social media plans (31%)
  - Educate/expand YA workforce (31%)
  - Conduct outreach (25%)
Obtaining youth & young adult input

- **Advisory groups:**
  - A few created advisory group specific to NITT-HT
  - About five were utilizing previously established advisory groups
  - Many were in the process of forming advisory groups

- **Ad-hoc young adult input:**
  - Youth Coordinators
  - Ad-hoc focus groups or community meetings

- **Leadership and advocacy training efforts**
Employing Peer Support Workers

• Majority (approx. 11) employ YA peer support workers in varying ways:
  — Outreach & engagement
  — Implementing/serving on advocacy and advisory councils
  — Service Implementation (i.e., Wraparound team)

• Of the 5 grantees who did not have formal roles for YA peers:
  — 2 were in process of developing peer roles

• Some grantees also employed family peers:
  — Provide support to parents of YA in treatment
  — Advise on grant activities (i.e., Family advisory council)
Multi-Media Study:

• InSight: understanding experiences of young adults in Healthy Transitions services by engaging them through the use of photographs

• Hashtag challenges encourage young adults to contribute to a gallery of images on a topic of interest (i.e., service experience, family involvement, stigma)
#WishYouKnew That you can't just fix depression (or any mental illness for that matter) by just taking a walk and being outside. You can't just fix it at all. It is a process of recovery that needs to be understood and needs to be supported.
Important Considerations for Y&YA Voice

• The definition of and implementation of the “Youth Coordinator” role
  — Many grantees struggled with the vague definition of Youth Coordinator in the original RFA and have continuously struggled to define the position.
  — Great diversity in the primary responsibilities and general recognition of the YC position
  — Some challenges with appropriately blending lived experience into the role

• A Spectrum of Peers
  — Lots of diversity along the spectrum of peer roles. Many ongoing struggles in terms of supervision, support, and role definition. Some grantees doing better than others, some are just starting out. Could benefit from more cross-support from each other.
Discussion

Emily Lichvar, Center for Mental Health Services, SAMHSA