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# Program evaluation of a transitional age youth program : a project based upon an investigation at ServiceNet, Northampton, Massachusetts

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# PROGRAM EVALUATION OF A

# TRANSITIONAL AGE YOUTH PROGRAM

A project based upon an investigation at
ServiceNet, Northampton, Massachusetts,
submitted in partial fulfillment of the requirements
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## ABSTRACT

This study was designed to survey participants of ServiceNet's Transitional Age Youth (TAY) program to solicit feedback regarding program effectiveness in meeting their needs. Surveys were designed with ServiceNet staff to solicit participant perspectives on the importance of program goals, and satisfaction with program services in meeting those goals.

Surveys included quantitative and qualitative questions, and were distributed to all active TAY program participants.

Respondents placed the greatest emphasis on TAY program goals regarding living independently and housing. Subjects were somewhat less satisfied with program services geared towards employment services. Overall, subjects were very positive about TAY staff, particularly regarding case management, counseling and respect for program participants. Potential areas for future study include examining the relationship between TAY participants' strong desire for living independently and the uneven emphasis placed on goals related to employment and education.

ACKNOWLEDGMENTS

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**CHAPTER 1: Introduction**

The purpose of this study was to determine the degree to which ServiceNet's Transitional Age Youth (TAY) program addresses the needs of its participants, particularly from the perspective of the participants themselves. Using a mixed-methods questionnaire, respondents were asked for their feedback on the importance of program goals and how closely those align to their own goals, as well as satisfaction with core program services in meeting those goals.

The following chapters include a detailed discussion of the literature review that provides the context for this study, the methodology chosen to design and conduct the survey tool, a findings chapter that reflects both the quantitative and qualitative survey results, and a discussion chapter that examines respondent/program goal alignment, participants' level of satisfaction with TAY program services, areas for future study that emerged from the findings, potential practice or policy implications, and limitations of the study.

Transitional Age Youth (TAY) are adolescents and young adults who have been receiving child/adolescent agency services and are now transitioning into adult services or into the community. TAY participants face significantly increased challenges and experience a range of reduced outcomes in comparison to their peers. These challenges are compounded for participants with a history of mental health and behavioral issues which can contribute to significant attachment disorders (Ainsworth & Bowlby, 1991; Altshuler, 1997; Davis, 2003; Arnett, 2007; Berzoff, 2011). During this time, they have the added challenge of approaching 'aging-out' of a system that has likely supported them thus far with their mental health treatment,

housing, finances, social support and other important areas. They are also beginning to explore educational and vocational options for finishing high school and post high school.

The core focus of this study was to examine whether the ServiceNet TAY program is in fact meeting the needs of its youth clientele from their perspective, particularly as it relates to services designed to help participants make the transition into adult services or the community. In addition to youth who have been receiving child/adolescent agency services, the youth clientele includes "young adults entering the DMH adult service system for the first time, as well as those aging out of foster care or juvenile justice ("DMH Transition Age Youth Initiative," 2016)." This specific program serves clientele which consists of ~33-45% former foster youth (K. Cerar, personal communication, July 26, 2016).

The results will provide useful insight for the program administrators and the social work profession to determine which aspects of the program are meeting its clients' needs, which services might be strengthened, and if there are any unmet needs. The results may also indicate whether the program could better utilize evidenced-based practices to meet partially or unmet needs of the participants. Program administrators, program providers and the youth clientele may derive useful information about which aspects of the program provide the most benefit. In addition, the results may allow for future policy changes, improved effectiveness, and subsequent cost savings on social and mental health services.

In general, respondents placed the greatest emphasis on TAY program goals associated with living independently and housing. Subjects were somewhat less satisfied with program services geared towards employment services. Overall, subjects were very positive about TAY staff, particularly regarding case management, counseling services, respect for program participants, and help with developing and making progress towards their personal goals.

Potential areas for future study include examining the relationship between TAY participants' strong desire for living independently and the uneven emphasis they place on program goals related to employment and education.

# CHAPTER 2: Literature Review

The following literature review focuses on research that highlights factors related to Transitional Age Youth (TAY), a population that includes adolescents and young adults who have been receiving child/adolescent agency services and are now transitioning into adult services or into the community. In this context, this review aims to provide a framework for the researcher's investigation into examining the degree to which ServiceNet's Transitional Age Youth (TAY) program addresses the needs of its participants, particularly from the perspective of the participants themselves. The chapter consists of seven sections. Section one provides the theoretical framework on which this research is based. Section two presents definitions and terminology. Section three describes the unique developmental stage that Transitional Age Youth are experiencing. Section four addresses the common challenges that TAY face. Section five describes the goals for TAY and corresponding programs. Section five identifies some evidenced based practices that have been developed to address TAY challenges. Section six provides a brief history of the ServiceNet TAY program and its current goals. Finally, section seven offers consideration of biases and limitations of the available studies.

## Theoretical Framework

Attachment theory helps provide the theoretical framework guiding this research. The literature suggests that Transition Age Youth who have strong relationships experience better outcomes. Attachment theory underscores the critical importance of early relationships and how they create a template for which future relationships are based on (Berzoff, 2011).

John Bowlby and Mary Ainsworth jointly developed the theory of attachment and related

research. They had initially separate but compatible approaches that eventually merged in their partnership that endured from before 1950 to 1990. The distinguishing characteristic of the theory of attachment is that it is an ethological approach to personality development, which argues that behavior is strongly influenced by biology, is tied to evolution, and is characterized by critical or sensitive periods (Ainsworth & Bowlby, 1991).

Bowlby (1969) believed that infants are born with certain behaviors that attempt to keep the parent nearby, increasing the chances that the infant will be protected from danger. According to Bowlby, as time passes, "a true affectionate bond develops between infant and baby, which is supported by new cognitive and emotional capacities as well as a history of consistent, sensitive, responsive care by the parent. Out of this experience, children form an enduring affectional bond with their caregivers that enables them to use this attachment figure as a secure base across time and distance...this image (of the secure base) becomes the basis for all future close relationships during infancy, childhood, adolescence, and adult life."

While these inherent infant behaviors are very beneficial when caregivers are responsive to the child's needs, it is equally detrimental when parents are unresponsive. TAY may not have had the opportunity to form an "enduring, affectional" bond with a caregiver and therefore do not have a secure base from which to explore the world. They may have been separated from their caregiver(s) during infancy, their caregiver may have been physically or emotionally unavailable. This is a form of attachment trauma that is difficult to recover from. When the TAY reaches the point where they would enroll in a TAY program, it may be difficult to form an attachment with TAY staff as the youth enter the TAY system with the knowledge that it is transitional and temporary.

Children can develop insecure attachments early in life when their caregiver(s) are

abusive, neglectful, not appropriately responsive or inconsistently responsive to their dependency needs (Berzoff, 2011). Children who are neglected or abused are at a very high risk for school failure and to have mental health issues (Altshuler, 1997). Given that correlation between infant and adult styles is 70 to 80 percent (Grossman, et al., 2005), it seems imperative to attempt to improve the odds for children to develop a more secure attachment and improve trust in others. The introduction of a helpful other and psychotherapy are the two out of the three methods to improve an insecure attachment style (Berzoff, 2011). Psychotherapy is typically part of treatment planning for TAY, along with a dedicated case manager, who can be considered a helpful other.

**Terminology**

Terminology proved to be a limitation during the literature review process. There are a variety of terms to describe "Transitional Age Youth" in addition to varying definitions of what the term(s) encompass. Some of the terms used to describe the TAY population included: youth in transition, emerging adults, young adults and young people. In some articles, TAY specifically refers to youth aging out of the foster care system (Curry, 2015). There was also discrepancy in the age range that defines this population, starting between 14 to 18 and ending between 22 to 29 (Arnett, 2007; Davis, 2003; Greenblatt, 2016). Some of the terms used to describe challenges TAY experience included: serious mental illness, emotional and/or behavioral difficulties, mental health challenges, mental disorder, serious mental health conditions, substance abuse, co-occurring mental illness and psychiatric disabilities.

**Developmental Stage**

Transition Age Youth are at a particularly vulnerable and critical point in their development. Current neuroscience has identified a new, unique developmental phase, often

called 'emerging adulthood' (Arnett, 2007; Greenblatt, 2016). Greenblatt (2016) discusses how the prefrontal cortex is the last part of the brain to fully develop and it occurs gradually during adolescence and young adulthood.

The development of the prefrontal cortex is enhanced by developmentally appropriate experiences, supports and relationships. The functions of decision making, problem solving, planning, judgment and impulse control occur in this part of the brain. Based on these findings, the types of experiences that benefit youths' development include: practice in learning how to make decisions, how to solve problems and how to engage in planning so that they can develop the ability to make positive judgments in challenging situations. Davis (2003, p. 496) states "...the transition to adulthood...is a challenging period of life for most people, rife with life-impacting risks."

During this stage, youth often feel "in-between" adolescence and adulthood. In addition, they spend considerable time exploring their identities and seeking independence (Arnett, 2007). "Youth in this age group require flexibility, the feeling of control over their lives, and a sense of autonomy in order to pursue independence and other personal goals" (Curry, 2017).

This new research found that creating a stable and secure identity takes longer than previously believed. The emerging adulthood phase is now recognized as a time when "young people gradually become more independent in areas that involve residence/housing, employment, education, finances, romance, and parenting - while still needing to maintain a sense of connectedness to positive and mutually supportive relationships…It may take well into the twenties for young adults to function well in the world…" (Greenblatt, 2016).

**Common Challenges**

The developmental stage alone is challenging for Transitional Age Youth. In the case of the research population, the ServiceNet TAY participants have the added challenges of managing significant mental health diagnoses, the transition to a new mental health program, and often substance abuse (S. Dunn, personal communication, November 21, 2017).

The transition to adulthood is an especially vulnerable time for those with emotional or behavioral disorders (Davis, 2003, p. 496). Transitional Age Youth experience differential outcomes compared to peers, in terms of education, employment, incarceration and more. The website for the Massachusetts DMH Transition Age Youth Initiative (n.d.) states, "It is well documented that the transition period for youth struggling with emotional and behavioral difficulties is fraught with unique challenges. Among these are greater risk for school failure, involvement with correctional authorities and sometimes a dependency on social services." Gralinski, et al. (2005) corroborates this and adds that youth with a history of a mental disorder are more likely to have involvement with the criminal justice system, more likely to be unemployed, and are at a higher risk for abusing drugs and alcohol and for experiencing an unplanned pregnancy. Considering the research conclusions surrounding TAY's unique developmental stage and the numerous negative potential outcomes associated with this population, this stage is an opportune time in their lives to provide useful, high quality support and services.

Delman & Jones (2002) found that adolescents in Massachusetts who receive public mental health services face significant challenges as they "age out" of the youth system and transition to adulthood. "Aging out" refers to the age at which a young person is no longer eligible for services as an adolescent, which ranges from age 18-21 depending on which program

the person is aging out of (e.g. DMH, Department of Social Services or MassHealth). These young people are typically treated with older adults and as "adults," they are eligible for fewer services. In addition, a legal guardian is no longer responsible for their basic needs, so homelessness and criminal justice involvement become real possibilities (Delman & Jones, 2002).

**Goals**

Goals associated with positive transitions to adulthood for TAY participants commonly reflected in relevant literature include progress toward education, employment, stable housing, healthy relationships, less interference in daily activities as a result of mental health and substance use disorders, developing independent living skills and resources, wellbeing and remaining free from incarceration (Davis, 2003; Haber, Karpur, Deschênes & Clark, 2008; Wald, 2003). Correspondingly, many TAY programs focus on programming to help TAY meet these goals.

Some of the literature discusses the importance of focusing on the topic of goals overall as an intervention for TAY. Snyder, Lopez, Shorey, Rand, and Feldman (2003) describe how "enhancing one's agency involves selecting goals that are important to one's values, rather than limiting oneself to goals that are imposed by peers or authority figures" (p. 130) and that when an individual believes that they have chosen their own goals, it can be a source of motivation.

'Interdependence' has become a popular term for the goal of transitional age youth, as opposed to 'independence.' People rarely thrive independently of others; most of us have been supported in some way by family, a friend, a program or otherwise. Wald & Martinez (2003) assert that by the age of 25, young people need to be "connected," that is, "embedded in networks—families, friends, and communities—that provide guidance, support, and help, both

financial and otherwise, when they face the crises that are an inevitable part of the transition" to adulthood. This is a shift from prior mental health and social service models which have solely prepared youth to live on their own.

Research has identified having a suitable place to live as being a fundamental human need essential to the attainment of other basic needs (Maslow, 1943) and a necessarily platform from which to address "health or mental health issues; pursue employment or educational goals; and feel safe and stable…" (Aratani, 2009). For many TAY, maintaining a consistent housing environment can be challenging. According to Foster (2010), homelessness for this age population is defined as "doubling up or 'couch surfing' with another person, living in a shelter, on the street, in a car, in an abandoned building, or another location not meant for human habitation."

On a single night in 2014, approximately 39,500 unaccompanied young adults ages 18–24 were experiencing homelessness in the United States, and approximately half were unsheltered [U.S. Department of Housing and Urban Development (HUD), 2014]. Specifically, many foster care youth who age out of the system become homeless (Fowler, Toro, & Miles, 2009). "Among the varying needs of the heterogeneous population (of young people), addressing housing and shelter needs is of utmost importance, as unstable housing and homelessness among youth have been linked to mental health and health problems, risk of exposure to violence, and difficulty maintaining employment" (Aratani, 2009).

Education is one of the goals for TAY most frequently found in the literature, however most adolescents with emotional and behavioral disorders drop out of high school (Rylance, 1997; U.S. Department of Education, 2001) and do not attend college (Wagner, D'Amico, Marder, Newman, & Blackorby, 1991) so obtaining a decent paying job acquires added

importance (Carter, 2003). There is a positive correlation between increased educational attainment and a reduction in criminal behavior. Lochner (2004) found that schooling significantly reduces the probability of incarceration and arrest. Further, the study predicts that the United States would save as much as $1.4 billion per year in reduced costs from crime incurred by victims and society if there was just a 1 percent increase in the high school completion rate of all men ages 20-60. Adolescents who do not enter the criminal justice system save the community tax dollars, maintain their freedom and improve their chances to positively contribute to the community.

Numerous studies have found that adolescents with emotional and behavioral disorders face substantial difficulty with both obtaining and maintaining competitive employment (e.g., Blackorby & Wagner, 1996; Frank & Sitlington, 1997; Malmgren, Edgar, & Neel, 1998; Sample, 1998; Wood & Cronin, 1999).

The unemployment rate is quite high among young adults with emotional and behavioral disorders; it ranges from 42% to 70% within the first five years after they leave high school (e.g., Frank, Sitlington, & Carson, 1995; Neel, Meadows, Levine, & Edgar, 1988; Rylance, 1998). "These unemployment rates far exceed those of high school graduates without disabilities and those experienced by individuals with other disability labels, including young adults with mental retardation, visual disabilities, or physical disabilities" (Marder & D'Amico, 1992; Wagner et al., 1991). It is critical that factors contributing to these poor outcomes be identified and addressed through transitional programs (Carter, 2003).

**Evidence-Based Practices**

The most well-known evidence-based TAY program is the Transition to Independence (TIP) model, which advocates for programs where "personnel at all levels of the transition

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system must engage young people; ensure the delivery of coordinated, non-stigmatizing, trauma-informed, developmentally-appropriate, appealing supports and services to these young people; involve and support their families and other informal key players (e.g., friend, foster parent, aunt, girlfriend) as relevant; and build a "community of practice" across relevant agencies and resources throughout the community or region" (Clark & Hart, 2009). It is widely agreed upon by scholars (e.g., Courtney & Dworsky, 2006; Pecora, Williams, et al., 2006) that providing foster youth, who are a large subset of the TAY population, with a stable, safe, and loving environment can potentially have a lasting and lifelong positive impact on their lives and their ability to be resilient and overcome adversity (e.g., negative attachment patterns). Anctil et al. (2007) found that foster care alumni with mental health and physical disabilities who perceived their foster parents as helpful and supportive had higher self-esteem as adults.

**History of Massachusetts Department of Mental Health (DMH), ServiceNet, and the TAY Program**

According to "A Brief History of DMH," (2016) Massachusetts built the first public asylum in America in 1883 and has been a national leader in caring for people with mental illnesses ever since. In 1963 President John F. Kennedy signed the Community Mental Health Centers Act, which shifted mental health care toward treating people locally instead of in large state hospitals. In the ensuing years, public psychiatric hospitals were closing while community mental health programs were created. Currently, the Massachusetts Department of Mental Health (DMH) is the State Mental Health Authority which:

> "assures and provides access to services and supports that are person-centered and recovery-focused to meet the behavioral health needs of individuals of all ages, enabling them to live, work and fully participate as valuable, contributing members of our

communities. The large majority of DMH clients (more than 90 percent) are served in the community. DMH's Community First initiative has resulted in an expansion of community services such that we are able to rely much less heavily on institutional settings such as state hospitals. Advancement in our community service system means that more individuals are living and working in the community, contributing to the fabric of our society, as they experience recovery."

Massachusetts DMH acknowledged the unique difficulties for TAY who struggle with emotional and behavioral issues ("Massachusetts DMH Transition Age Youth Initiative," n.d.). In order to respond to these concerns, the DMH State Mental Health Planning Council established the Youth Development Committee (YDC), co-chaired by two young adults and comprised of many collaborators to address these issues ("Massachusetts DMH Transition Age Youth Initiative," n.d.). In 2007, DMH started to transition from internal case management of TAY youth to utilizing community mental health service providers instead. ServiceNet is "a network of innovative mental health and human services for individuals and families throughout Western Massachusetts and Worcester County...that includes over 100 different programs and services" ("ServiceNet, About Us", n.d.). ServiceNet started doing case management for the Western Massachusetts TAY population in 2007 with DMH providing reimbursement. In 2009, DMH and ServiceNet entered into a contract and the official Western Massachusetts ServiceNet TAY program was created (K. Cerar, personal communication, July 26, 2016).

This study examines the perspectives of participants enrolled in ServiceNet's Transitional Age Youth program regarding their satisfaction with services and whether the program is meeting their self-defined needs. The program, which will be referred to as "the TAY program" is a Massachusetts Department of Mental Health (DMH) funded program that offers

individualized mental health services, case management and transitional living for young adults who meet certain criteria. The TAY program admits persons between 17 and 26 who are screened and referred by the DMH and determined to have a mental health diagnosis that is severe enough to meet criteria for admission. Referred persons need to demonstrate evidence of psychosis, pre-psychosis, significant substance abuse, and behaviors that merit intense treatment including inability to achieve age-appropriate developmental stages.  Other situations include histories of severe and persistent trauma, residential and/or foster care, and significant life cycle disruptions (S. Dunn, personal communication, November 21, 2017). In addition to youth who have been receiving child/adolescent agency services, the youth clientele includes "young adults entering the DMH adult service system for the first time, as well as those aging out of foster care or juvenile justice ("DMH Transition Age Youth Initiative," 2016)." This specific program serves clientele which consists of ~33-45% former foster youth (K. Cerar, personal communication, July 26, 2016).

While in the TAY program, participants are assigned a dedicated clinical case manager, access to mental health treatment and psychiatric medication, employment supports and educational services, support and treatment groups, and a drop-in socialization center. Participants are required to meet with their case manager frequently to develop goals, check in on progress toward their goals, and work on steps toward achieving their goals.

**Limitations**

There is a lack of literature regarding programs and interventions for adolescents and young adults. A plethora of literature exists regarding child programs and adult programs, those findings are then applied to the TAY age group when the recommendations may not be appropriate for their age group. Pottick, et al. (2014) studied the diagnostic and mental health

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service usage patterns of TAY and acknowledged that there was a lack of data on the subject, "yet the information is critical to efforts to ensure that services are available and appropriate to needs during this vulnerable developmental period".

Additionally, Carter (2003. p. 458) argues that "the specific challenges that adolescents with emotional and behavioral disorders experience in employment settings have received relatively little attention. It is important to know whether these adolescents face similar employment challenges as individuals with intellectual disabilities and, ultimately, whether interventions validated with this population may be equally effective with employees with emotional and behavioral disorders."

**Conclusion**

Attachment theory helps provide the theoretical framework guiding this research. The theory underscores the critical importance of early relationships and how they create a template for which future relationships are based on. While this bond and attachment figures are very beneficial when created with caregivers who are responsive to the child's needs, it is equally detrimental when parents are unresponsive. Transition Age Youth are at a particularly vulnerable and critical point in their physical and emotional development, called 'emerging adulthood'. Transitional Age Youth navigating this challenging developmental stage are especially vulnerable during this time as they are susceptible to experience differential outcomes compared to peers, in terms of education, employment, incarceration and more. In the case of the research population, the ServiceNet TAY participants have the added challenges of managing significant mental health diagnoses, the transition to a new mental health program, and often substance abuse (S. Dunn, personal communication, November 21, 2017).

Goals associated with positive transitions to adulthood for TAY participants commonly

reflected in relevant literature include progress toward education, employment, healthy relationships, less interference in daily activities as a result of mental health and substance use disorders, developing independent living skills and resources, remaining free from incarceration and wellbeing.

Some evidence-based TAY models include the Transition to Independence (TIP) model, which advocates for programs including "coordinated, non-stigmatizing, trauma-informed, developmentally-appropriate, appealing supports and services; involvement and support for their families and other informal key players; and build a "community of practice" across relevant agencies and resources throughout the community or region" (Clark & Hart, 2009). Other helpful supports include a stable, safe, supportive and loving environment and relationships.

The current study examines the TAY program, which is a Massachusetts Department of Mental Health (DMH) funded program that offers individualized mental health services, case management and transitional living for young adults who meet certain criteria.

Although there is a plentiful amount of literature regarding child and adult mental health programs, there is a lack of literature regarding programs and interventions for adolescents and young adults.

Reducing incarceration rates and the numbers of homeless foster youth are just two of many outcomes that directly affect the field of social work. The results of this study are linked to the focus of The National Association of Social Workers. Their Code of Ethics places a "focus on individual well-being in a social context and the well-being of society. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living" (NASW Code of Ethics, 2008).

**CHAPTER 3: Methodology**

**Formulation**

The following chapter describes the purpose of this mixed-methods study and the

methodology used to conduct this research. The purpose of this study is to evaluate how well

ServiceNet's Transition Age Youth (TAY) Program is meeting the needs of its participants,

particularly from their perspective.

The researcher facilitated discussion with both ServiceNet and TAY program staff to

elicit their perspectives on the program's services and desired outcomes. Their input was also

sought regarding survey objectives, survey question development and formatting, as well as past

challenges and suggestions for survey distribution (Appendix C).

**Site**

This study examines the perspectives of participants enrolled in ServiceNet's Transitional

Age Youth program regarding their satisfaction with services and whether the program is

meeting their self-defined needs. The program, which will be referred to as "the TAY program"

is a Massachusetts Department of Mental Health (DMH) funded program that offers

individualized mental health services, case management, and transitional living for young adults

who meet certain criteria. The TAY program admits persons between 17 and 26 who are

screened and referred by the DMH and determined to have a mental health diagnosis that is

severe enough to meet criteria for admission. Referred persons need to demonstrate evidence of

psychosis, pre-psychosis, significant substance abuse, and behaviors that merit intense treatment

including inability to achieve age-appropriate developmental stages. Other situations include

histories of severe and persistent trauma, residential and/or foster care, and significant life cycle disruptions (S. Dunn, personal communication, November 21, 2017).

While in the TAY program, participants are assigned a dedicated clinical case manager, access to mental health treatment and psychiatric medication, employment supports and educational services, support and treatment groups, and a drop-in socialization center. Participants are required to meet with their case manager frequently to develop goals, check in on progress toward their goals, and work on steps toward achieving their goals.

**Sample**

Demographic information available for the TAY participants includes gender, age, and race. Other relevant information that the TAY program tracks but was not easily available to the researcher includes the specific TAY program components that the TAY participants are involved in (e.g. residential or non-residential), length of time in program, mental health diagnosis, substance abuse diagnosis (if applicable) and employment status.

TAY participant information that is not easily available and/or is not tracked by ServiceNet includes economic status/income, parental status or pregnant (included in participant charts but not easily queried), former foster youth, undocumented immigrant status, LGBTQ status, education status, past juvenile justice system involvement, and homelessness or at risk of homelessness.

As the researcher was interested in soliciting feedback from as many TAY participants as possible, the study employed a client census. The selection criteria to participate included 100% of currently active TAY participants. An "active" participant is defined as a person enrolled in the ServiceNet TAY Program, listed in their electronic medical record with an admission date, receiving services, and who has not yet been discharged (S. Dunn, personal communication,

November 21, 2017 and J. Geertsma, personal communication, November 30, 2017). It is possible that some participants may be technically active but are not engaged or participating (S. Dunn, personal communication, November 21, 2017). The only exclusionary criterion was if a TAY participant was deemed "inactive". A list of active participants was created from the ServiceNet database by their Quality/Utilization Management department. At the time the list was created, there were 60 active TAY participants. Identification numbers were randomly assigned to each participant. The resulting name to number list is maintained by the ServiceNet Quality/Utilization Management department and not accessible by the researcher or other ServiceNet staff to ensure confidentiality. 16 of the 60 potential respondents returned the survey, reflecting a 27% response rate.

**Limitations of Sampling Method and Potential Biases**

A limitation of this study is that it did not include former TAY participants, who might have had valuable input regarding the TAY program. However, after discussing logistics with ServiceNet staff, the feasibility of contacting former participants seemed outside the resources available to the researcher.

Another limitation is that given the relatively small number of respondents, the researcher was not able to analyze the data by each participant's level of involvement in the TAY program. Some participants have more exposure to program elements, especially if they reside in the TAY residential location versus those utilizing drop in and community-based outreach services. The researcher also did not include questions about the participants' experiences with previous systems of care (e.g. if they were previously in foster care, the juvenile justice system, etc.), which may create distinct sub-groups within the TAY population.

A potential risk of bias is the inclusionary criteria, namely how the decision of whether participants are deemed "active" vs. "inactive" is made. The decision is made by ServiceNet staff and the researcher is unsure whether it is possible for bias to enter that decision. An "active participant" is defined as receiving services but it is unclear how frequently the services must take place and when the cut-off point is from the last date a participant received services until they are deemed "inactive" in the program. If there is a standard amount of time (e.g. 60 days without receiving services), then the risk of bias is reduced. However, if it is decided on a case by case basis, the staff member making the determination may be influenced by a variety of factors, including but not limited to the nature of their last interaction and the quality of their relationship.

Another potential risk of bias was the wording of question one (Q1), which read: "Please name the top three things that are most important in your life: (e.g. people, activities, certain goals, possessions, etc.)." Engel (2013, p. 234) states that "bias occurs when some but not all possible responses/answer choices are included in the question. It focuses respondents on those categories and other categories may be ignored. It is best left to the respondent to answer the question without such response cues."

The researcher did not have prior experience with this particular population nor with any other TAY participants. Hopefully this allowed the researcher to be more objective as their opinions were not contaminated by her relationships with the population. The thesis advisor for the researcher has an investment in the findings of this study as he is also an employee of ServiceNet, with an evaluative role of agency programs, including the TAY program. The researcher hypothesizes that positive findings from survey respondents would be preferable to the thesis advisor. As the thesis advisor is in a position of power over the researcher, the

researcher could therefore have a bias toward desiring positive results for their thesis advisor. The researcher and thesis advisor discussed this circumstance prior to the beginning of the study and agreed to monitor it and prioritize minimizing bias and producing valid data.

One of the limitations of this study may be the phenomenon of social desirability bias, which is the tendency for individuals to respond in ways that are viewed favorably by others. The issue is that individuals may not be providing their honest opinions (Engel, 2013, p. 237). While the researcher does not have a stake in whether the respondents respond positively or negatively, it is understandable that the respondents may not want to provide a negative report about a program whose stated goal is to help them. In addition, the survey envelopes were distributed to TAY participants by TAY staff, who they likely know and receive services from, which may have affected whether and how the participants responded. To attempt to minimize this and to ensure confidentiality, the survey envelopes the participants received were sealed and they were asked to seal the inner envelope on return of the survey.

The findings of this study may have sample generalizability, meaning they may be indicative of the ServiceNet TAY population. However, the findings most likely do not have cross-population generalizability, meaning they cannot be generalized to other similar programs like a TAY program in California (Engel, 2013).

**Data Collection**

The research took place from July 2016 to December 2017. The researcher, in collaboration with the thesis advisor, chose to utilize a survey instrument to gather feedback from TAY participants. Due to geographical constraints as the researcher resides in California, it was not possible to utilize extensive interview or focus group research. The data collection instrument, TAY Participant Survey, was partially adapted from a client feedback survey

disseminated by Richmond Area Multi-Services, Inc. (RAMS) CalWORKs Counseling and Pre-Vocational Services in 2016 to their current clients for feedback on their program satisfaction (Appendix D). Some of the reasons this instrument was partially adapted are that the RAMS program has similar elements to the TAY program and also aimed to gather honest feedback about whether their program was meeting the participants' self-defined goals. In addition, it seemed to be strengths-based, user friendly, and person centered, which were all aims of the TAY Participant Survey. The researcher was also familiar with the tool and was able to receive verbal permission for use and adaptation from the RAMS CalWORKs Program Manager as she previously worked as an intern for RAMS during her second year at Smith College.

The researcher reviewed both the federal SAMHSA Mental Health Statistics Improvement Program (MHSIP) tool (MHSIP Quality Report Toolkit, 2004) and the Massachusetts state DMH modified version of the MHSIP (DMH Survey). The latter is distributed as an annual consumer satisfaction survey to all 51 of Massachusetts DMH contracted and state-operated services, which includes the TAY program participants (DMH Adult Consumer Satisfaction Survey, 2016). Although this instrument is valid and evidence-based, the TAY participants already receive it each year and the researcher was interested in measuring satisfaction with a service-focused survey about the specific services that the TAY program provides. In addition, ServiceNet staff have received feedback from program participants and staff at all levels that the DMH sponsored survey is too long, with 57 questions, and takes too long to complete (S. Dunn, personal communication, July 18, 2016). The researcher wanted a simple, short survey tool to explore more deeply into what participants find important in their lives and what is helpful or not helpful about the TAY program specifically.

The researcher used the question format from the MHSIP tool on two of the twelve TAY Participant survey questions (Q5, Q11), which asked respondents to agree-disagree using a five-point scale (Strongly Agree, Agree, Neutral, Disagree Strongly Disagree). It also includes an opportunity to select "Does not apply".

The TAY Participant Survey draft was created by the researcher using Google Documents and it was shared with her Thesis Advisor/ServiceNet's Director of Quality Management, her Interim Thesis Advisor, ServiceNet's Director of Applied Research, and the Smith College Department of Psychology undergraduate intern for review and feedback.

The TAY Participant Survey includes both close-ended and open-ended questions. The close-ended questions allow for comparative analysis and ensure that the topics of interest to the ServiceNet and TAY staff are covered. The survey was developed in consultation with ServiceNet administration and TAY staff to be sure that the content reflected the goals of the program from their perspective. The open-ended questions give respondents an opportunity to include areas not specifically covered in the survey. Questions were included that allowed respondents to specify their own goals as program users and the degree to which those goals we met.

The survey consisted of 12 questions; seven quantitative (Q2, Q4, Q5, Q6, Q8, Q9, Q11), and five qualitative (Q1, Q3, Q7, Q10, Q12). Of the seven quantitative questions, four had optional open ended follow up questions (Q4, Q5, Q8, Q9). Please note that Q3 and Q7 are actually optional open-ended follow up questions to the questions that precede them, Q2 and Q6, respectively (Appendix F).

The survey was distributed in English, without translation into other languages, as the researcher was informed by ServiceNet staff that all active TAY participants are fluent in the English language as services are solely provided in English.

Demographic questions were not included as ServiceNet's Director of Applied Research informed the researcher that she could access and share the demographic data of respondents and an aggregate of data for non-respondents (J. Geertsma, personal communication, February 17, 2017). The researcher accepted as it simplified and shortened the survey instrument.

The survey was designed to solicit program input and to document participant satisfaction with the TAY program. The survey was also designed to be brief, consisting of no more than 20 questions with a goal of keeping completion time under 20 minutes. ServiceNet's Director of Quality Management stated that some members of this TAY population have short attention spans (S. Dunn, personal communication, July 18, 2016). In addition, he stated that members of this TAY population have a wide range of reading comprehension, so we aimed to use clear, simple language. The researcher considered the survey language as a potential barrier for participation and understanding and therefore strove for language that was accessible and linguistically congruent with the TAY participant population. For example, question five asked respondents to choose a response from a Likert scale, ranging from satisfied to unsatisfied. While "dissatisfied" is grammatically correct, the term "unsatisfied" is more colloquially used and the researcher believed it would be better understood. The survey was distributed in paper format in order to ensure confidentiality and increase accessibility. Originally, the researcher preferred to distribute the survey electronically, via email, in addition to a mailed paper version, but TAY staff noted that not all participants have access to a computer and/or the internet. Also, providing two method options to return the survey would have introduced the possibility for duplication of

respondents' surveys; in addition, the confidentiality of respondents would have been compromised if we had needed to track who completed which survey.

The researcher collaborated with ServiceNet staff on the wording of the survey via shared Google Documents. In order to ensure ease, reliability, and consistency of data entry and analysis upon the completion of the surveys, a Smith College undergraduate intern copied the survey text from the researcher's Google Document file and entered it into an agency licensed and confidentiality protected SurveyMonkey account managed by ServiceNet, and then printed out copies for distribution. In order to ensure confidentiality, the researcher did not have access to the SurveyMonkey account at any time.

The researcher included a cover letter along with the survey, which explained the purpose of the survey and that filling it out is voluntary and confidential (Appendix E). In addition, the cover letter included a check box which allowed participants to opt out of the survey. The cover letter also informed potential respondents that completing the survey would take approximately 20 minutes, asked them for honest answers and provided contact information for ServiceNet's Director of Applied Research if they had any questions, comments, or needed help filling out the survey. The respondents implied consent by reading the cover letter and completing the survey.

The data was de-identified to the researcher, eliminating the need for a Human Subjects Review by the board at Smith College School for Social Work.

The researcher discussed providing a survey incentive with ServiceNet staff. A raffle was not feasible as it would compromise the confidentiality of the survey respondents. The decision to offer a prepaid incentive was partially based on suggestions from ServiceNet Quality/Compliance staff members and Cialdini's (2009, p. 21) findings which discuss how significant the driver of reciprocation is in the human psyche. The small "gift" of a prepaid

incentive creates an uninvited debt that can be simply repaid by recipients through responding to the survey. Accordingly, a $2.00 cash incentive was provided by ServiceNet as an unconditional incentive to complete and return the survey.

Prior to the distribution of the surveys, the researcher prepared a staff memo, approved by the ServiceNet Quality/Compliance department, introducing the project and survey, and describing the necessary procedures (Appendix G).

The ServiceNet Director of Applied Research gave the TAY Manager the staff memos and survey envelopes on March 31, 2017 and again on April 28, 2017, which were distributed at their team meetings. The initial survey envelopes, distributed on March 31, 2017, contained a survey, respondent instructions, a stamped return envelope with ServiceNet's address on it, and a two dollar bill. The follow up survey envelopes contained the same materials, with the exception of the $2.00 cash incentive. TAY staff then distributed the survey envelopes to TAY participants in person, with instructions for the participants to either mail the completed materials back or deliver them directly to a TAY staff member, sealed in the envelope that was provided.

There were two attempts made to distribute the 60 surveys: the first began on March 31, 2017, when the initial 60 survey envelopes were distributed to TAY staff at their team meeting. The first attempt yielded 10 completed surveys and three who declined to take the survey. The second, follow up attempt began on April 28, 2017, when a duplicate batch of staff memos and survey envelopes were again distributed to TAY staff at their team meeting. Survey envelopes were only duplicated for the remaining 47 participants who did not respond. The TAY Manager asked the TAY staff to remind the remaining 47 participants who did not respond to complete the survey and also asked TAY staff to distribute the duplicate survey envelopes to them, in case the

original was misplaced. The second attempt yielded an additional six completed surveys and one who declined to fill out the survey.

Approximately every two weeks, between March 31, 2017 and June 19, 2017, the ServiceNet Director of Applied Research contacted the TAY Manager to check on survey response progress and to ask him to remind staff to remind participants to complete the survey.

**Data Analysis**

Surveys were disseminated to all 60 current, active TAY participants. 16 out of 60 potential respondents completed and returned the survey (n=16) which is a response rate of 27%. Four participants opted out of completing the survey by checking the box on the cover letter stating, "I decline to take the survey" and returning it. 40 participants did not respond. The 27% response rate for the current study is somewhat consistent with the response rate for the annual DMH Adult Consumer Satisfaction surveys in 2014 and 2016 of the same TAY population. In the 2014 survey, 13 surveys were completed. However, the researcher does not have access to the exact number of eligible participants at that point in time. The TAY Contract Manager states that typically the total number of participants hovers around 60 but does not usually get below 55 participants at any given time (Cerar, K., personal communication, July 26, 2016). The 2014 response rate likely ranged between 22% (13/60) and 24% (13/55), depending on the exact number of participants the survey was distributed to. In 2016, the DMH survey received n=16 and their calculated response rate was 38%, with 16 surveys completed, 42 eligible participants and 21 that had an incorrect address/were ineligible (DMH Adult Consumer Satisfaction Survey, 2016). The current TAY survey and the most recent DMH survey both received n=16 surveys completed. DMH deemed a client ineligible if the mailing to the client resulted in a U. S. Postal Service returned "addressee unknown—no forwarding address" and hence those clients were not

included in their calculation of their response rate. DMH noted that the statewide response rate was 42% and clients responding at lower rates included those under age 35 (30% versus 45%). The TAY program population is under age 35 as the age range for program criteria is 17-26 years old. This study's 27% response rate is fairly consistent with the DMH survey's lower response rate at 30% for clients under age 35.

The DMH study had slightly different data collection methods than this study. The DMH survey was administered through postal mail only, with five total mailings (a pre-notification letter, a survey packet, a reminder letter two weeks later, a second survey packet two more weeks later and a "last call" letter two more weeks after that). It also included a $5.00 cash incentive in the first survey packet only (DMH Adult Consumer Satisfaction Survey, 2016).

As mentioned previously, the survey data was entered into SurveyMonkey by the undergraduate intern. The online software allows ease of exporting the data to Microsoft Excel for the data summary (Appendix H). Descriptive statistics such as percentages and averages were calculated by the researcher. From the Excel file, two graphs and four tables of numerically displayed frequency distribution were created and included in the findings chapter.

## CHAPTER 4: Findings

**Introduction**

This study used a mixed-methods questionnaire designed to survey participants of ServiceNet's Transitional Age Youth program to gather their feedback to determine how well the program is meeting their needs. In addition to youth who have been receiving child/adolescent agency services, the youth clientele includes "young adults entering the DMH adult service system for the first time, as well as those aging out of foster care or juvenile justice ("DMH Transition Age Youth Initiative," 2016)." This specific program serves clientele which consists of ~33-45% former foster youth (K. Cerar, personal communication, July 26, 2016).

The survey was designed to solicit program input from the program participants and to inquire about participant satisfaction with the program. The limited sample size makes for results that are suggestive rather than conclusive.

This chapter first describes the sample demographics of the study, followed by quantitative and qualitative result sections. Quantitative and qualitative survey results are mostly separated into their respective sections. However, when quantitative based questions are followed by associated open-ended questions, these results are addressed in the same sections. Finally, the summary section provides a brief content analysis of the key findings.

In general, participants placed the greatest emphasis on TAY program goals associated with living independently and housing. Participants were somewhat less satisfied with program services geared towards employment services. Overall, subjects were very positive about TAY

staff, particularly regarding case management, counseling services, respect for program participants, and help with developing and making progress towards their personal goals.

**Sample Demographics**

A total of 60 surveys were disseminated as part of the study. Of this population, 16 surveys were completed and returned (n=16), and four surveys were refused and returned. There were a total of 40 non-respondents. Of the 16 respondents, 69% identified as male and 31% identified as female. Compared to the overall TAY participant population of 57% male, 40% female, 2% transgender and 2% other; the respondents of the study consist of more males than the overall population. The racial breakdown of both the overall TAY participant population (Chart 1) and the survey respondents (Chart 2) are displayed below. The age range of the participants was 20-29 with an average age of 25. The overall TAY participants range in age from 19-29 with an average age of 24. Both the age range and the median age of the sample is consistent with the population.

**Chart 1:** *TAY Participant Race Demographics*
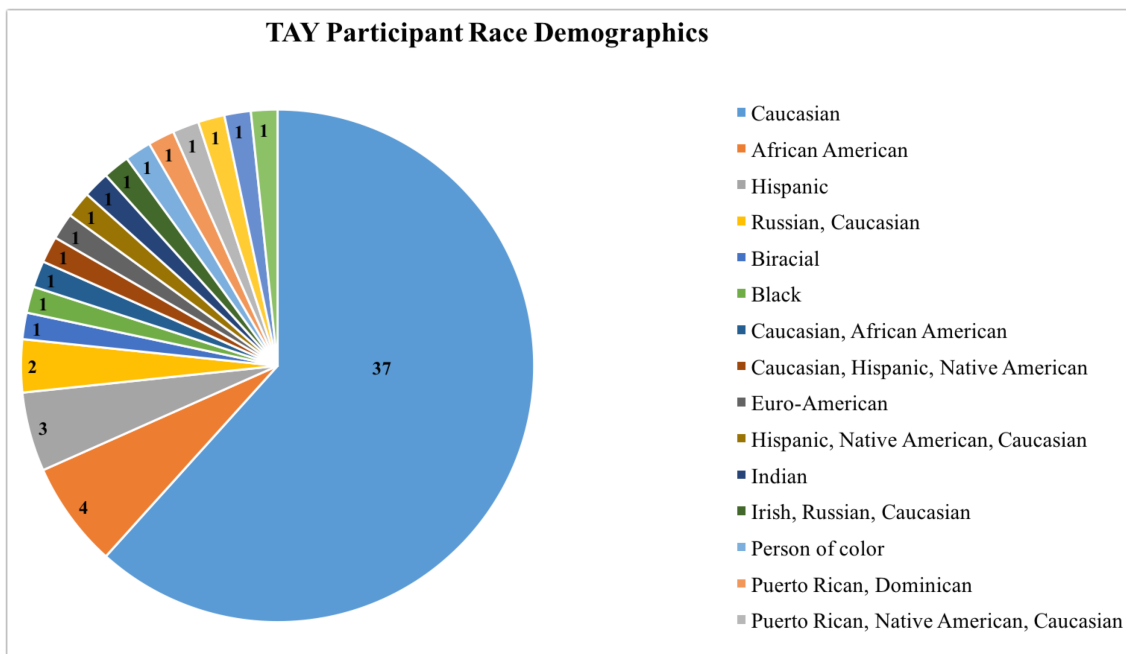
**Chart 2:** *TAY Survey Respondents Race Demographics*



**TAY Survey Respondents Race Demographics**

- Caucasian
- Euro-American
- Indian
- Puerto Rican, Dominican
- Puerto Rican, Native American, Caucasian
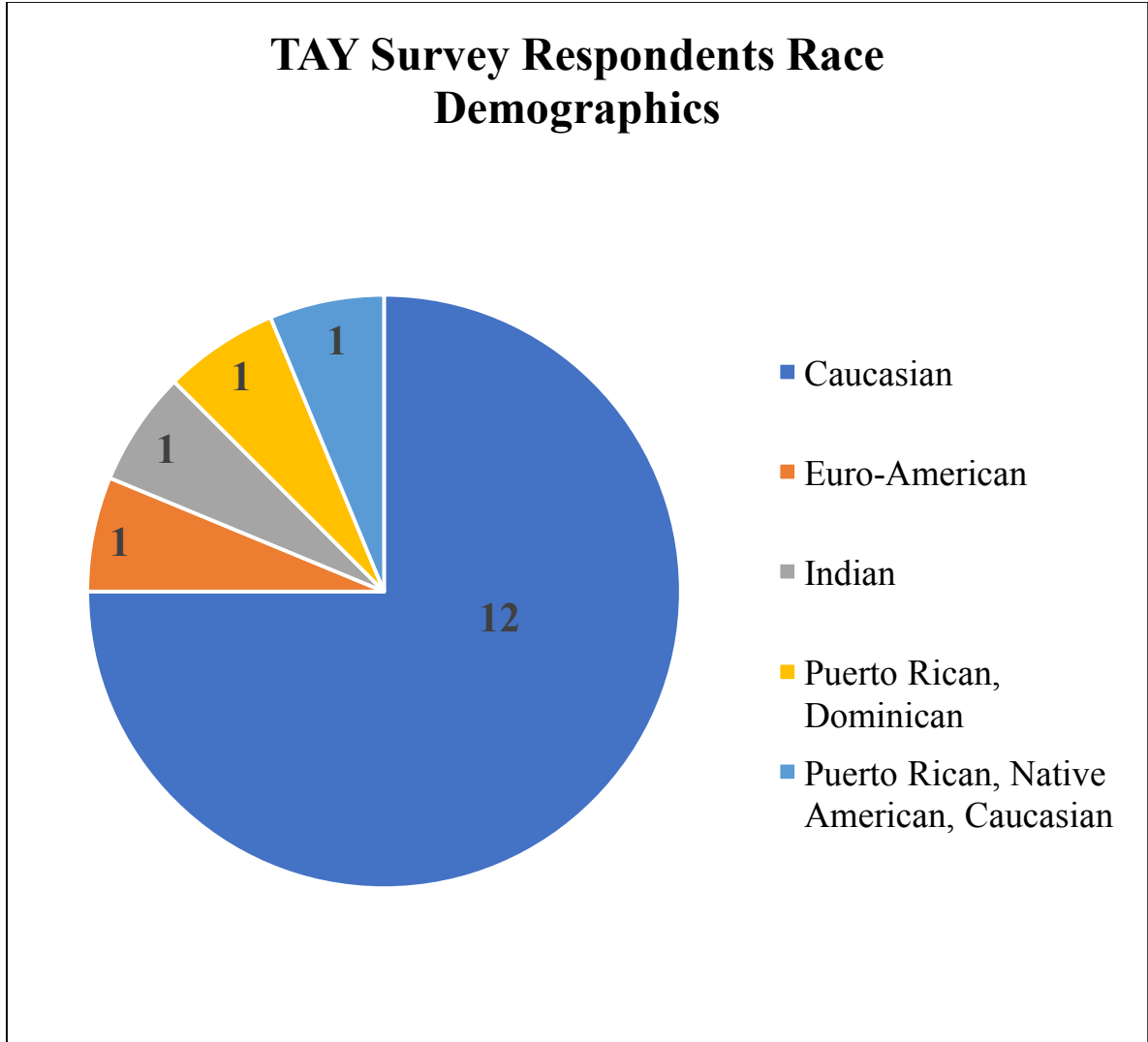
**Quantitative Findings**

Question two on the survey tool asked participants to rate the importance of central TAY program goals (see Table 1). Using a Likert scale, the participants were given answer choices ranging from "Very important for me" to "Very unimportant for me", with the option to select "Does not apply" instead. Based on the assumption that "Does not apply" responses signified

subjects did not have experience with the program goal listed, these responses were excluded from all percentage calculations.

A mistyped answer choice label in question two limited the researcher's ability to place confidence or draw conclusions from the "Somewhat important for me" answer choice selections (see Table 1). The choice that should have read "Somewhat important for me" instead read "Somewhat unimportant for me". Therefore, the data described in the subsequent chart (see Chart 3) reflects only the percentage of respondents who described individual TAY program goals as "Very important for me". The mistyped answer choice label is discussed further in the Discussion chapter.

**Table 1:** *Descriptive Statistics on Participants' Perceived Importance of TAY Program Goals (n=16)*

| TAY Goals | Very important for me | Somewhat unimportant for me* | Undecided / Unsure | Somewhat unimportant for me | Very unimportant for me | Does not apply |
|---|---|---|---|---|---|---|
| Start, continue or finish school/ education | 7 (44%) | 5 (31%) | 3 (19%) | 0 (0%) | 1 (6%) | 0 |
| Start or continue working/ job/ employment | 7 (47%) | 5 (33%) | 3 (20%) | 0 (0%) | 0 (0%) | 1 |
| Feel better mentally and emotionally | 10 (67%) | 3 (20%) | 1 (7%) | 1 (7%) | 0 (0%) | 1 |
| Live independently in my own place | 14 (93%) | 0 (0%) | 0 (0%) | 1 (7%) | 0 (0%) | 1 |
| Lessen or avoid alcohol use | 8 (67%) | 3 (25%) | 1 (8%) | 0 (0%) | 0 (0%) | 4 |
| Lessen or avoid drug use | 8 (80%) | 1 (10%) | 1 (10%) | 0 (0%) | 0 (0%) | 6 |
| Make friends/ increase social support | 8 (50%) | 3 (19%) | 4 (25%) | 1 (6%) | 0 (0%) | 0 |
| Volunteer | 4 (25%) | 4 (25%) | 5 (31%) | 2 (13%) | 1 (6%) | 0 |
| Make healthy eating choices | 8 (53%) | 5 (33%) | 1 (7%) | 1 (7%) | 0 (0%) | 1 |
| Exercise | 10 (63%) | 5 (31%) | 1 (6%) | 0 (0%) | 0 (0%) | 0 |

* See discussion of mistyped answer choice label in the Discussion chapter.

**Chart 3:** *TAY Goals Considered "Very Important" To Respondents*

TAY Goals Considered "Very Important" to Respondents (n=16)
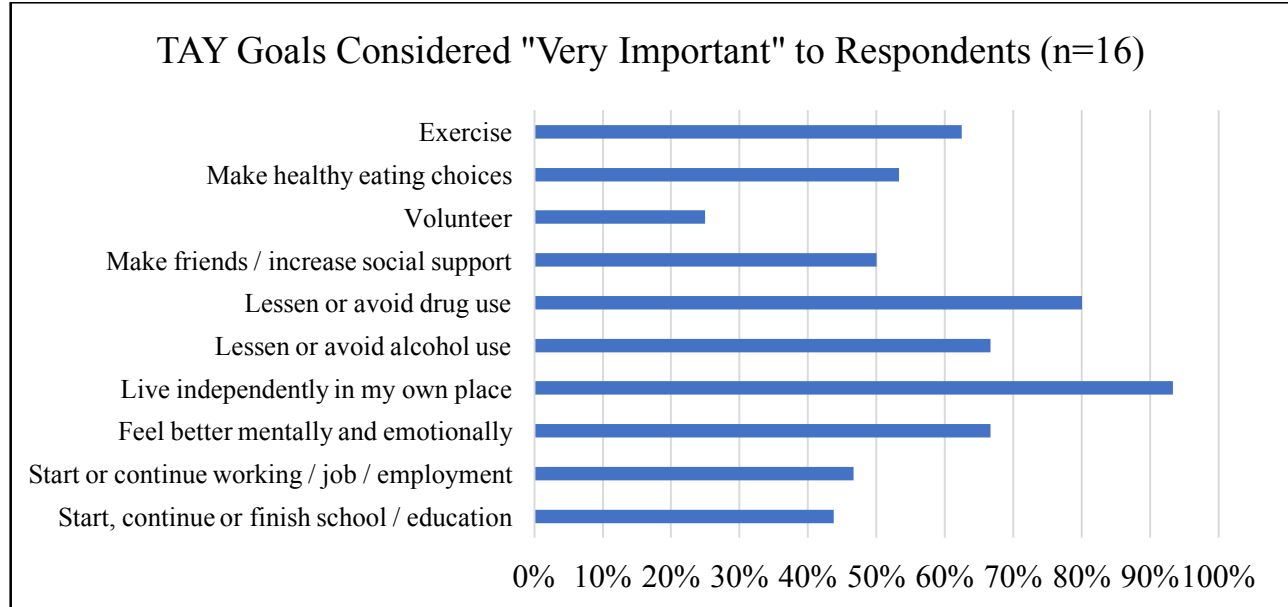
A higher percentage of respondents (93%) rated *Live independently in my own place* as being "Very important for me" than any of the other program goals. A substantial number of subjects listed *Lessen or avoid drug use* as being very important (80%), although just over a third of the participants selected "Does not apply" to this question ("Does not apply" selections were excluded from this and all other percentage calculations). Other program goals frequently rated as "Very important for me" included *Feel better mentally and emotionally* (67%), *Lessen or avoid alcohol use* (67%, with 25% of original sample selecting "Does not apply"), *Exercise* (63%), *Healthy eating choices* (53%), and *Make friends/ increase social support* (50%).

Less than half of the interviewees rated the following TAY program goals as being "Very important for me": *Start or continue working/ job/ employment* (47%), *Start, continue, or finish school/education* (44%), and *Volunteer* (25%).

As a follow up to question two, question three asked respondents to list additional "Goals, hopes, and dreams". Of the participants who responded to this open-ended question, four

listed career goals and success, and two listed health-related goals. Other responses included education, housing, and driving (one respondent each).

Question four of the survey asked respondents how they developed their goals, and provided seven answer choices including an open-ended option for "other" (participants were asked to select all choices that apply). The most common response was "With a TAY counselor" (56%), followed by "With family" (50%). Of the nine subjects who selected "With a TAY counselor", six of those also selected "With family". Only 13% of respondents indicated that they developed their goals "Own their own". The two "Other" responses were "Jail", and "I get by with a little help from everyone".

**Table 2:** *Descriptive Statistics of How Subjects Developed their Goals (n=16)*

| Method of Goal Development | No. of Respondents | Percentage |
| --- | --- | --- |
| With a TAY counselor | 9 | 56% |
| With family | 8 | 50% |
| With friends(s) | 3 | 19% |
| On my own | 2 | 13% |
| Other | 2 | 13% |
| A TAY counselor developed them | 1 | 6% |
| With a teacher | 1 | 6% |

Question six of the survey tool asked participants to rate their satisfaction with a list of TAY program services. Respondents were given answer choices ranging from "Very satisfied" to "Very unsatisfied", with the option to select "Does not apply" instead. Based on the assumption that "Does not apply" responses signified subjects did not have experience with program goal listed, these responses were again excluded from all percentage calculations.

A substantial majority of respondents indicated they were "Very satisfied" with both TAY case management (80%) and counseling services (87%). Only 42% of the respondents reported they were "Very satisfied" with help finding work/employment assistance services, with 50% of the respondents "Undecided/ Unsure". Almost two-thirds (63%) of respondents were either "Very satisfied" or "Somewhat satisfied" with TAY group services, with about a quarter (27%) of the respondents "Undecided/Unsure".

**Chart 4:** *Participant Satisfaction with TAY Program Services*



Participant Satisfaction with TAY Program Services (n=16)
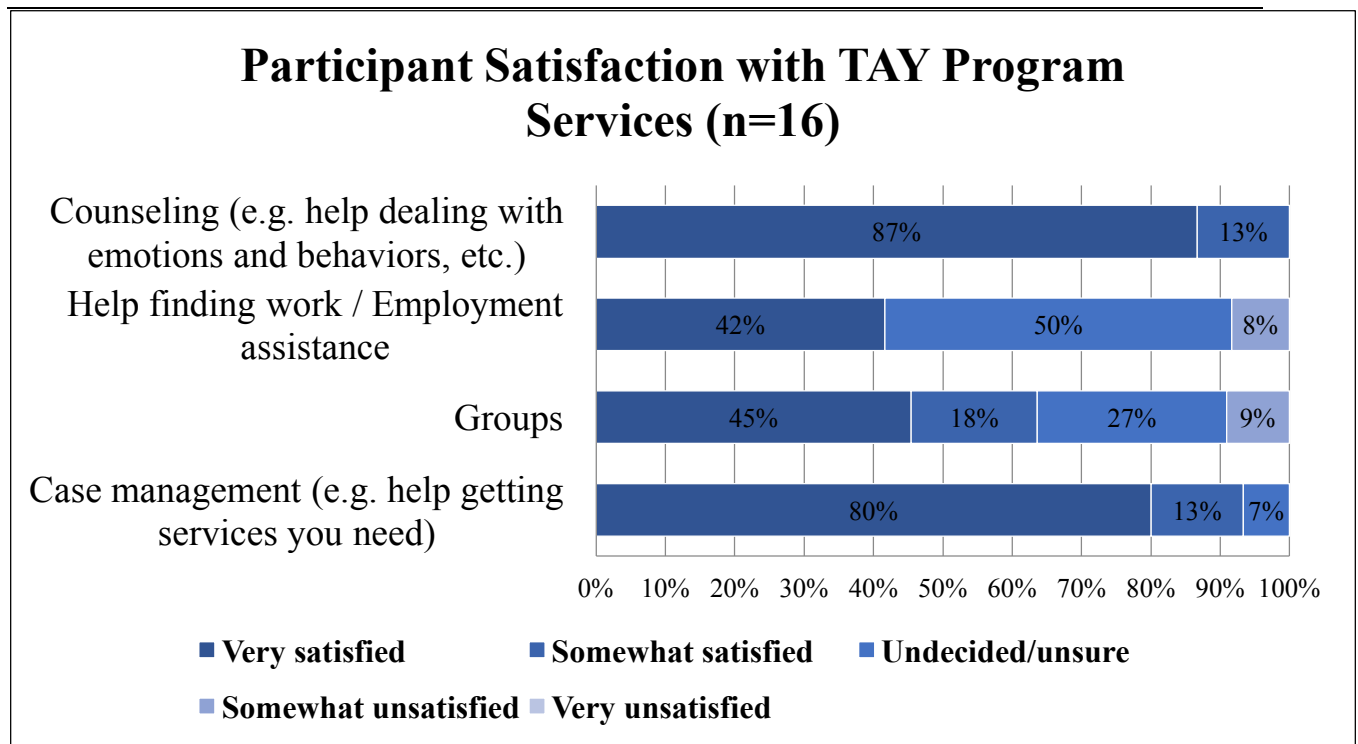
As a follow up to question six, question seven asked respondents to list other TAY services provided. The two participants who provided responses to this question listed "Helpfulness" and "Emotional support", and "Availability".

Question eleven asked respondents to indicate their level of agreement with six statements closely aligned with key TAY program goals (see Table 3). If the first two categories ("Strongly agree" and "agree") are combined, the respondents largely endorsed every statement. The clear majority (93%) strongly agree they are respected by staff, and nearly three quarters (73%) strongly agree they are treated with respect by their peers, are welcome to share thoughts and concerns, and that TAY staff help them deal more effectively with life challenges. Half (50%) strongly agree that TAY staff help them access opportunities and services in the community, which is somewhat inconsistent with the responses to question six in which 80% said they were "very satisfied" with case management, defined as "help getting services you need". See Table 3 below.

**Table 3:** *Descriptive Statistics on Participants' Agreement with Statements associated with TAY Program Goals (n=16)*

| Statement related to TAY Goals | Strongly Agree | Agree | Undecided / Unsure | Disagree | Strongly Disagree | No Response |
|---|---|---|---|---|---|---|
| In the TAY program, I feel welcome to share my thoughts, feelings, ideas, concerns, and questions. | 11 (73%) | 3 (20%) | 1 (7%) | 0 (0%) | 0 (0%) | 1 |
| I feel like I am treated fairly and with respect by the TAY staff. | 14 (93%) | 1 (7%) | 0 (0%) | 0 (0%) | 0 (0%) | 1 |
| I feel like I am treated fairly and with respect by my peers in the TAY program. | 11 (73%) | 2 (13%) | 2 (13%) | 0 (0%) | 0 (0%) | 1 |
| TAY staff help me understand and deal more effectively with challenges in my life. | 11 (73%) | 2 (13%) | 1 (7%) | 1 (7%) | 0 (0%) | 1 |
| TAY staff help me access opportunities and services in the community. | 7 (50%) | 6 (43%) | 1 (7%) | 0 (0%) | 0 (0%) | 2 |
| My overall experience with the TAY program has been positive. | 11 (73%) | 3 (20%) | 0 (0%) | 1 (7%) | 0 (0%) | 1 |

**Qualitative Analysis**

Question one of the survey tool asked participants to list the top three aspects of their lives they consider to be most important to them. This open-ended question was designed to prime the participants by plainly asking about what was important to them, without providing preordained categories or choices. Fifteen of the subjects provided responses to this question (n=15). The most frequent responses included family (67%) and friends (40%). All six respondents who named friends were among the ten respondents who named family. The next most frequent responses were health related activities including athletics and medicine (27%), education (20%), and housing (20%). See Table 4 below.

**Table 4:** *Descriptive Statistics of Most Important Aspects of Participants' Lives (n=15)*

| Value/Life Aspect | No. of Respondents | Percentage |
|---|---|---|
| Family | 10 | 67% |
| Friends | 6 | 40% |
| Health | 4 | 27% |
| Education | 3 | 20% |
| Housing | 3 | 20% |
| Recreation | 2 | 13% |
| Services/ServiceNet | 2 | 13% |
| Community | 1 | 7% |
| Values (love, honor, respect) | 1 | 7% |
| Religion | 1 | 7% |
| Employment | 1 | 7% |
| Saving the world | 1 | 7% |
| Pet | 1 | 7% |
| Laptop | 1 | 7% |
| Food | 1 | 7% |
| Driving | 1 | 7% |
| Daily needs | 1 | 7% |

Question five asked the respondents whether the TAY program assisted them in making progress towards their goals (yes or no), and why or why not (open-ended). A substantial majority of respondents (14 subjects, 88%) reported TAY does assist in making progress towards their goals, while two (12%) reported the program does not. Of the 14 positive responses, four (29%) reported TAY has helped them become more independent, including finding housing and writing resumes. The rest mentioned general support, including "lending a helping hand", "becoming a wiser, calmer individual", "support[ing] me through my struggles", and encouragement to participate in TAY services (groups and adult team).

Question eight asked the respondents if they thought there was anything that could make the TAY program better. More than half (nine respondents, 60%) indicated they felt the program could be improved, and eight of those provided a narrative response (one respondent provided two separate suggestions). Of the specific suggestions provided to make the TAY program better, five were related to staff. Three of these responses were related to staff/participant interaction, including "listen better", "ask people what they really need," and "be more fun." The two other staff-related suggestions were related to staff consistency, including "lower staff turnover," more "consecutive counseling." The researcher is unsure what the respondent meant by "consecutive counseling" – perhaps more counseling sessions, or more sessions with the same counselors. Other narrative responses for improving the TAY program included "rewards for doing well or small jobs", "start boxing or a martial arts program," and "childcare or having staff be able to take kids in their cars".

Question nine asked subjects what TAY programs they felt should stay the same. 85% of the respondents (11 subjects) listed TAY services that should stay the same, and five (45%) of those positive responses highlighted the TAY staff. Two participants respond that "everything"

should stay the same. Other responses included "rules", "groups", and "help with daily tasks" (one respondent each).

Question ten asked respondents how the TAY program has been either helpful or not helpful to them. A quarter of the respondents (25%) listed ways in which TAY has been helpful – particularly with daily life tasks. These responses included "paying bills", "staying consistent with medication and mental help", "being there for me with no judgement", and "helping to develop skills and get stuff for my apartment". None of the participants indicated ways in which the program was not helpful to them.

The final question (twelve) on the survey tool allowed participants to offer any other thoughts, feelings, or comments about the TAY program. A quarter of the subjects (four respondents, 25%) provided a response, including positive remarks about TAY staff members. No subjects provided negative responses to this question.

**Summary**

Major themes reflected in the survey results included a high rate of respondents who valued TAY program goals related to living independently, although results on how satisfied respondents were with finding work and employment services through the program were somewhat mixed. Subjects were generally very positive about TAY staff, particularly regarding case management, counseling services, respect for program participants, and help with developing and making progress towards their personal goals. However, some survey responses did reflect a degree concern about staff turnover and access to some opportunities and services in the community. These themes will be addressed in greater detail in the Discussion chapter.

**CHAPTER 5: Discussion**

The purpose of this study was to determine whether ServiceNet's TAY program addresses the needs of the participants, particularly from the perspective of the participants themselves. This chapter will discuss the findings presented in the previous chapter and how they connect to current literature about clinical and support services for this population. This chapter will also present the study's limitations, suggestions for future research, and implications for clinical social work.

The study was comprised of 16 respondents. The racial breakdown of respondents is detailed in Chart 2. The age range of the participants was 20-29 with an average age of 25. The overall TAY participants range in age from 19-29 with an average age of 24. Both the age range and the median age of the sample is consistent with the population.

In general, participants placed the greatest emphasis on TAY program goals associated with living independently and housing. However, respondents were somewhat less satisfied with program services geared towards employment services. Overall, subjects were very positive about TAY staff, particularly regarding case management, counseling services, respect for program participants, and help with developing and making progress towards their personal goals.

**Goal Alignment**

The relationship between respondents' personal goals (i.e., what they felt was important to them) and their perceived importance of TAY program services was generally consistent. In survey question two, the highest percentage of respondents rated the TAY program goal of "Live

independently in my own place" as being very important to them (93%), which is somewhat consistent with the fourth most commonly stated important aspect of their lives in survey question one – "housing". "Family" (67%) and "Friends" (40%) were listed far more often as being important to respondents than the other categories in question one, possibly skewing the results for this open-ended question to some degree. The seven respondents who named friends were all among the eleven respondents who named family, indicating that relationships in general are important to this particular subset.

Respondents also indicated they often involve family in the development of their goals. Question four on the survey tool asked respondents how they developed their goals, and provided seven answer choices including an open-ended option for "other" (participants were asked to select all choices that apply). The most common response was "With a TAY counselor" (56%), followed by "With family" (50%). Of the ten subjects who selected "With a TAY counselor", seven of those also selected "With family". It might be that those who have support from family members might experience better outcomes than those who do not but more longitudinal research studies would be necessary to explore this.

Subjects listed health-related activities as being the most important aspect of their lives after family and friends in question one, and over half of the respondents rated "Make healthy eating choices" (53%) and "Exercise" (63%) as being TAY program goals that were very important to them. "Feel better mentally and emotionally" was also listed by 67% of the respondents as a TAY program goal they considered to be very important to them. The TAY programs offer a variety of mental health counseling services, but fewer programs related to healthy living. The TAY program may want to consider adding exercise, health and/or nutrition

education opportunities as a regular component of their services or connecting their participants to existing local programs.

A substantial number of subjects also listed "Lessen or avoid drug use" as being very important (80%), although about a third of the participants selected "Does not apply" to this question ("Does not apply" responses were taken out of all percentage calculations). "Lessen or avoid alcohol use" was also listed as being a very important program goal to two-thirds of the respondents. This may be indicative of this program population having a relatively high incidence of substance use, although these numbers should be viewed in context because of the high rate of subjects who responded, "Does not apply". The participants desire to lessen or avoid drug and alcohol use is consistent with TAY program goals, as a component of group and individual counseling.

**Program Satisfaction**

In general, survey respondents reported they were satisfied with most core aspects of the TAY program. Respondents' satisfaction with the program seems to be consistent with the responses about whether they felt the program goals were aligned with their own goals. Most notably, question five asked the respondents whether the TAY program assisted them in making progress towards their goals (yes or no), and why or why not (open-ended). A substantial majority of respondents (14 subjects, 88%) reported TAY does assist in making progress towards their goals, while only two (12%) reported the program does not. This level of satisfaction is consistent with question six, in which only two respondents indicate a lack of satisfaction with some services. Two unsatisfied individuals is insufficient data to determine whether any systemic problems may exist. Further examination would be needed to determine if these responses are outliers or represent a significant minority theme.

Question six on the survey tool asked participants to rate their satisfaction with a list of TAY program services. Respondents seemed very satisfied with help dealing with emotions and behaviors (counseling) and help getting services they need (case management). Interestingly, this is contradicted to some degree in question eleven as just under half (50%) strongly agree that "TAY staff help me access opportunities and services in the community".

Respondents were less satisfied with the program groups. The relatively low satisfaction with groups is interesting, as the participants generally endorse mental health/counseling services as important and something they're satisfied with (only 45% indicated they were "very satisfied" with groups in question six). It may be that some of the TAY participants are uncomfortable and/or self-conscious about exploring problems they may be having in a public setting. This might be truer for certain demographic groups, but further research would be necessary to determine what factors affect the participants' experience of program groups.

Given the variety of circumstances and needs of the individual participants, their responses were fairly consistent. Participants were generally very positive about the program, and particularly the staff. While respondents' perceptions of TAY staff were overwhelmingly positive, a handful of subjects expressed concerns about consistency of staff (staff turnover), the need to feel listened to, and the importance of staff asking TAY participants "what they really need" (question eight).

Results suggest that TAY participants' feel as though the program could be more proactive in terms of helping participants get jobs and connecting them to services in community. Only 42% of respondents reported being "very satisfied" with "Help finding work/employment assistance" and 58% were unsure or dissatisfied. This may be a concrete area the program could reevaluate, as becoming independent is closely related to being able to get a

job. Improving employment assistance services could be invaluable as numerous studies have found that adolescents with emotional and behavioral disorders face substantial difficulty with both obtaining and maintaining competitive employment (e.g., Blackorby, & Wagner, 1996; Frank & Sitlington, 1997; Malmgren, et al., 1998; Sample, 1998; Wood & Cronin, 1999).

The literature review indicates that TAY participants' primary needs are typically counseling, connection to services, and helping them become independent (Arnett, 2007; Davis, 2003; Curry, 2017; Greenblatt, 2016; Haber, et al., 2008; Wald, 2003). The respondents generally endorse these goals as their own, particularly that of "living independently in my own place". Results suggest that TAY respondents feel as though the program could be stronger in helping them achieve independence, which they define variously as help finding housing, as well as support in identifying and securing employment.

**Areas for Future Research**

Given the small sample size, the results of this study are only suggestive but point to the usefulness of a study with more participants, possibly involving focus groups or individual interviews. Utilizing open ended questions is beneficial if more survey research is conducted as it gives TAY participants an opportunity to include feedback that is likely more relevant to them and will likely solicit more unique and unexpected findings versus close ended questions. A longitudinal study designed to follow up with participants after they leave the TAY program would also be of great benefit in determining the effectiveness of the program. A researcher without ties to ServiceNet would likely be preferable for logistical and confidentiality reasons.

While the respondents were generally satisfied with overall program services such as counseling and case management, they were somewhat less satisfied with variables related to achieving independence, particularly finding employment. Assuming we make the connection

between finding employment and living independently, this may be a program area TAY should

review – particularly because 93% of respondents rated "Live independently in my own place"

as being very important to them (question two). However, this finding is somewhat complicated

by the relatively low percentage of respondents who rated education (44%) and employment

(47%) as being TAY program goals that they considered very important. The relationship

between TAY participants' strong desire for living independently and the uneven emphasis they

place on program goals related to employment and education may be an area of future study.

Given these results, it might be worthwhile for program to look more carefully at ways it could

provide clients with workplace education and experience, maybe through an internship program,

as well as other services within the community.

Question eight asked the respondents if they thought there was anything that could make

the TAY program better. Over half (9 respondents, 60%) listed services they felt could improve

the program, but only seven subjects provided a narrative response (one respondent provided two

separate suggestions). Of the seven specific suggestions provided to make the TAY program

better, five were related to staff. Three of these responses were related to staff/participant

interaction, including "listen better", "ask people what they really need," and "be more fun." The

two other staff-related suggestions were related to staff consistency, including "lower staff

turnover," more "consecutive counseling." The researcher is unsure what the respondent meant

by "consecutive counseling," perhaps more counseling sessions, or more sessions with the same

counselors.

The TAY population at large often experiences instability and loss in their lives, which

likely affects their attachment style and relationships. Therefore, it might be a prolonged and

difficult process for TAY participants to form relationships with TAY staff members. When

participants feel unsatisfied in their relationship with staff and/or when staff leave the program, this likely exacerbates feelings of instability and loss. ServiceNet could consider examining staff turnover rates and how the program can be sensitive and responsive regarding the impact on the participants when staff leave or when participants are unsatisfied in their relationships with staff. In addition, exploring TAY interpersonal relationship evolution through a developmental perspective may be useful for further research.

The Transition to Independence (TIP) model is considered the gold standard of program models for TAY. The model has reaped many positive results in programs where it has been implemented. In a multi-state project, participants showed significant increases in employment and educational advancement, and significant decreases in mental health interference and criminal justice involvement (Haber, Karpur, Deschenes, & Clark, 2008). The ServiceNet TAY program is based on the TIP model. Implementing a program model with fidelity is the most effective way to reap the benefits of the model. The TIP model places such a high priority on fidelity to the model that it is included in the guidelines of the model, to "provide a framework for the program and community system to support and sustain these activities" (TIP Model Evidence, n.d.) Additionally TIP has developed fidelity and outcome tracking tools for program sites that use the model.  ServiceNet could consider implementing the TIP fidelity and outcome tracking tools in order to test whether the TIP model is benefitting their TAY population or if modifications to the program would improve outcomes. "(The tools) have been developed for use with transition (age youth) sites for implementation and sustainability. A research study on the fidelity tools showed their reliability and validity and a second study presents progress and outcome findings for youth and young adults at a new TIP model site" (Dresser, et al., 2015).

**Practice and Policy Implications**

The results of this study are fairly consistent with other studies of this population. The researcher hopes that this study adds to and strengthens the research base regarding what is important to TAY. Relationships are important to this group of TAY, with friends and family identified as highly important in their lives. This finding relates to attachment theory in that it may indicate that they have or are in the process of developing a secure attachment style. The introduction of a helpful other and psychotherapy are the two out of the three methods to improve an insecure attachment style (Berzoff, 2011, p. 170), which are both provided by the TAY program. The participants may also consider their friends and family "helpful others". Both social work practice and policy should take note and perhaps place more emphasis on strengthening the natural supports and opportunities to build and sustain longer-term relationships, such as friends and family, who will likely remain in their lives longer than any program will.

The study results suggest the need for social workers to be more proactive in linking TAY to jobs/workplace training programs, as well as housing options. These are concrete community connections that help participants live more independently, possibly in their own place which was rated as the most important TAY program goal to this population.

The 16 TAY respondents may not have comprised a representative sample for generalizing to other TAY programs, but it may be valuable in terms of generalizability to the ServiceNet TAY participants. Additionally, other TAY programs may derive useful findings from this study.

**Study Strengths**

Utilizing a survey instrument enabled the researcher to get information directly from the TAY participants. The confidential nature of the survey may have encouraged more people to participate. It also may have elicited more honest answers than an in-person interview or a focus group. MacDougall & Baum (1997) portend that while a focus group can allow for exploration of complex problems, the social impact of censoring and conforming, also known as "groupthink", can impede the flow of open discussion. This is especially true when the group contains people with a mixture of power and status and/or when discussing a controversial topic. MacDougall & Baum (1997) offer theories of how to prevent groupthink in focus groups. Future researchers should consider exploring the literature on surveying adolescent and young adult subjects and those with co-occurring mental illness to determine the most reliable study design.

The researcher believes the respondents' answers to be valid; that their statements about empirical reality are correct (Engel, 2013). In order to achieve valid answers, the researcher asked the TAY participants directly about their experience with the program and they should be accurate assessors of their own experience. In addition, the study was designed so they were able to answer the survey privately and their confidentiality was assured in order to allow respondents to be as honest as possible.

**Study Limitations**

The findings of this study may have sample generalizability, meaning they may be indicative of the ServiceNet TAY population. However, the relatively small size of the sample (n=16) greatly limits the generalizability of the findings and they most likely do not have cross-population generalizability, meaning they cannot be generalized to other similar programs such as a different TAY program (Engel, 2013).

There are a variety of tactics that may have increased the response rate. Recruitment for future studies could be expanded to also include postal mail, in addition to hand-delivered mail. Electronic mail could be sent in order to reach potential participants who are more comfortable with electronic communication and/or who do not have a permanent address (assuming confidentiality and security standards are met, reaching out to participants over social media or chat room sites might be a more effective means to solicit input from this age group). Perhaps signage promoting the survey at the TAY sites could have encouraged more participants to respond. Comparatively, the 27% response rate for the current study is somewhat consistent with the 2014 and 2016 response rates for the annual DMH Adult Consumer Satisfaction surveys of the same TAY population. In 2014 (n=13), the response rate is estimated between 22% (13/60) and 24% (13/55) depending on the number of eligible respondents. In 2016 the response rate was 38% (n=16). The 2016 DMH survey was administered through postal mail only, with five total mailings: a pre-notification letter, a survey packet, a reminder letter two weeks later, a second survey packet two more weeks later and a "last call" letter two more weeks after that (DMH Adult Consumer Satisfaction Survey, 2016). Considering the similar response rate, the researcher is hesitant to believe that additional letters or reminders would have drastically increased the response rate. The DMH survey also included a $5.00 incentive, which is more than double this study's $2.00 incentive, so the researcher is also skeptical that increasing the incentive amount would have increased the response rate.

An alternate data collection method, such as a focus group or individual interviews may have been a better way to capture participants' more detailed feelings about the TAY program. In addition, those methods would have allowed for clarification and/or follow up questions regarding some of the inconsistent answers in the data.

Geographical constraints proved to be a limitation as the researcher resides in California. Therefore, the researcher was limited in options for the type of data collection method. It was not possible to utilize extensive interview or focus group research. Future studies may want to consider utilizing a local researcher, preferably without ties to ServiceNet for logistical and confidentiality reasons.

Another limitation was that the researcher may have been overly diligent about her attempts to reduce bias to the detriment of the study design. The researcher aimed to separate herself from the study so that she was blind to the potential respondents and hoped this would minimize researcher bias. However, in separating herself, the researcher relinquished some control over the study implementation which could have influenced the return rate and/or results. The researcher's editorial control of the survey instrument could have been improved which may have improved the possibility of discovering errors, such as the mistyped answer choice in question two, which will be discussed later in this chapter.

For example, the distribution of the survey was outside of the control of the researcher and there may have been inconsistencies in the approaches taken by TAY staff who were physically handing out the surveys to participants. The location of where the TAY participant met with the TAY staff could have influenced whether and how they responded. Perhaps participants felt more comfortable answering the questions honestly if they were at their residence than if they were at the TAY drop in center. Additionally, the type and quality of relationship that the TAY participant has with the TAY staff member they received the survey from may have impacted whether and how they responded. For example, if the TAY staff member cancelled the client's last appointment due to their illness, the client may have felt neglected, angry or ambivalent so they may have either decided not to take the survey or to give

a negative response of the program. Alternatively, if the TAY staff member had recently gone out of their way to arrange much needed stable housing for the participant, the participant may feel so grateful that their current positive feelings overshadow potential negative feelings held previously. This could influence the participant to respond and to report a more positive result.

It is also important to note that participation was voluntary, confidential and all TAY participants were given the survey envelope with the $2.00 incentive, whether they chose to respond or not. This may have resulted in mainly participants with strong feelings about the program were compelled to respond to the survey.

The phenomenon of social desirability bias may be another limitation of this study, which is the tendency for individuals to respond in ways that are viewed favorably by others. The issue is that individuals may not be providing their honest opinions (Engel, 2013, p. 237). While the researcher does not have a stake in whether the respondents respond positively or negatively, it is understandable that the respondents may not want to provide a negative report about a program whose stated goal is to help them.

Another potential risk of bias was the wording of Q1, which read: "Please name the top three things that are most important in your life: (e.g. people, activities, certain goals, possessions, etc.)" Engel (2013, p. 234) states that "Bias occurs when some but not all possible responses/answer choices are included in the question. It focuses respondents on those categories and other categories may be ignored. It is best left to the respondent to answer the question without such response cues." The intent of beginning the survey with this question was to prime respondents to think about what is important to them and to indicate that their voice and feelings were being prioritized in the survey.

Question two on the survey tool asked participants to rate the importance of central TAY program goals (see Table 1). Using a Likert scale, the participants were given answer choices ranging from "Very important to me" to "Very unimportant to me", with the option to select "Does not apply" instead. A mistyped answer choice label in question two limited the researcher's ability to place confidence or draw conclusions from the "Somewhat important for me" answer choice selections (see Table 1). The researcher investigated the error and discovered that it occurred when the questions were copied and pasted by the undergraduate intern from the researcher's Google Document into the SurveyMonkey format. The researcher, the Thesis Advisor, the Interim Thesis Advisor, the undergraduate intern and ServiceNet's Director of Applied Research reviewed the survey in the both the Google document format and SurveyMonkey format and did not catch the error when it appeared in the SurveyMonkey format. Perhaps conducting a pilot of the survey could have prevented the error from appearing in the final version of the survey. Alternatively, a reviewer without ties to the research project may have been a helpful addition. The reviewers had all reviewed many versions of the survey and may have been fatigued at the point when the error appeared, perhaps a fresh set of eyes could have alerted the researcher of the error.

A limitation of both this study and the literature is the tendency to group a variety of populations into one group. Transitional Age Youth often consist of people who are former foster youth, formerly involved with the juvenile justice system and/or formerly involved with the child mental health system. These groups may have distinct needs that are not being addressed by grouping them together. One area that often ties the groups together is a mental health diagnosis. Perhaps the connection between a mental health diagnosis and involvement

with those systems could be explored in greater depth to understand the nature of how they interact to more clearly identify the distinct and common factors among them.

Terminology also proved to be a limitation during the literature review process. There are a variety of terms to describe "Transitional Age Youth" in addition to varying definitions of what the term(s) encompass. Some of the terms used to describe the TAY population included: youth in transition, emerging adults, young adults and young people. Some of the terms used to describe challenges TAY experience included: serious mental illness, emotional and/or behavioral difficulties, mental health challenges, serious mental health conditions and psychiatric disabilities. Also, respondents' understanding of what constitutes "counseling services" may not always be entirely consistent with that of the researcher.

**Conclusion**

This study was developed to determine the degree to which ServiceNet's Transitional Age Youth program addresses the needs of its participants, particularly from the perspective of the participants themselves. A central theme reflected in the study results was the high rate of respondents who valued TAY program goals related to living independently, although results on how satisfied respondents were with finding work and employment services through the program were somewhat mixed. Respondents also indicated they value involving family in the development of their goals, particularly in conjunction with TAY counselors. Another theme that emerged was the importance respondents' place on health-related activities and exercise, possibility highlighting an opportunity for TAY to enhance these services or connect their participants to existing local programs. Survey results also reflected a relatively high percentage of TAY respondents who consider lessening drug and/or alcohol abuse to be important, although

this finding may be somewhat misleading due to the high percentage of subjects who indicated that these questions "did not apply" to them.

Respondents' satisfaction with the program was generally very positive and seem to be consistent with the responses about whether they felt the program goals were aligned with their own goals. Subjects were generally very positive about TAY staff, particularly regarding case management, counseling services, respect for program participants, and help with developing and making progress towards their personal goals. However, some survey responses did reflect a degree concern about staff turnover and access to some opportunities and services in the community.

Limitations of the study include the relatively small sample size which restricts generalizability of the findings, geographical constraints which affected the researcher's proximity to the study location, and the researcher's potentially overly diligent focus on eliminating bias which hampered her ability to adequate control some aspects of the survey implementation.

Given the small sample size, the results of this study are only suggestive but point to the usefulness of a study with more participants, possibly involving focus groups or individual interviews. Areas for future research include conducting longitudinal studies of former program participants to evaluate outcomes, evaluating the impact of high staff turnover rates, and examining the relationship between program participants' strong desire for living independently and the uneven emphasis they place on program goals related to employment and education may be an area of future study.

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**Appendix A:  Notes from Meeting with Seth Dunn**

7/18/16

Meeting with Seth Dunn re TAY

Program Evaluation
Microsoft One Note: Seth suggests

Research in the 1990s/2000s
Youth growing up in high trauma/high stress, compromised support systems (child dev: stress/resiliency/trauma matrix)

Possible insecure or anxious attachments
Haven't succeeded in school
Ages and stages are off kilter from the norm
as time goes on, struggling to master age and stage dev't goals (not doing well in school, socially, can't hold a job as teenagers, poss substance use)
- milestones become more and more frustrating

A lot of research that has been done re:
- What do these young people need to do to become "Successful adults"?
- "Successful adult":
  - o Adults who can take care of themselves
  - o Can function in the world; meet core resp and goals for adults as we see in US society
  - o Support yourself, care for yourself (shop, cook), manage $, residence, make some basic friends + mitigate psychiatric and SA problems that can become barriers>keep failing
- 2005, MA DMH got some $, possibly from federal pass through money, put out requests for proposals/some bids
- Seth did a lot of research on MA TAY program + other TAY models, put in a bid/wrote the grant; state wanted to cite a program out here (in W Mass); SD helped create the structure of the program but has not been directly involved with the program for many years
  - o MA state could see in developmental pathway in a lot of these young people where they are headed:
    - ▪ Prison
    - ▪ Psychiatric system
  - o Wanted to see if a more intensive, evidence based program could help to attenuate this pessimistic, dual pathway

2 TAY programs in MA
-1 in Worcester
-1 in W. Mass [Franklin Hampshire counties]

program created in 2006

T. A. Y. is name of program

(out of the state's wishes) Programming:
1. tailored treatment have higher probabilities of working so the programming is intensely therapeutic (right person gets the right treatment at the right time in the right amount)
2. Intensive clinical case management
- Understands the clinical challenges
- Works with/in collaboration with the person> we will teach you how and whys of (taking care of yourself/ADLs/etc); we'll be there with you/hang in there with you until you feel like you can do this more on your own
- Intensive, deliberate
- Uses curriculum called PYA: Preparing Youth for Adulthood (MA DSS / DCF came up with this), teaches these ADL skills for adulthood
3. socialization supports
- A lot of the young people are very lonely, they may not have family or support systems, may be orphaned, been in system, have a view of themselves as damaged goods, incredibly low self-esteem, "I've been kicked around my whole life"
- Day programming
- Some residential component for some of them

Program is run by:
Licensed social workers
BA level recovery counselors work w clients 1:1

last year (summer 2015)
Caroline Evans, Heather Crawford and Marco Riley (Smith grads)
did a survey of the adult component of DMH services, Mental Health Recovery Services

MA TAY Program has never done a program evaluation, they do survey clients; state DMH contracts with a research firm to put out a yearly survey>developed by academics, it's rigorous, checks all boxes of develop a reliable and valid survey, fundamental problem is that it is 57 questions, mostly Likert scale, SD hypothesizes it is a turn off for a lot of people, there is a low rate of return. They did a focus group, feedback was survey was ridiculous with 57 questions, or phenomenon of checking random boxes

SD feels they need to do a better job and use better methodologies to really hear what it is this program has done or not done, qualitative > trying to put words to the experiences of people; how do we assess what the participants think/feel; has it made a difference in their lives, if so, how? If not, why not?

- MA Department of Mental Health does have services for foster youth aging out (developed PAYA curriculum)
- TAY program serves a subset of foster youth (and others) who have manifested psychiatric problems and/or significant substance abuse problems
- single psychiatric or co-occurring psychiatric substance abuse addiction (most participants are a combination of both)
- reaches level of impairment that there is serious compromise their ability to master developmental tasks of young adults
- significant behavioral or mental health disorders that get in the way of their success; struggle to get through school, to have relationships, can't hold down a job, torn history of relationships so at best they are insecurely attached, they can't function well, need a lot of remedial help, or MH challenges like psychosis
- Seth wrote an evaluation plan in 2007 (a project to be implemented but not appropriate as a thesis)
- Current research on TAY best practices/programs?
- Has program changed over time? (ask Katya Cerar)

Numbers of staff: 12-20
Number of TAY participants: 60 something
Overview of TAY Program/structure?: ask Katya

One of the ways I put it together is that certainly more of the post modern therapies and also collaborative models have professional humility

Failure in social policy: long process of advocates for attention of legislators
- Academics perspective
- experts
Local meetings: we don't know what to do because we are not experts
Federal government does better job with research
Not doing a good job with this population
Acting legislation needs to get funded
Sit with people, and ask them to be honest. How is this helping? What can be different? Is this making a difference?
Clients often can't tell, but we can get some honesty back if we work at it enough
That can inform our services
Example:
When i was new to social work. There was a client who was a young mom with 3 kids who had to take 2 buses to get to the clinic. If she didn't show up she was labeled as resistant. Instead, we should be asking, "What would make this better for you?" Perhaps if someone came to the house. Programs modified to more in home - harder for staff member, but now you know the client's environment and challenges
Let's fine tune what need to be changed to meet needs better with the resources we have.

A: Biggest concern is not physically being here.
S: It would help for qualitative research. It's not impossible. Let's explore the possibilities. Collaborate with staff.

A: Getting accurate info, honest info, staff involvement would help

S: Must be simple. You could develop a mixed level survey that you put up on Google Forms. I get it out to the program, they get their folks to get on to fill out your survey. Clear, concise questions. 60 students in TAY. You score, design, administer, and you write a report. The hard part is coming up with a questionnaire. Could you develop and test in California?
Could you evaluate 2 TAY programs?
You can compare A and B. You had challenges with writing? Mindful about that.

A: Supervisors say wouldn't it be great if xyz. I need structure.

S: Field test something until you feel good about a survey. Research. Decide what you want to know and why and how is this helpful. You could come up w a survey about a survey and administer to our staff. What should I ask about? What are your program goals/objectives? What do you want to know that you don't know? I'm a budding researcher and I'd like to know about it. Maybe together we can come up with a survey about what you want to know about. Reflective of the needs and values of the person served, person centered, respectful and collaborative.
You could meet with program directors: Katya, Sarah, Dan

**Appendix B: Notes from Meetings with Katya Cerar**

Meetings with Katya Cerar
Met on July 26, 2016 at Smith College Art Museum.
Met on August 5, 2016 at Smith College dining hall.
August 20, 2016 (notes created)

To current clients (and alumni if possible)
What do you think about how it's going?
Does the program work?
What about the program works /
Are there needs you have that aren't being met?
If no, what would you want?
(i.e. jobs, car, rides, less isolation/access to community/what is going on in the valley with other young people)

## Questions for Katya
1. Elevator Pitch for Program?
2. History of Program?
    a. DMH of MA prior to 2007; separate department who manages brain injuries; used to have case managers internally; started outsourcing the case management; DMH started funding the outreach + (housing?)
    b. Started doing work in 2007 and getting reimbursed for it
    c. 2009 contract was written between state and agency > was a mess at beginning
    d. straddle 2 counties: 1 team Hampshire County (6 supported living apts that are subsidized); Franklin County (1 residential for 5 individuals + 1 respite bed)
3. Logic Model or Theory of Change?
    a. Motivational interviewing-used as a technique to move clients through change / stages of change model – look at them as being precontemplative, contemplative, action and maintenance (in each goal that they have)
    b. DO YOU THINK THAT YOU'RE ACTUALLY USING A TECHNIQUE WHEN WORKING WITH CLIENTS; HOW DO CLIENTS UNDERSTAND THAT THEY ARE MOVING THROUGH CHANGE
4. Components of Program?
    a. Psychoeducation
    b. Clinical Case Management (write treatment plans)
    c. Staff are providing the intervention treatment – meet w/clients 1-5x/week depending on collaborative decision
        i. Coping strategies
        ii. Managing moods
        iii. Wellness
    d. Crisis Clinical Case Management
        i. Work with client; family; hospital; police; outside Mobile Crisis Team Agency when client is in crisis
    e. connect people to resources in the community
    f. Groups

         i.   Family Support Group: 1x/month
    g.  Meals occasionally; Emergency food
    h.  Wish they could provide more transportation
    i.  Housing
5.  Who does program serve / inclusion criteria / steps to be referred to program
    a.  DMH as children, at 18 have to re-apply as adults and may not qualify as adults (evidence of chronic and persistent MH diagnosis) axis 1 diagnosis
    b.  Come through hospitals; court system and come through DMH
    c.  Cold calls but have to go through state dept of mental health and be eligible for services; Can't come in off the street
    d.  Former foster youth ~33-45%
6.  When / How long are they in the program?
    a.  Voluntary program – 10 days to 5 years
    b.  Graduation:
          i.   can live independently; have a job and/or going to school; in therapy if they need it; managing own money; managing own medication
          ii.  may still need some services but move into adult services
         iii.  Disenroll: If using other services well in the community
         iv.  Disenroll: Client chooses not to continue
          v.  Disenroll: Client disengages
         vi.  Failures: (because TAY isn't meeting their needs)
              1.  Recovery counselor mismatch, etc.
7.  Number of Staff (ORG CHART-Katya has)
    a.  Director
    b.  Clinical Director
    c.  Operations/Program Manager (supervisors the other program managers)
    d.  Hampshire County
          i.   3 (outreach) recovery counselors; 1 is senior recovery counselor
          ii.  1 clinical program manager
    e.  Franklin (Greenfield)
          i.   Asst Program Manager in the Residence (High Street)
          ii.  4 full time, 1 part time staff dedicated to residents
         iii.  3 full time recovery counselors who do outreach
         iv.  Program Manager supervisors the outreach team + supervises the Asst PM
    f.  Split: Peer Specialist: person w lived experience (meets with clients to talk about recovery) 15 hrs/week (new position, starts Aug 1)
    g.  Split: Nurse: 30 hrs/week
8.  Number of Youth Served (Total + Currently)
    a.  60-62 (usually don't get below 55)
9.  Evaluation of clients needs / Needs Assessment OR Process; Efficiency; Outcomes

**Appendix C: Notes from Meeting with ServiceNet TAY Staff**

TAY Staff Focus Group Notes
October, 26, 2016
ServiceNet TAY Drop In Center

The researcher, Andrea Carnegie, first met with three TAY staff who are in management and supervisory roles and secondly met with four TAY staff who are in more direct service roles. The groups were separated by employment hierarchy in an attempt to alleviate power differentials within the groups. The researcher attempted to allow for open and honest dialogue and did not want the presence of someone's manager or someone's managee to influence their responses. All staff members interviewed were informed that ServiceNet would receive a de-identified summary but not individual responses from the groups. Below is the de-identified summary.

## Group 1: TAY Staff in Management/Supervisory Roles
- AC: Introduced myself
  - o I am interviewing staff to get feedback which will be used for the participant survey
  - o The purpose is to gather constructive feedback on whether and how the TAY program is reflective of the needs and values of the clients; what is helpful; what is not helpful; is anything missing; results will hopefully allow achievement of better outcomes, improved focus
  - o Asked staff if they had any questions
- AC: asked Staff Member 1 to describe what the TAY program does (key words and/or elevator pitch)
- Staff member 1: creating therapeutic environment for the participants to form meaningful relationships with each other, community and adults. Also, to help them work through their self-identified goals
  - o AC: How does the TAY program do that?
  - o Staff member 1: As a program, there are 3 compartments. There is outreach in two counties and the residential program.
  - o Staff member 1: As a whole, do that through:
    - ▪ individual and group counseling sessions
    - ▪ Demonstrate and create meaningful relationships, through the relationships, we are allowed to work with participants on:
      - independent living skills, social skills, other skills they have identified as ones to work on, e.g. learning how to do dishes or laundry, community involvement, getting a library card, volunteer. More advanced could be pursuing educational and/or vocational goals. It all starts with the base relationships. That is what we really offer--the ability to form relationships, upon which growth can happen

- - AC: In the example of pursuing educational goals, what exactly does TAY program do to help that along? (e.g. case management, providing resources)
  - Staff member 1: There are clinical case managers. As far as interactions between participants and counselors, it's primarily focused around getting our participants acquainted with the community resources, e.g. Mass Rehab; counselors providing more information that participants need in order to pursue those goals; also providing emotional and mental support as they pursue their goal, e.g. counselor going with them to an interview, meetings, school orientation; homework help and help scheduling classes

- AC asked Staff Member 2: In your own words, what would you say the TAY program does?
- Staff Member 2: (I think staff member 1 said it really well) but I like to think of TAY as a hub. TAY offers connection to the team by way of the recovery counselors who are then facilitating groups to hopefully connect other participants and form the community that staff member 1 spoke to
  - o Beyond that, educating people as much as possible about what resources exist outside of TAY that help people best with their goals. E.g: there is a great literacy project in the community; fortunate to have so many resources so close to us
  - o What we directly provide, is hesitate to say its minimal. But concretely we're providing support, relationships and facilitating people's use of outside community resources. The foundation is relational and focuses on working with the person and meeting them where they are at. And letting them direct in terms of their self-identified goals and working with them at a pace that is comfortable
  - o AC: How does the TAY program do that?
  - o Staff member 2: Providing those opportunities to engage and make connections and build on, create foundation that folks will need to go on to pursue some of their more concrete goals, e.g. education/vocation. We work with them on practicing interviews or practicing writing, building confidence/sense of self. Instilling value in themselves.
- AC: In terms of 1:1 time like attending interviews or orientations with participants, is there an amount of time per week that they have access to? How do you determine from logistics/staffing level?
  - o Staff member 2: Dependent on which staff are available at what time but when a person identifies that they want someone to accompany to an interview, etc, we work really hard to prioritize that. When a participant is ready to take that jump (into community based programming), we try to meet them, we try to remove any barriers, we never want to be the thing holding them back, we would move a lot to make it a priority.
- AC: How would you learn about that / their needs? Do you meet with them 1x/week?

- o Staff member 2: much more flexible than that. Folks in house get seen a lot more. We encourage phone or setting a time to meet. Incredibly flexible depending on a person's needs, some get seen every day for 30 min, some are every two weeks. Timing is self-determined but a minimum is once a week.
- AC asked Staff Member 3: Is there anything that wasn't said in terms of how you would describe the TAY program?
  - o Staff Member 3: Only thing to add is that a lot of people come with symptoms of trauma. We think of ourselves as trauma informed and relationships are the crucible of the work. Relationships and holding that TAY can provide can help them with security in themselves so they can have the extra personal resources to think about other goals other than safety. Safety is primary need. E.g. you can't send someone to JCC (junior college) if they are still experiencing trauma. We provide grounding.
- AC: In terms of how TAY does that, is there anything you want to add?
  - o Outreach is biggest part of how TAY operates, most people participating with their outreach workers
  - o Drop in Center: purpose is to create home like atmosphere, participants can just be/hang out, a staff member always available to them. A lot of groups are run out of the center, e.g. art, recovery, therapeutic, etc. Lots of good stuff that people can get just by walking in. Holding environment. Out of that, more concrete work stems.
- AC: Do participants get outside therapy?
  - o Most do. Through Mass Health, many go to service net clinic, or outpatient therapists
- AC: What is your terminology for 1:1 vs. taking client to therapy?
  - o We have formalized language. There are meetings or transport.
- AC: What would you like to learn from a program evaluation?
  - o What we do that is useful; are there things that participants aren't aware of? How can we streamline our process? Are there barriers to engagement?
  - o Staff Member 1: The reason we encourage participants to meet with an outside therapist is to have an objective setting/an outside party to have discussions about TAY counselors or the milieu. What inconsistencies with what they are doing? What do participants view as effective? Decisions throughout day where attention is needed. What do they view as effective/contrast with what staff view as effective?
  - o What do they think about their outreach recovery counselors? How effective are they? Are they able to trust them? Is it helping support their goals? Do they feel supported by that relationship to provide groundwork for learning skills?
- AC: what do you think could be improved?
  - o The resources to provide more opportunities for engagement. Currently we have programming one day a week that people selectively engage in (we don't have capacity to provide similar structure on other days; would be ideal to provide similar structure on other days)
  - o More opportunities for structure that TAY program provides. People safe within this program, which helps them branch out in the community.

- o Along those lines, we have a number of participants in one area, but only have resources to have one staff there. More one on one time. A lot comes down to funding. We lack in outside community engagement. Many participants lack confidence to do things on their own: get a coffee, volunteer, go to YMCA. Better way to bridge our community with external community.
    - o Speaking to the transitional nature of our program-transitioning not just living environment but also social transition, have social connections outside of TAY program as they transition from this age group onto what they do next
    - o Community group partnering with TAY group
- AC: Asked other staff members if they have anything to add?
    - o Hire more recovery counselors
    - o Pay them more
    - o More training
    - o More supervision
- AC: Is there anything you think the program does well?
    - o We do Mondays and Wednesdays well - we provide programming throughout the day, running groups and staff are at the drop-in center
    - o We hit a balance between the elements of participants lives: acknowledge symptoms they are suffering from (pervasive and impact them) but also acknowledge inherent distress in being a young adult. Meeting them where they are at. Validating, normalizing their experience. Acknowledging that it is difficult to tease out What aspects of what's going on for them is a product of trauma, environment or mental illness symptoms vs. generally that it's harder to establish yourself as an 18-25 y.o.
    - o Integrate more animals into the program! E.g. a pet at the residential facility, visiting animals. Would provide participants an authentic experience to provide structure, motivation, care for something else, something external is relying on you
    - o More opportunities to provide meaning. Improve/enhance participants quality of life.
- AC: Is there a way that you stay connected with participants post graduation/completion?
    - o Not so much. A lot of them move on to adult teams. Once they get to a certain age, ~26-28, if they want to stay in services we roll them over to the adult teams. We see them around but we don't really keep in touch.
    - o It is not fully our (staff) decision, it would be odd for TAY program/staff to contact post-involvement. It is more ServiceNet's values/policies.
    - o Which is a shame because TAY is known for providing lots of support/services, not as much in adult teams. Adult teams are so big, they cannot provide same care.

**Group 2: TAY Staff in More Direct Service Roles:**
- AC: Introduced myself
    - o I am interviewing staff to get feedback which will be used for the participant survey

- o The purpose is to gather constructive feedback on whether and how the TAY program is reflective of the needs and values of the clients; what is helpful; what is not helpful; is anything missing; results will hopefully allow achievement of better outcomes, improved focus
  - o Asked staff if they had any questions
- AC: asked staff describe what a recovery counselor does
  - o Meet with participants (in community or at TAY site), teach daily skills, symptom management skills, life goals, make individual action plan, help follow the plan, participants have a certain number of interventions that they need to hit per month depending on where they are
  - o Also called working on their ADLs (Activities of Daily Living)
- AC: Can you walk me through how the plan is set?
  - o TAY participant comes in
  - o They meet with Clinical Case Manager (CCM)
  - o We talk about what they want to achieve
  - o CCM will write it into goal. The overall arc is the Individual Action Plan (IAP). The CCM puts it into 'rehab-able' language so that we can chart progress/the interventions
    - ▪ Goals can be anything! E.g. housing, showering, school, job
    - ▪ It is broken down so that the participant and outreach counselor can work on concrete goals to work on every day, e.g. Shower 3/wk, try to find an apartment in the next month.
  - o The goal will have interventions, i.e. simple terms on how to meet those goals
  - o They are assigned a counselor (outreach or residential)
  - o That counselor will work with them as much as possible to help them reach those goals
  - o The counselor also collaborates with providers or parents
- Residential Counselor:
  - o The work is similar to what was just described but it can be more or less intense. I am more like an RA (Residential Advisor) or even a mom. I hang out house and help with ADLs. Some participants need more help with cooking, cleaning, knowing when it is an appropriate time to shower, learning how to act.
  - o The residential participants need more coaching/need to learn more basic ADLs than the outreach (other/outside) participants
  - o Driving participants places, helping them get to their doctor appointments, following house rules
  - o Do a little of everything all the time, have to be extremely flexible, one day helping with housing, next going to the mall to buy something, another day you're just hanging out, the next is a crisis where someone is trying to kill themselves
- Previously, when a participant came in, they had to go to residential first to have an assessment done to determine if it's in their capabilities to be in the outreach program/get their own apartment. When they were successful, they went to outreach.

Training for adulting. Previously we used to have 2 residential houses. The second house had less restrictions, would graduate from 1st house to 2nd house

- BOTH Residential and Outreach Programs/Counselors:
  - Tiered process
  - Counselors are thought of as "housing specialists", even though they aren't officially, counselors work with the participants' parents, landlords, police department
  - Biggest part of the job is having a flexible personality; wear different hats; no warning about what will happen that day; deal with whatever is thrown at you
  - The parents of the participants are "worse" than the participants, they think the counselors can and should do it all
  - Recommended Raphy's training; he has a spiraled training; he is a motivational speaker; he has come to the TAY program three times; perspective how to deal with these issues in a larger context
  - Counselors have no control over how participants come to us
- Outreach Recovery Counselor
  - Mastered being easy going, not letting things bother them > helps in this work
  - Good at being honest. Participants don't want to be lectured or psychoanalyzed, they get that every day, from me, they will get the truth. Learned to build up and knock down in a positive way.
- AC: What would you like to know from a program evaluation?
  - Almost don't want to know, some of their current participants are so negative
  - Reasons participant might be non-motivated when counselor wants to/has time to help but is in major rush later when something is due; "why don't you want to help me help you?"
  - "What would motivate a client?"
  - "What do you want from TAY Staff/Counselors?"
    - Some participants might say "why are you guys never there to help me?" because no matter how much counselors (or TAY program) may help them, even if staff are there 92%, the one bad moment they have, that's why counselors (or TAY in general) are never there for them/is not helpful. This comes out in situations where they are struggling.
  - Since the program is optional: "Why would a participant stay in the program and/or not participant in the program if they feel it is not helpful/beneficial?" / "What is your motivation for being here?" / "Are you just hanging out until you age out?"
  - "What do they want to get out of this program in the long run?"
  - "Do you know what boundaries are?"
  - "What do participants think the TAY counselor's job is? / What do you think the counselor does?"
  - Explore perception of "help"/amount of help
  - Participants are asked on IEPs what is helpful/what do they get out of the TAY program and they respond, "I don't know, rides?"
- What the TAY Program could do better/how it could be improved:
  - Management:

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- - More understanding / empathy / common sense
    - Respect/understanding of relationship that staff has built with participant, e.g. some participants need more firmness, others need humor, etc.; staff may know what subjects will trigger a client but manager may want that subject discussed
    - Training (and time for training) + information/guidance from counselors with real life experience
  - Some participants come from a family or a system that catered to them/ADLs and other tasks were done for them/has encouraged dependency > it is difficult to now encourage independence
  - Inherent difficulties of transitional nature of program / some may require more support
    - TAY program role is a stop along the way to where their final destination is
    - TAY program is likely an attempt to guide toward "outreach" as opposed to adult long term/residential care or jail system
  - Participants screened better by DMH; some are inappropriate participants for the TAY program level of service; may have developmental brain injury; or some participants should be in inpatient care; or some participants may belong in a more intensive care
  - When you know what a participant is capable of doing and they don't do it on their own; the participant think it's counselor's job to help them. Can't enable them but hard because program does expect us to help them.
  - The job involves a lot of modeling, teaching interpersonal skills
  - Need solid ground rules / boundaries of how the TAY program works that is in line with the "Raphy's Spiral"; currently it is more about meeting the participant's needs but their "needs" could be that they want everything done for them
    - There are inconsistencies on what TAY program will or won't do for a participant
  - Streamline paperwork; some is redundant
- AC: What is working well?
  - With TAY program support, the participants are housed; they get assistance that is available to them (food stamps, fuel assistance), they make it to their doctor appointments. Otherwise, they likely wouldn't make it (e.g. could be homeless or wouldn't know how to access services/doctor appointments). With TAY, odds are much higher for them to reach their goals.
  - Teamwork and level of communication of the recovery counselors
  - Management: counselors do get support (most of the time)
    - More understanding / empathy / common sense
    - Counselors are doing the best they can
  - Have streamlined resources; e.g. the drop-in center used to be open 5 days/week but had few participants drop in; now is open less and staff time is utilized more effectively
- AC: Is there anything program elements that are unnecessary?

- - o Annual self-preservation test (could just be done once)
- AC: How can I encourage survey participation?
  - o Pass out survey at the groups that are already planned
  - o Staff to bring surveys to participants
  - o Monetary incentive
  - o Offer food

**Appendix D:  RAMS CalWORKs Counseling Client Satisfaction Survey**

**rams** Richmond Area Multi-Services, Inc. (RAMS)
CalWORKs Counseling and Pre-Vocational Services

### Client Feedback Survey

We would like YOUR feedback on your experience with us. Please answer as honestly as possible. Your answers will help us to make changes to improve our services. No names are needed; this survey is totally **confidential** and **anonymous**.

1) Gender (please circle):   Male, Female, Transgender, Other
   Age group (please circle):  Under 18 years   18-30 years   31-45 years   46-55 years   56+years

2) How long have you been coming to RAMS (please circle): Less than one month, 1 month,  2 months,  3 months,
   Or more than 3 months?

How did you develop your goals?

What are your goals?

Did the program allow you to make progress/work toward your goals?

2) What did you like best or benefit from the most in our services?

3) We want to learn from YOU. What do you think we should do differently?

6) What additional support or group would you like to see here? (If needed, please use the other side of this page.)

| Statement | Strongly Agree | Agree | Disagree | Strongly Disagree | N/A |
|---|---|---|---|---|---|
| I felt welcomed to share my thoughts, concerns, and questions. | | | | | |
| I felt like I was treated fairly and with respect by everyone here. | | | | | |
| RAMS staff helped me understand and deal more effectively with challenges in my life. | | | | | |
| RAMS staff helped me access services in the community when I needed them. | | | | | |
| My overall experience here at RAMS was positive. | | | | | |

**Any other comments? Thank you for being a valuable part of this process!**

**Appendix E:  Cover Letter for TAY Participant Satisfaction Survey**

Dear TAY Participant,

ServiceNet would like to hear from you and invites your feedback by completing a **confidential** survey.  You honest opinions will help ServiceNet understand your experience in the TAY program and consider ways we can better meet participants' needs.

It will take approximately 20 minutes. Please answer questions honestly and thoughtfully.  Your opinions matter.

This survey is:
　Confidential:
- **Your answers will be private. Please do not write your name on it**.
- The TAY staff will **not** know how you respond but they will know whether you have completed it.
- It will not affect your services or how you are treated in any way.
- The ServiceNet Quality Department will see your answers but your name will not be attached to your answers.

Voluntary: It is your choice whether to participate or not. If you decide to participate in this survey, you may withdraw at any time. If you change your mind and don't want to do or finish the survey, you will not be penalized.

Purpose: The TAY program values your feedback, your answers will inform the TAY program about how to improve the program for everyone.

Honesty: Please answer as truthfully as possible.

Survey Incentive: To encourage participation, we are offering a $2 incentive to everyone who receives the survey, whether you fill it out or not

Questions/Comments/Help:
- Please contact Jennifer Geertsma, Director of Research at ServiceNet with any questions or comments about the survey at:
- **Phone**: (413) 336-0620 or  **Email**:  jgeertsma@servicenet.org

**Return by April 7th, 2017:** please place your completed survey in the stamped return envelope, seal the envelope and place it in the mailbox or give it to a TAY staff member.

We really appreciate your input!  *Thank you*

If you do not want to complete this survey, please check the box below.
Return this sheet and the blank survey in the *enclosed stamped envelope*.
☐ **I DECLINE TO TAKE THE SURVEY**

**Appendix F:  TAY Participant Satisfaction Survey**

**TAY Satisfaction Survey**

1. Please name the top three things that are most important in your life: (e.g. people, activities, certain goals, possessions, etc.)

a. _____

b. _____

c. _____

2. The TAY program aims to support participants with some of the following goals.

- Please rate how important these goals are to you
- Write in any additional goals, hopes or dreams you may have for your life

|  | Very Important for me | Somewhat unimportant for me | Undecided / Unsure | Somewhat unimportant for me | Very unimportant for me | Does not apply |
|---|---|---|---|---|---|---|
| Start, continue or finish school / education | ○ | ○ | ○ | ○ | ○ | ○ |
| Start or continue working / job / employment | ○ | ○ | ○ | ○ | ○ | ○ |
| Feel better mentally and emotionally | ○ | ○ | ○ | ○ | ○ | ○ |
| Live independently in my own place | ○ | ○ | ○ | ○ | ○ | ○ |
| Lessen or avoid alcohol use | ○ | ○ | ○ | ○ | ○ | ○ |
| Lessen or avoid drug use | ○ | ○ | ○ | ○ | ○ | ○ |
| Make friends / increase social support | ○ | ○ | ○ | ○ | ○ | ○ |
| Volunteer | ○ | ○ | ○ | ○ | ○ | ○ |
| Make healthy eating choices | ○ | ○ | ○ | ○ | ○ | ○ |
| Exercise | ○ | ○ | ○ | ○ | ○ | ○ |
| Additional goals/ hopes/ dreams, Please specify:_____ | ○ | ○ | ○ | ○ | ○ | ○ |
| Additional goals/ hopes/ dreams, Please specify:_____ | ○ | ○ | ○ | ○ | ○ | ○ |
| Additional goals/ hopes/ dreams, Please specify:_____ | ○ | ○ | ○ | ○ | ○ | ○ |

3. How did you develop your goals? Please check all that apply.

☐ On my own

☐ With friend(s)

☐ With a TAY counselor

☐ With family

☐ A TAY counselor developed them

☐ With a teacher

☐ Other, please specify:_____

4. Did the TAY program assist you in making progress/working toward your goals?

○ Yes, how?_____

○ No, why not?_____

5. Please indicate your satisfaction with the following program services:

| | Very Satisfied | Somewhat Satisfied | Undecided / Unsure | Somewhat Unsatisfied | Very Unsatisfied | Does Not Apply |
|---|---|---|---|---|---|---|
| Case management (e.g. help getting services you need) | ○ | ○ | ○ | ○ | ○ | ○ |
| Groups | ○ | ○ | ○ | ○ | ○ | ○ |
| Help finding work / Employment assistance | ○ | ○ | ○ | ○ | ○ | ○ |
| Counseling (e.g. help dealing with emotions and behaviors, etc.) | ○ | ○ | ○ | ○ | ○ | ○ |
| Other service, please specify:_____ | ○ | ○ | ○ | ○ | ○ | ○ |
| Other service, please specify:_____ | ○ | ○ | ○ | ○ | ○ | ○ |

6. Is there anything that could make the TAY program better?

○ Yes.  If yes, what?_____

○ No

7. Is there anything that should stay the same?

○ Yes.  If yes, what?_____

○ No

8. Please tell us how the TAY program has been helpful or not helpful for you (optional):

9. Please indicate your level of agreement or disagreement with the following statements:

| | Strongly Agree | Agree | Undecided / Unsure | Disagree | Strongly Disagree |
|---|---|---|---|---|---|
| In the TAY program, I feel welcome to share my thoughts, feelings, ideas, concerns, and questions. | ◯ | ◯ | ◯ | ◯ | ◯ |
| I feel like I am treated fairly and with respect by the TAY staff. | ◯ | ◯ | ◯ | ◯ | ◯ |
| I feel like I am treated fairly and with respect by my peers in the TAY program. | ◯ | ◯ | ◯ | ◯ | ◯ |
| TAY staff help me understand and deal more effectively with challenges in my life. | ◯ | ◯ | ◯ | ◯ | ◯ |
| TAY staff help me access opportunities and services in the community. | ◯ | ◯ | ◯ | ◯ | ◯ |
| My overall experience with the TAY program has been positive. | ◯ | ◯ | ◯ | ◯ | ◯ |

10. Do you have any other thoughts, feelings or comments about the TAY program?

**Appendix G:  TAY Staff Memo**

# TAY Participant Survey

**Who:** My name is Andrea Carnegie. I am a MSW student at the Smith College School for Social Work.

**What:** A confidential TAY participant survey! I've been working in collaboration with ServiceNet's Quality, Research, and Compliance Department to conduct a program evaluation about the TAY program. Here is some background info about what went into the creation of the survey:

- Research on what the participants have been asked before by DMH
- Research on how similar programs evaluate themselves
- Focus group / meetings with several TAY staff in October 2015
- meetings with Service Net's Program Quality Director and the TAY Contract Manager
- Aimed to keep the survey short and simple
- Survey was vetted/approved by Sara Schefflin and the QRC Department, all who have been helpful in informing the questions

**Now What:** We received responses from about ¼ of all TAY participants from our first round of surveying, but I'd like to get more responses if possible.  I am hoping for your support with distributing and collecting surveys along with QRC. QRC will enter the completed survey data for analysis. Please encourage participants to complete and return this survey as soon as possible.

If participants want/need help:

- Staff are encouraged to  help participants read or understand the questions but the participant should fill out the survey on their own--survey respondents should remain confidential
- Please attempt to remain neutral;
- Please only accept surveys from participants if they are in a sealed envelope, whether it's the one that came with the survey or not. All surveys should be mailed to Jen Geertsma at 131 King St, Northampton, MA  01060

**Where:** At TAY sites

**When:** Surveys will be given to you for distribution to participants on April 28th and are due back on May 17th.

**Why:** The program evaluation will hopefully glean valuable feedback about if and how the TAY program is meeting the participants' needs and goals, the participants' answers will inform the program about how to improve it for everyone. I will also be writing up the process and results to fulfill my thesis requirements. Once the program evaluation is complete I will share the results with you.

**Questions:** please contact Jen Geertsma at jgeerstsma@servicenet.org