Evaluating an Innovative Approach to Transition Age Youth Self-Sufficiency and Recovery: The TAY INN Model

Final Report

April 2014

Prepared for the Santa Clara County Mental Health Department

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SOCIOMETRICS

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INTRODUCTION

The transition from adolescence to adulthood is an important life stage that is characterized by major developmental changes and challenges. This transition period can be especially difficult for vulnerable youth, including those struggling with mental health issues, homelessness, or who find themselves in need of shelter as a result of a critical situation. Vulnerable youth who receive social services as adolescents often find that these services come to an abrupt end as they transition to adulthood, even if their need for services continues.

CONTEXT

The Santa Clara County Mental Health Department (SCCMHD) received funding through the Mental Health Services Act (MHSA) to establish INN (Innovation) projects as part of the county's Three Year Plan. Counties may use the funds for INN projects that address issues faced by children, transition age youth (TAY), adults, older adults, families neighborhoods, tribal and other communities, counties, multiple counties, or regions. INN projects may affect any aspect of mental health practices or assessment of a new application of a promising approach to solving persistent, seemingly intractable mental health challenges.

The Bill Wilson Center (BWC) was awarded to implement a peer-run program with the goal of providing a comprehensive, integrated range of services for TAY ages 18-25 that are experiencing homelessness, in need of temporary shelter as a result of a crisis situation, or who are at-risk of homelessness and at-risk of or experiencing mental illness. The peer-run program was to include shelter (TAY INN and Respite), outreach, mental health services, substance abuse treatment, basic needs, medical care, outreach, employment support, and leadership training.

This program had two learning objectives: (1) to develop a model to expand the leadership capacity of TAY Peer Partners in delivery of services in a voluntary 24-hour care setting to improve access and outcomes for high risk TAY residents; and (2) to help TAY clients stabilize and gain self-awareness and skills in a safe environment to serve as a bridge to entry into appropriate ongoing services and supports in the broader system of care. Additionally, SCCMHD sought to understand steps or program components necessary to replicate the TAY INN program.

The TAY INN program evaluation utilized a mixed-methods design to collect quantitative and qualitative data from key stakeholders involved in the Peer-Run TAY INN program including clients, Bill Wilson Center staff members, and Santa Clara County Mental Health Department staff.

HIGHLIGHTS

Based on 26 months of data (collected from December 2011 to January 2014), the evaluation of TAY INN found:

For TAY INN Delivery of Services to Clients

- TAY INN clients represented a diverse population of transition age youth, average age of 21 years, with more than 2/3 of the population from underserved ethnic and cultural communities.

- The TAY INN was functioning at capacity for the entire project period providing access to age-appropriate health, mental health, substance abuse, educational and vocational services to increase self-sufficiency and more stable housing. The average number of clients residing in TAY INN each month was 8.4.

- Screening and admission procedures streamlined and improved over time allowing for the program to maximize its resources by providing services to those most likely to benefit from them.

- Overall client satisfaction with TAY INN program was high in virtually all aspects of the program. Satisfaction improved over time between the first and the second year. The three areas of highest client satisfaction included: 1) client participation in their own treatment; 2) the ability of clients' to choose their own treatment goals; and 3) satisfaction with the overall support received at the TAY INN.

- Clients also experienced positive trends in recovery and self-sufficiency. Nearly half (49%) of all discharged clients showed improvement in the mental health and recovery process when leaving the program. One-third of the clients completed their goals within their stay at TAY INN.

- The average length of stay was approximately 60 days, with stays ranging from 2 days to 120 days. Length of stay seemed to consistently arise as a factor that either mediated or influenced clients' outcomes and experience with the program.

For Peer Partners and Youth Advocates

- Peer Partner approach marked an innovation to service delivery for TAY that holds promise for recovery and self-sufficiency for TAY INN clients. The approach can provide benefits to the Peer Partners as well as developing their professional experience and leadership skills.

- Several aspects of the Peer Partner model of TAY INN, if consistently and rigorously applied and nurtured, can create positive trends for both Partners and clients. They include:

- Ongoing and consistent training and supervision;
- Appropriate peer-to-peer matching

- Peer Partner leadership and empowerment is affected by communication challenges and transparent formal and informal mechanisms to provide feedback and address grievances.

- Role overlap, ambiguity and hierarchy between Peer Partners and Youth Advocates also contributed to Peer Partner job satisfaction and the overall effect on TAY INN service provision.

- Peer Partner satisfaction with the TAY INN program was high. The top five items that received the highest mean scores included the following: 1) enjoyment of their job; 2) that they are learning valuable skills and good experience for the future; 3) that the program is sensitive to cultural, ethnic, and gender differences among clients; 4) that the program offers ample opportunities for clients to participate in treatment and services; and 5) that they are making a difference in the life of TAY clients. Satisfaction for Peer Partners, however, started to decline over time.

RECOMMENDATIONS

The following recommendations are meant to assist in program replication and underscore necessary best practices and considerations. The recommendations are divided into two categories. One category focuses on steps to take to fully utilize the unique qualities of peer-mentor models to service provision and circumvent these challenges to positive Peer Partner experiences. The second category focuses on increasing program success to help TAY clients stabilize and gain self-awareness and skills in a safe environment serving to bridge entry into appropriate ongoing services and supports in the broader system of care.

#	AREA	RECOMMENDATION
1	Peer Partners and Youth Advocates	Determine the type of peer mentor approach to use e.g. developmental (relational/psychological), instrumental (specific skills) or blended and ensure that the roles and responsibilities of TAY INN staff reflect this approach.
2	Peer Partners and Youth Advocates	Roles and responsibilities should be discussed and clarified for all early. The role of Youth Advocates, if present in a TAY INN program, must not inadvertently undermine the role of the Peer Partners.
3	Peer Partners and Youth Advocates	It is important to ensure all involved develop shared goals and buy-in to the mission of the program. Paramount here is the inclusiveness of Peer Partners in developing and realizing these goals.
4	Peer Partners and Youth Advocates	Formal pre-employment training is required with core curricula covering all aspects of the Peer Partner responsibilities, appropriate mentor-mentee relationships and any key program concepts or skills development related to service provision for TAY.
5	Peer Partners and Youth Advocates	Yearly booster training for Peer Partners and Youth Advocates is needed to ensure retention of fidelity to core program components and staff roles and responsibilities.
6	Peer Partners and Youth Advocates	All new and relief staff must be required to receive the same level of training.

#	AREA	RECOMMENDATION
7	Peer Partners and Youth Advocates	Regular meetings for all TAY INN staff will provide balanced opportunities for group learning, building staff morale and to provide two-way feedback between staff and management.
8	Peer Partners and Youth Advocates	TAY INN management must identify and use mechanisms to keep relief and night staff informed and involved in the provision of the TAY INN services.
9	Peer Partners and Youth Advocates	Create in-service learning and training opportunities for Peer Partners and Youth Advocates on topics related to their work: setting boundaries within the peer partner-client relationship; confidentiality; diagnoses types and treatment options.
10	Peer Partners and Youth Advocates	Job shadowing is an important part of the skills development process for Peer Partners and Youth Advocates. However, job shadowing should complement rather than take the place of formal training.
11	Peer Partners and Youth Advocates	Identify an individual with the necessary core competencies and experience to supervise the Peer Partners. This position is key to the success of the Peer Partner model and is an integral part of delivering services within this type of environment.
12	Peer Partners and Youth Advocates	Establish a consistent systematic approach to matching Peer Partners with clients based on the program's characteristics, goals and mentor approach (relational, instrumental or blended). This should be part of the intake process for every TAY INN client.
13	Peer Partners and Youth Advocates	Develop activities and opportunities for all Peer Partners to connect with non-mentee clients.
14	Peer Partners and Youth Advocates	Create opportunities for team meetings to discuss treatment options and recovery opportunities with TAY INN staff, including how Peer Partners can provide input as well as support recovery for clients. Importance must be placed on closing the feedback loop with Peer Partners to indicate how the input was used and why decisions were made.
15	Peer Partners and Youth Advocates	Successful implementation of peer-led programs requires adequate staff resource allocations that take into account the challenging nature of the work and the potential for high staff turnover.
16	Peer Partners and Youth Advocates	Expectations for program implementation and goal completion must be tempered by the nature and experience of the workforce and work.
17	Peer Partners and Youth Advocates	Create both formal and informal feedback, grievance and dispute resolution guidelines and mechanisms. Consider using a neutral third party committee to assist in the mediation of grievances and the conduct of dispute resolutions. These guidelines and mechanisms should be communicated and reinforced frequently with TAY INN staff and clients.
18	Peer Partners and Youth Advocates	Develop multiple avenues for quality improvement from informal "suggestion boxes" to quality improvement task forces or 360 reviews.
19	TAY INN Clients	In order to be effective, eligibility guidelines for TAY entering the INN must be documented clearly and disseminated to all key stakeholders including potential clients, Peer Partners and management, as well as colleagues or referees in participating systems. Eligible TAY are identified and appropriately enrolled only if screening and assessment are standardized, conducted with qualified personnel reflecting the program components.
20	TAY INN Clients	TAY clients will have a single, individualized treatment plan based on his or her needs rather than filling workshop or course seats.
22	TAY INN Clients	A single Youth Advocate and Peer Partner will be assigned to each client.
23	TAY INN Clients	Clients should be assigned same sex Peer Partners.
24	TAY INN Clients	Rules and training should be articulated and enforced to Peer Partners and clients to provide female clients with a private, secure and stable setting during their INN stay.

#	AREA	RECOMMENDATION
25	TAY INN Clients	Identify the transitional services or care needed for clients prior to discharge. Formalize transitional services for clients post-discharge to increase probably of sustained stability and self-sufficiency.
27	TAY INN Clients	Allow greater flexibility in changing the maximum length of stay limits for the program. Monitor and revisit length of time in light of client's goal completion. Extend clients stay to complete goals if needed.
28	TAY INN Clients	Create a housing and employment specialist position to assist Youth Advocates and Peer Partners.

BACKGROUND AND CONTEXT

The transition from adolescence to adulthood is an important life stage that is characterized by major developmental changes and challenges. This transition period can be especially difficult for vulnerable youth, including those struggling with mental health issues, homelessness, or who find themselves in need of shelter as a result of a critical situation. Vulnerable youth who receive social services as adolescents often find that these services come to an abrupt end as they transition to adulthood, even if their need for services continues. At-risk Transition Age Youth (TAY), between the ages of 18 and 25, who phase out of existing systems of care, stand to benefit from integrated, age-appropriate services and care that support their successful transitions to independent adulthood (Osgood, Foster, & Courtney, 2010).

FUNDING THROUGH THE MENTAL HEALTH SERVICES ACT

The Santa Clara County Mental Health Department (SCCMHD) received funding through the Mental Health Services Act (MHSA) to establish Innovation (INN) projects that are novel, creative and/or ingenious mental health practices/ approaches that contribute to learning and that are developed within communities through a process that is inclusive and representative of unserved, underserved and inappropriately served individuals. Innovation projects address one of the following as its primary purpose: (1) increase access to underserved groups (2) increase the quality of services including measurable outcomes (3) promote interagency and community collaborations, and (4) increase access to services. The intent of INN projects is to make changes to existing mental health practices or approaches, including, but not limited to, adaption for a new setting or community. This intent further includes new applications of a promising approach to address persistent, seemingly intractable mental health challenges.

SANTA CLARA COUNTY MENTAL HEALTH DEPARTMENT INNOVATION (INN 02) PLAN

Among the seven INN projects funded by the SCCMHD, the INN-02 Peer-Run TAY INN project (TAY INN) was designed to increase access to services and improve outcomes for high-risk Transitional Aged Youth. The project met MHSA Innovations guidelines by adapting the existing mental health approach.

The project has two Innovative elements. First, the project placed TAY Peer Partners in key decision-making roles. Peer Partners were expected to significantly manage the day-to-day operations of the Inn and have primary responsibility for developing and designing program services. Second, Peer Partners were to be the primary support and service provider for Inn residents. The project examined whether the experience of receiving services in an environment chiefly designed and offered by peers improved engagement of and outcomes (*symptom management, relationships; living situation; school/work and service satisfaction*) for TAY.

Table 1. The TAY INN Program Target Population and Inclusionary Criteria

Target Population	Inclusionary Criteria (1 or more)
Serve TAY Ages 18-25	● Have an Axis I mental illness
TAY who are homeless, in need of temporary shelter as a result of a crisis situation, or who are at risk of homelessness.	● Experiencing the onset of mental illness
TAY clients from underserved ethnic and cultural communities including Latino, Native American, Asian, African American and Lesbian, Gay, Bisexual, and Transgender (LGBT) communities should be specifically targeted for engagement	● At-greater risk for developing mental illness because of current or previous involvement in the dependency, juvenile justice, criminal justice, drug and alcohol, or mental health systems

Specifically, the project called for the significant involvement of Peer Partners to deliver services in a 24-hour voluntary, temporary housing setting for TAY who are homeless or who find themselves in need of shelter as a result of a critical situation. Peer Partners are individuals with lived experiences that are relatable to at-risk TAY and would serve as TAY INN staff for the program.

The TAY INN also integrates MHSA general standards represented in Figure 1.

Figure 1. MHSA Standards

Community	Culture	Family	Wellness	Housing
Community Collaboration, where systems of care providers work together to create an open process to refer TAY youth to the TAY INN.	Cultural Competence, where TAY INN will utilize linguistically and culturally competent practices to aide in achieving wellness, recovery, and resilience.	Family Driven Services, where supportive services include encouraging TAY clients to connect with family members and friends in achieving recovery and wellness goals.	Wellness, where strength-based age-appropriate approaches -- Recovery and Resilience – inform the TAY INN program and goals. .	Short-Term Housing Services for a minimum of 6 clients daily, each with a bed, no more than 2 per room, 3 daily meals, shower, hygiene, laundry, computers, internet, and phones.

Integrated & Client Driven Services

Integrated Service Experience, where all providers in the TAY system of care may refer TAY clients and additionally serve as a bridge for entry into other services and supports for TAY currently in-residence at TAY INN and upon departure. These in-residence services supports should be offered on site and in a coordinated manner. .

Client Driven Services, where peer mentors are involved in the TAY INN infrastructure and service system including: staffing, implementation, evaluation, and dissemination of lessons learned. Likewise, TAY clients are involved in identifying their needs, choosing their services, and assessing the effectiveness of services

The TAY INN was a 36-month program, envisioned to create age-appropriate services and supports within the broader system of care for TAY in crisis to improve quality of life. TAY INN was expected to contain ongoing program development and periodic modification throughout the project period.

Additionally, the contractor responsible for TAY INN was required to attend and assist the SCCMHD with meetings of the project's Learning Advisory Committee (LAC). The LAC consists of approximately 12 stakeholders, including consumers, family members, and system partners, who support the success of the project by refining the design of program services, reviewing program progress and reports, and recommending solutions and improvements. The LAC serves in an advisory capacity to the SCCMHD. The Peer Partners were expected to participate on the project's LAC.

ABOUT THE GRANTEE: BILL WILSON CENTER

The Bill Wilson Center (BWC) responded to the RFP proposing a program with the goal of providing a comprehensive, integrated range of services for TAY ages 18-25 that are experiencing homelessness, in need of temporary shelter as a result of a crisis situation, or who are at-risk of homelessness and at-risk of or experiencing mental illness. The program was to be peer-run, and include shelter (TAY INN and Respite), outreach, mental health services, substance abuse treatment, basic needs, medical care, outreach, employment support, and leadership training.

BWC has an extensive history and vetted experience (over 30 years) in providing services that successfully help at-risk TAY make and sustain changes and conditions in their lives, moving them to stability and permanency. BWC specializes in addressing the needs of runaway, homeless, street youth, youth experiencing mental illness, and youth having difficulty in making the transition into adulthood and has developed specific programs and services that address the unmet needs of this population. Their goal is to reduce the number of homeless TAY by providing a continuum of care and a comprehensive approach to solving the complex problems such as substance abuse, mental health issues, and legal issues that led to their homelessness and lack of self-sufficiency.

They have programs specifically designed for the TAY population including: *Transitional Housing* program for at-risk or homeless single, pregnant, and parenting youth ages 18 - 25, and youth who have aged out of foster care; *Drop-In Center* for homeless youth ages 12-25, providing safety-net basic needs to full comprehensive services; and *TAY Mental Health Services* providing for immediate response to young individuals (16 to 25 years of age) experiencing serious psychiatric issues or early on-set of symptoms. BWC's Transition-Age Youth Mental Health Services, Youth and Family Mental Health Services and Therapeutic Behavioral Services are designed to provide integrated community outreach support to individuals who are homeless, at risk of homelessness, and who have a serious mental illness. BWC targets underserved and unserved ethnic populations: Asian/Pacific Islanders, African Americans, Latinos, and Native Americans. Additional unserved and underserved youth include those from the Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) population, and youth in or from foster care and the juvenile justice system.

Under this grant, BWC committed to providing services to no less than 70 youth annually and providing Respite as an extension of the TAY INN. If the TAY INN is at full capacity, Respite provides a safe place for youth with access to all services in which they wish to participate. Peer Partners were to take the lead in the program with Youth Advocates (mental health specialists) also playing vital role.

EVALUATION DESIGN

The TAY INN program evaluation utilized a mixed-methods design to collect quantitative and qualitative data from key stakeholders involved in the TAY INN program including clients, Bill Wilson Center staff members, and Santa Clara County Mental Health Department staff. From December 2011 to January 2014, TAY INN's professional staff compiled all intake and discharge forms, functional assessments, and Peer Partner activity logs. They also collected all survey data. Table 1 describes the program evaluation research questions.

Table 1. TAY INN Program Evaluation Research Questions

Question	
Process 1	How does playing a lead role in designing, managing and evaluating a peer-run program impact the leadership and decision-making capabilities of Peer Partners? What allows the Peer Partners to successfully fulfill their roles?
Process 2	How does serving as the primary service provider for TAY clients impact Peer Partners' leadership skills, decision-making and effectiveness in serving clients?
Process 3	How does "participation in a peer-run program" impact the recovery of TAY residents?
Process 4	How does the peer-to-peer relationship (peer partner as primary service provider) impact the recovery of residents?
Outcome 1	What is the impact of peer partner designed services on functional change of TAY residents in symptom management, quality of relationships, living situation, and school/work?
Outcome 2	What is the impact of peer-run and designed services in a 24-hour voluntary setting on increasing access and engagement of high-risk TAY?

Moreover, the learning objectives established for the TAY INN program were as follows:

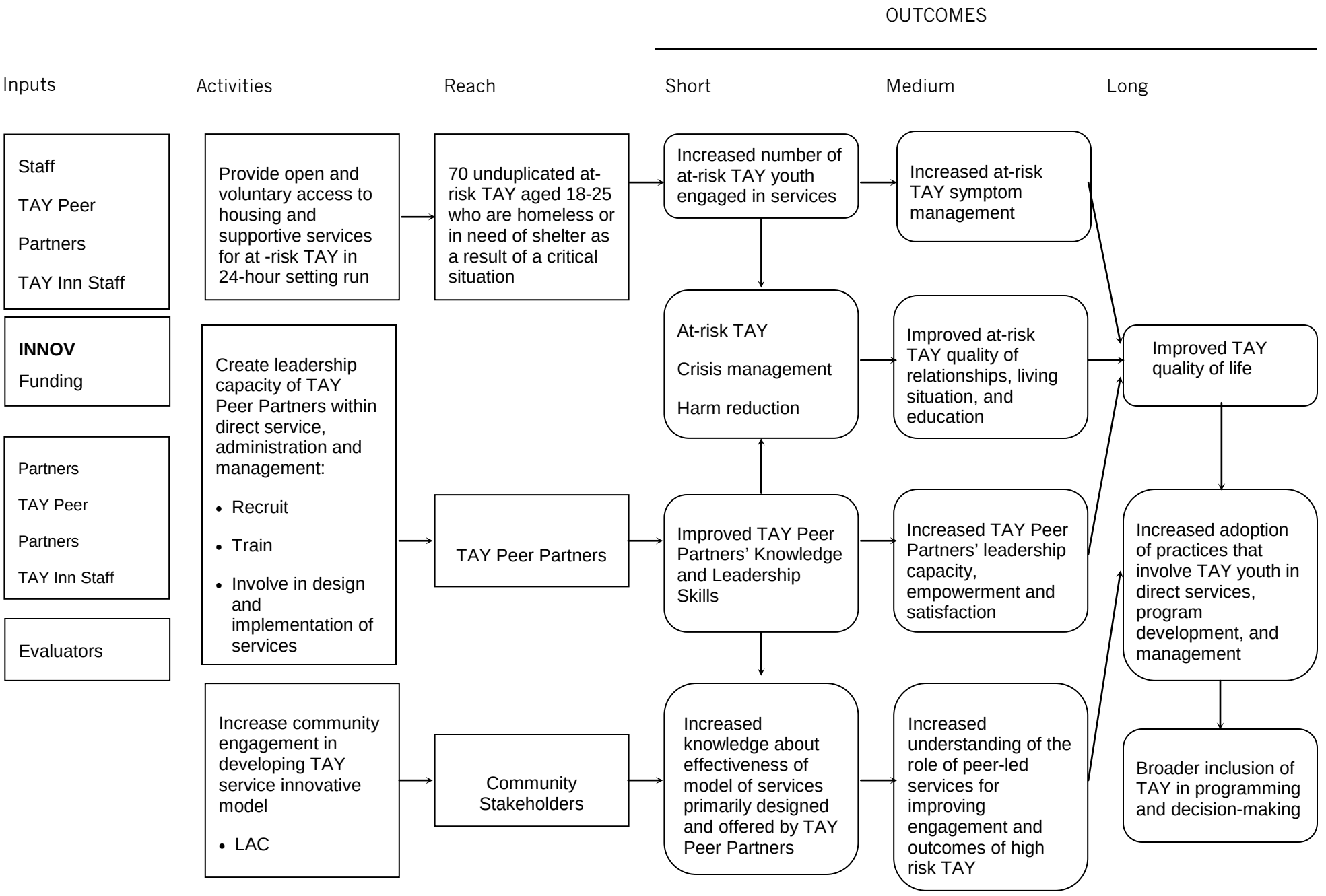
1. To develop a model to expand the leadership capacity of TAY Peer Partners in delivery of services in a voluntary 24-hour care setting to improve access and outcomes for high risk TAY residents.

2. To help TAY clients stabilize and gain self-awareness and skills in a safe environment and serve as a bridge to entry into appropriate ongoing services and supports in the broader system of care.

The evaluation is predicated on an assumption for how the TAY INN program components lead to the desired outcomes. The TAY INN logic model (Figure 2) allows an understanding of the relationships between program components; resources that are available for program

implementation; and activities or services implemented. If these activities are implemented successfully, a logic model also describes the expected outputs and outcomes in order to determine program effectiveness. The TAY INN logic model can be found on the following page.

Figure 2. TAY INN PROGRAM LOGIC MODEL



The primary client outcomes for the evaluation included:

- Admission
- Client engagement with TAY INN services
- Client satisfaction with the TAY INN program
- Milestones of Recovery Scale (MORS)
- Self-Sufficiency
- Impact of length of stay on client outcomes
  Discharge

The primary Peer Partner and Youth Advocate outcomes for the evaluation included:

- Training
- Peer-to-Peer Matching
- Supervision
- Leadership and Empowerment
- Satisfaction

Data collection from all key stakeholders (TAY clients, Peer Partners and Other Staff) was a central component of the evaluation design. The evaluation used both quantitative (surveys and validated instruments) and qualitative methods (focus groups and interviews) to address the main evaluation questions (See Table 1). To increase the validity of the results, standardized instruments (i.e., Milestones of Recovery Scale or MORS) assessed outcomes pre- and post-intervention (i.e., at intake and discharge). Recognizing the need to minimize the burden on participants' time and increase the efficiency of the collection process, the data collection took advantage of natural points in the service cycle and coordinated with existing data collection measures and processes.

Univariate statistics were used to examine the frequency and distributions of all study variables. Paired samples t-tests were conducted to test client stage of recovery and self-sufficiency from admission to discharge. Additionally, independent samples t-tests were conducted to test for significant differences in Peer Partner and staff satisfaction between the first and second years of the program. Statistical significance was set at $p < 0.05$. All data analyses were performed using SPSS Version 17.0. Qualitative data collected through interview and focus groups were coded and analyzed using a grounded theory approach to identify emergent themes and relations between themes.

Table 2 (below) provides descriptions of the data collection methods used, frequency of data collection and data indicators for the evaluation. Evaluation data were collected over a 26-month period beginning December 1, 2011 through January 31, 2014.

Table 2. TAY INN Program Evaluation Data Collection Methods

Data Collection Methods	Frequency of Data Collection	Data Indicators
Clients		
Client Intake and Discharge Forms	At client admission and discharge	• Age • Gender • Race/ethnicity • DSM Axis I mental disorder diagnosis • Length of stay • Medi-Cal coverage • Reason for client discharge • Housing plans following program discharge
Client Daily Participation Tracking Sheets	Daily	• Number of TAY INN services received • Number of Youth Works Academy and TAY INN After Dark workshops attended • Number of community meetings attended • Number of referrals to non-BWC services and supports
Client Satisfaction Survey	Once per month	• Client satisfaction with program services
Milestones of Recovery Scale (MORS)	At client admission and discharge	• Stage of recovery using milestones that range from extreme risk to advanced recovery
Self-Sufficiency Matrix	At client admission and discharge	• 17 domains measuring self-sufficiency scored on a 5-point scale from “in crisis” to “thriving”
Client Focus Groups	Twice annually	• Level of client satisfaction • Perceived impact of Peer Partner relationship on recovery
BWC Staff		
Peer Partner & Staff Empowerment and Satisfaction Survey	Twice annually	• Peer partner and staff level of job satisfaction and level of involvement in the program • Perceived impact of Peer Partner relationship on recovery
Peer Partner and Youth Advocate Focus Groups	Twice annually	• Barriers to full program implementation • Peer Partners’ level of job satisfaction
BWC Management Staff Focus Groups	Twice annually	• Program characteristics • Successes and challenges in program implementation • Lessons learned
SCCMHD Staff		
Interview with SCCMHD staff	One time during the evaluation period	• History and Rationale for Program • Program Oversight and Implementation

RESULTS

Quantitative data were collected for 100 unduplicated TAY clients enrolled in the TAY INN program from December 2011 to January 2014. Six out of 100 were repeat clients who returned to participate in the program a second time. Additionally, qualitative data from focus groups was collected at three time points with 16 clients with varying lengths of TAY INN program participation (ranging from three days to two months).

TAY INN CLIENTS

At-risk transition age youth who were interested in seeking admission into the TAY INN program were either referred to the program by service providers or initiated contact themselves through the TAY INN 24-hour hotline. The admission and assessment process did change to become refined over time. The process is that all youth who sought admission into the TAY INN program were assessed via an initial telephone screening to determine eligibility for the program, followed by a face-to-face screening. During the face-to-face screening, youth met with a TAY INN Youth Advocate, Peer Partner(s), and, if deemed necessary, a Program Manager to receive a thorough review of the program and allow staff to assess youth's ability to excel in the program . Transition Age Youth ages 18 through 25 years old were eligible to participate if they met at least one of the following criteria:

- Previously diagnosed with an Axis I mental disorder classification based on the American Psychiatric Associations' Diagnostic and Statistical Manual (DSM)
- At-risk for developing mental illness due to their current or previous involvement in the dependency juvenile justice, criminal justice, drug and alcohol, or mental health systems
- At-risk of homelessness or in need of temporary shelter as a results of a crisis situation. A crisis situation was defined as a critical circumstance that can be measured by resulting disability, serious life impact, or a mental health diagnosis which requires access to voluntary services for stabilization

Youth who were determined to be ineligible for the TAY INN program received appropriate referrals.

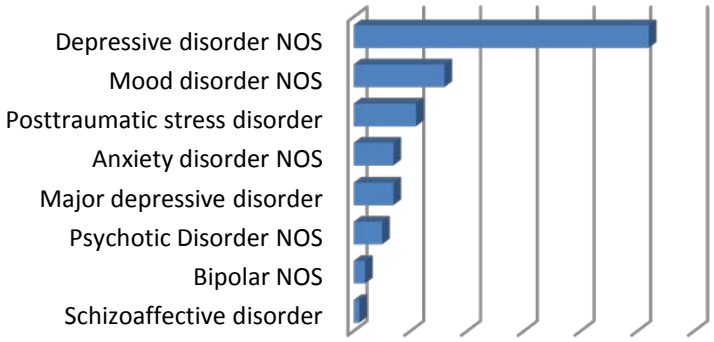
Table 3. TAY Inn Client Demographic Characteristics (N=100 unduplicated clients)

Characteristic	Percent
Gender	
Male	64
Female	36
Race/Ethnicity	
Asian	4
Black or African American	34
Hispanic or Latino	30
Native American	1
White	17
Two or more races	11
Other	3
Receive Medi-Cal Insurance	
Yes	79
No	20
Missing	1

Client Demographics. Table 3 above provides a snapshot of TAY INN clients. TAY INN clients represented a diverse population of transition aged youth, with approximately one-third of the clients being female and with an average age of 21 years. More than two-thirds of clients were from underserved ethnic and cultural communities including Black /African American (34%), Latino (30%), Asian (4%), and Native American (1%).

Figure 3 provides the distribution of the DSM Axis I diagnoses for all clients (N=106; includes duplicate clients; some of who had different diagnoses during their second stay in the program). The most common diagnosed DSM Axis I mental disorder among clients was depressive disorder NOS (52%).

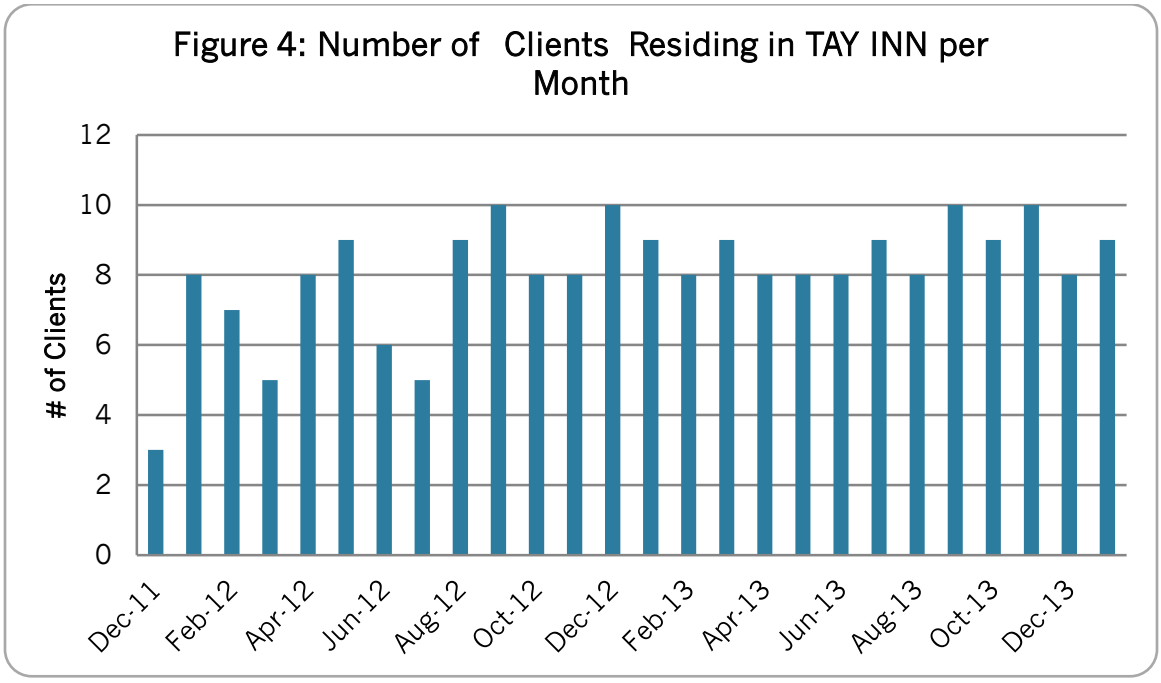
Figure 3: Clients' Axis I Diagnoses (N=106)[a]



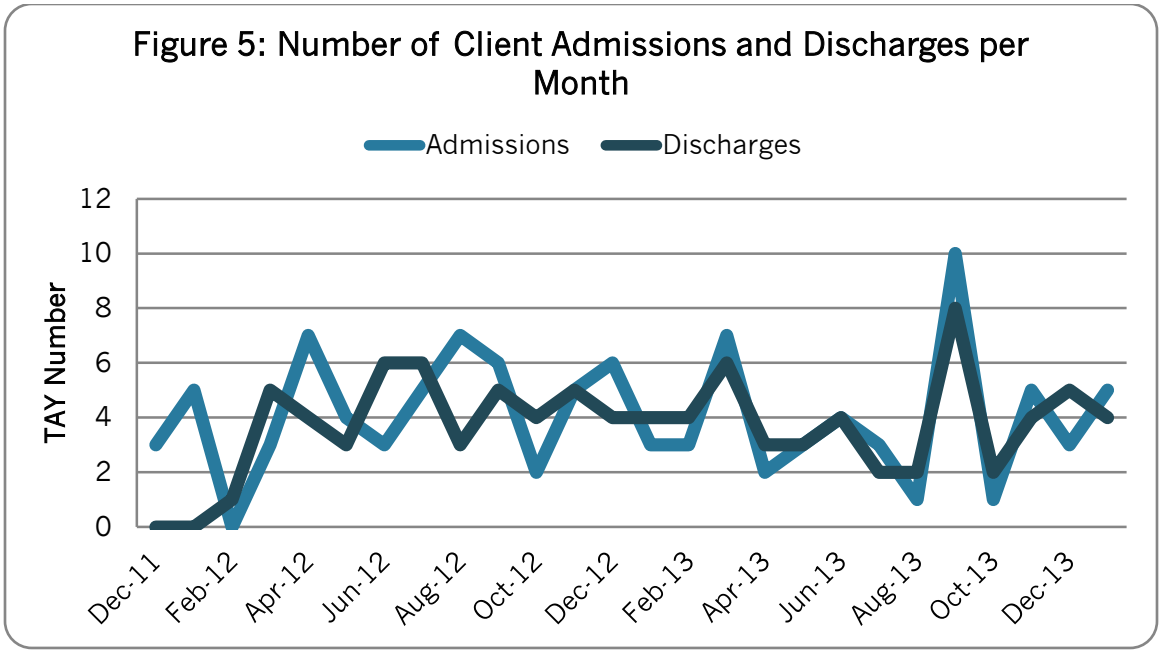
[a] Includes duplicate clients some of whom had different diagnoses during their second stay in the program.

The average length of stay was approximately 60 days, with stays ranging from 2 days to 120 days. Although the program policy limits clients' length of stay to a maximum of 90 days, 11 clients received waivers and were approved by the SCCMHD to exceed the maximum length of stay.

Over the course of the program implementation period (December 2011 to January 2014), the average number of clients residing in TAY INN each month was 8.4, while an average of 4.2 clients were admitted and 3.9 clients were discharged each month.



These data illustrate that the TAY INN was functioning at capacity throughout the project period (see Figure 4). Moreover, Figure 5 below shows the continuity and consistency in keeping the TAY INN functioning at capacity. Thus, despite being a new program, the TAY INN served TAY from the beginning of the program period to the end.



TAY INN CLIENT OUTCOMES

Program goals for the TAY INN program centered on improving TAY clients' access to age-appropriate health, mental health, substance abuse, educational, and vocational services; and increasing TAY clients' emotional, mental, and spiritual well-being, physical health, stable and long-term or permanent housing, supportive relationships and meaningful work or other daily activity.

ADMISSION

BWC was required to identify eligibility criteria for enrollment to the TAY INN program including the definition and measurement of clients "crisis situations." These criteria formed the framework for eligibility and yet still allowed for flexibility to enroll TAY not specifically matching all criteria on a case-by-case basis, to be determined at the discretion of BWC management and TAY INN staff.

Screening for eligibility increased in efficiency and standardization as the program continued. During the first year of the program, clients who stayed less than one month in the TAY INN were more common possibly suggesting that the improvements in screening processes over time led to improvements in identifying clients who would benefit from the program. By the end of the program period, these screening processes were more consistent.

Once admitted, the orientation and introduction of clients into the program should ensure clients understand program expectations and the integration of their input into their wellness plan. Both clients and Peer Partner staff indicated that this was a disjointed process which caused many Peer Partners to express concerns about how this affected their knowledge and ability to interact with newly admitted clients, particularly clients who required medications. Standardizing and regulating meetings allow Peer Partners to receive important briefings that improve their abilities to support clients.

CLIENT ENGAGEMENT WITH TAY INN SERVICES

The program was envisioned to provide alternatives for TAY youth in crisis, and assist through active engagement of the clients and encouragement of their peers in building self-awareness and empower the clients to reach their own life goals. Upon entry into the TAY INN program, each client worked with a Youth Advocate to develop an individualized plan with specific goals that clients planned to work on while at TAY INN, including weekly schedules of workshops and activities that the client was interested in attending. This goal planning process was based on a Transition to Independence Process (TIP) Model. This TIP model engages youth in their own futures planning process, as well as providing developmentally appropriate services and supports, in order to assist clients with increasing their skills for handling challenges in their lives and guiding them towards self-sufficiency and stability. Clients were encouraged to explore goals across different transition domains such as: personal effectiveness and well-being; employment and career; living situation; educational opportunities; and community life functioning. Youth Advocates worked with clients to identify TAY INN services, workshops, and referral sources that would be individualized to address each client's specific needs.

For the purposes of the evaluation project, only a subgroup of services were selected to be tracked for client participation in order to minimize the burden on TAY INN staff for data collection. Data were collected on sessions with Youth Advocates and Peer Partners, medical appointments, and mental health appointments. Referrals provided additional community resources for housing, mental health services, medical services, employment, education, and vocational training. Finally, workshops were provided through the Youth Works Academy and the TAY INN After Dark. Youth Works Academy workshops took place during weekday mornings and afternoons and focused on developing clients' employment readiness and maintaining emotional wellness. TAY INN After Dark consisted of a series of workshops, community meetings, and pro-social, leisure activities that took place in the evenings. The goal of TAY INN After Dark was to increase independent living and pro-social skills through a wide range of creative activities for clients. Of particular note, to assist clients through assessment of substance abuse and referring for treatment, Pathways services, provided by Pathway Society Inc. provided substance abuse counseling, which was an important aspect of the original plans for TAY INN and client recovery efforts but seemed to shift and change over the program implementation period.

These data were collected continuously throughout the project period and are reported over the

entire period as well as by program year.[1] Note that the reported numbers count clients more than one time if they had received more than one service during their participation in the program. Based on the data collected (Table 4), clients most frequently received Youth Advocate Sessions and one-on-one coaching with Peer Partners, followed by mental health appointments and medical appointments.

Table 4. Total Number of Times Clients Participated in each Tay Inn Service[a]

TAY INN Service	Dec 2011 – Jan 2013	Feb 2013 – Jan 2014	Total
Youth Advocate Sessions	77	138	215
One-On-One Coaching with Peer Partners	11	96	107
Medical Appointments	6	9	15
Mental Health Appointments	32	43	75

[a] Includes clients who may have received more than one service

Despite the high number of referrals provided to clients throughout the program period (see Table 5), clients and Peer Partner staff reported not having access to enough referrals, especially for stable, long-term housing for clients after their stay at TAY INN. In fact, staff reported very few housing options for this population as many of these options require income thresholds or age limitations. All report feeling pressure to find housing, especially given the maximum length of stay of 90 days at TAY INN.

[1] Peer Partners and Youth Advocates collected this information across the entire program period. Data collection on number of clients receiving services was less consistent at the beginning of the program. However, after additional training in data collection, the Peer Partners collected data more consistently on all relevant services. Therefore, the counts of services are likely more reflective of the program service provision in the last year of the program compared to the prior year.

Table 5. Number of Referrals and Supporting Services Provided to Clients

Referral or Supporting Service	Dec 2011 – Jan 2013	Feb 2013 – Jan 2014	Total
Housing	94	77	171
Mental Health	30	108	138
Medical	8	21	29
Employment	74	77	151
Education	31	21	52
Vocation Training Outside of BWC	0	24	24
Other Government Agency	0	43	43
Substance Abuse	35	43	78
Daycare	1	0	1

The number of workshops and activities attended by TAY INN clients gives insight into the scope of services provided to assist them in self-sufficiency and the ability to create stable living conditions for themselves. Table 6 below illustrates that Youth Works Academy and TAY INN After Dark workshops were well-attended by clients. The Wellness and Recovery Series of workshops ranks the highest in the number of client attendance, with the 7 Challenges Group as the most popular workshop in this series. For TAY INN After Dark, Community Meetings on Wednesdays and Sundays were the most well attended evening activities by clients.

Table 6. Number of Times Clients Attended TAY INN Workshop Series[a]

Workshop Series	Number of Clients per Workshop
TAY INN After Dark	846
Youth Works Academy	1,100
Wellness and Recovery Series	591
Social and Relationships Series	293
Life Skills Series	109
Employment Series	84
Education Series	23
Activities and Services Outside of BWC	29

[a] Includes clients who may have attended more than one workshop

CLIENT SATISFACTION WITH THE TAY INN PROGRAM

Overall client satisfaction with the TAY INN program and its services was high with all aspects of the program averaging scores of 3.9 or higher (on a 1 to 5 scale in which 1 represents "strongly disagree" and 5 represents "strongly agree") when analyzing all client satisfaction surveys received during the entire program period from December 2011 through January 2014 (N=107)[2]. The top three areas of highest client satisfaction included: 1) client participation in their own treatment (mean=4.41); the ability of clients' to choose their own treatment goals (mean=4.40); and 3) satisfaction with the overall support received at the TAY INN (mean=4.36). The three lowest client satisfaction scores included: 1) the clients' perception of their mastery of doing better in school (mean=3.90); 2) clients' perception of their mastery of doing better at work (mean=4.06); and 3) in improved relationships with family or others in their support networks (mean=3.85). The results overwhelmingly illustrate positive levels of satisfaction with program services and treatment goals.

"I like how everyone who works with us have been in similar situations and can relate to the clients," TAY INN client

When analyzing mean scores **by year**, client satisfaction was higher in second year versus the first year of the program. However, these mean differences were small and were not found to be statistically significant. Specifically, scores increased for 18 out of 19 items in the Client

[2] Client satisfaction surveys were administered every three months in the first year of the program and on a monthly basis during the second year of the program. Note that individual clients may have completed the survey more than one time if they stayed in the program for longer than 30 days.

Satisfaction Survey (see Table 7). Scores stayed about the same for one item (doing better in school) and decreased for one item (treatment goals). It is notable that client satisfaction with Peer Partners increased from year 1 to year 2.

The following table displays the average scores per year. Any changes, where the scores either rose or fell, are noted.

Table 7. Client Satisfaction Survey Results by Year

Item	Dec. 2011 - Jan 2013		Feb. 2013 - Jan. 2014		Change in Mean Scores
	N	Mean (SD)	N	Mean (SD)	
I chose the services I received	37	4.14 (1.08)	69	4.28 (1.03)	⬆
I chose my treatment goals	38	4.45 (0.86)	69	4.38 (0.81)	⬇
I participated in my treatment	38	4.32 (0.81)	69	4.46 (0.74)	⬆
Peer mentors and I worked well together	38	3.87 (1.04)	69	4.39 (0.77)	⬆
Peer mentors were supportive	38	3.87 (1.07)	69	4.42 (0.78)	⬆
I had someone to talk to when I needed	38	3.97 (1.00)	69	4.42 (0.86)	⬆
I received as much support as I needed	37	4.16 (0.96)	69	4.30 (0.98)	⬆
Staff at Inn treated me with respect	38	4.16 (0.92)	69	4.38 (0.89)	⬆
Staff communicated in a way I understood	38	4.21 (0.84)	69	4.41 (0.83)	⬆
Staff respected by religious and/or spiritual beliefs	34	4.03 (1.09)	63	4.30 (0.98)	⬆
Staff sensitive to my cultural/ethnic background	35	4.06 (1.06)	65	4.34 (0.94)	⬆
Staff sensitive to gender preferences	34	4.09 (1.08)	60	4.40 (0.92)	⬆
I feel I am better at handling daily life	37	4.08 (0.98)	68	4.25 (0.98)	⬆
I am doing better in school	23	3.57 (1.12)	44	4.07 (1.09)	⬆
I am doing better at work	29	3.79 (1.05)	56	4.20 (1.00)	⬆
I have better coping skills	36	4.06 (0.92)	66	4.35 (0.89)	⬆

I improved my relationship with family and/or others in my supportive network	33	3.48 (1.20)	62	4.05 (1.03)	⬆
I am better able to achieve my goals	38	4.18 (0.90)	69	4.36 (0.86)	⬆
Overall, I am satisfied with support received at the Inn	38	4.21 (0.81)	69	4.43 (0.83)	⬆

Program amenities such as the housing and food ranked highly for TAY INN clients, followed by the focus on their goals. There were also clients noting that they liked everything about the program (n=5). On the other hand, the following aspects of the program were liked least: too many scheduled services; the house hours; staff communication and favoritism. The perception of preferential treatment by management for some clients and not others was also mentioned in each client focus group. It is notable that the item liked least that received the most votes was "nothing."

"Having my own personal space too, not just achieve my goals but to try and live my life, also to get stable to live," TAY INN client

MILESTONES OF RECOVERY SCALE (MORS)

Administered at both intake and discharge, the Milestones of Recovery Scale (MORS)[3] was utilized to track mental health and recovery for TAY INN clients. Figure 6 displays the percentages of each stage at both intake and discharge across the clients. Ideally, a client should progress through the recovery stages and at the conclusion of the program, there should be an increase in the number of clients in the later stages of the MORS (Building and Mastery, Active Recovery) and a decrease in the number of clients in the initial MORS stages (Risk, Discovery and Engagement) at discharge. This shift indicates steps towards recovery. Overall, there was a positive trend observed in which nearly half (49%) of all discharged clients showed improvement in the recovery process when leaving the program.

[33] The MORS scale was used slightly different than it is in practice in one key area. MORS is usually administered consistently throughout a person's recovery, not just at intake and discharge time points as done in this evaluation.

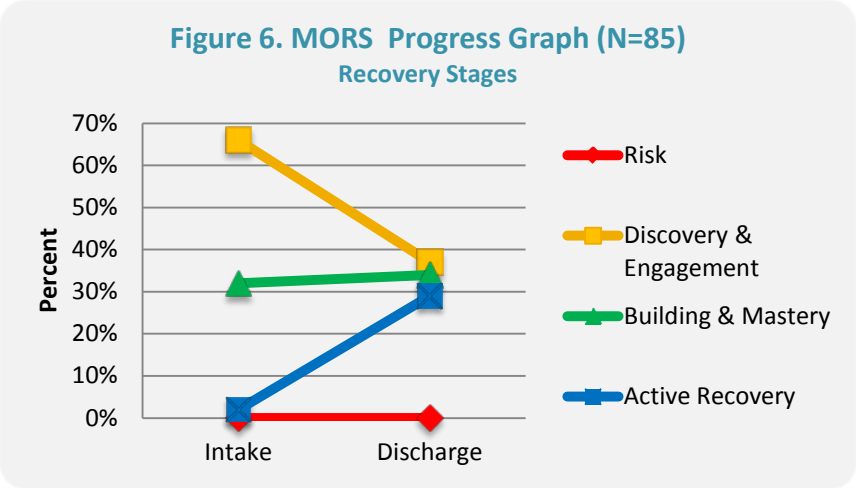


Figure 7 displays the MORS stages for the clients at both intake and discharge in a slightly different manner by highlighting the actual percentages by stage at both time points.

Time Point	Figure 7. MORS Recovery Stages			
	Risk (1)	Discovery & Engagement (2,4)	Building & Mastery (3,5)	Active Recovery (6,7,8)
Intake (N=85)	0%	66%	32%	2%
Discharge (N=85)	0%	37%	34%	29%

Specifically, 37 clients showed improvement by moving to a higher recovery stage, while 42 clients remained at the same stage and 6 clients moved to a lower recovery stage. These six clients are not necessarily the ones that did not access housing that was more stable than when they entered the program. One client went from the highest stage "Active Recovery" to a lower stage, "Building and Mastery." At intake, this person had been diagnosed with Anxiety Disorder NOS and stayed at the Inn for 92 days. At discharge, this person had completed all his/her goals and had found long-term or temporary housing. The remaining 5 clients that moved to a lower recovery stage went from "Building and Mastery" to "Discovery and Engagement." Many of their characteristics (e.g., age, race, reason for discharge and diagnoses at intake) were not unlike the other clients. They did, however, tend to more likely be female, and admitted between the months from April 2012 through September 2013. They also had, on average, a shorter length of stay than the other clients (54.6 instead of 60 days). Only two of these clients were homeless at the time of discharge.

SELF-SUFFICIENCY

An important aspect of the TAY INN program was the ability to help clients develop skills and capacity to stabilize their living situations. Clients' self-sufficiency, assessed in areas such as life skills, employment, housing, interpersonal relationships and support and mental health, provides another marker to determine if the TAY INN program improved clients' life stability and treatment goals. In fact, 10 out of 17 domains showed statistically significant improvements ($p < 0.5$) for clients from intake to discharge (see Table 8). Each domain was assessed on a 5-point scale from 1=In Crisis to 5 = Thriving. Table 8 displays the ten statistically significant domains, with the mean score using the 5-point scale at intake and discharge and significance score (p-value).

Table 8. Self-Sufficiency Domains with Statistically Significant Improvements between Intake and Discharge

Self-Sufficiency Domain	Intake		Discharge		p-value
	N	Mean (SD)	N	Mean (SD)	
Housing	89	1.10 (0.34)	89	2.42 (1.42)	0.00
Food	89	2.17 (1.13)	89	2.94 (1.02)	0.00
Income	89	1.63 (0.77)	89	2.30 (1.05)	0.00
Access to Services	87	2.64 (0.88)	87	3.23 (0.91)	0.00
Employment	89	1.49 (0.77)	89	2.06 (0.93)	0.00
Interpersonal Relations	89	1.84 (0.78)	89	2.36 (0.93)	0.00
Mobility	88	2.65 (1.20)	88	2.99 (1.14)	0.01
Community Involvement	86	2.66 (1.48)	86	2.99 (1.38)	0.01
Adult Education	88	2.85 (1.24)	88	3.07 (1.16)	0.00
Physical Health and Health Care	87	2.47 (1.10)	87	2.66 (1.22)	0.01

Substance abuse was the only domain (out of 17) that showed a statistically significant decline from intake to discharge. However, this mean difference is small (0.24), in which the average score was 3.55 at intake and the average score decreased to 3.31 at discharge. The other six

domains (life skills, mental health, legal, parenting and child care) showed no statistically significant differences from intake to discharge.

One point is worth highlighting in particular with housing. Not surprising, 97.8% of all participants at intake were "in crisis" or "vulnerable" with the average level for clients at intake being 1.10 (In Crisis). Their average level did rise to 2.42 (vulnerable) but almost 60% of all clients were still "in crisis" or "vulnerable" at discharge.

By adding each individual domain score, a total self-sufficiency score was calculated for each client. Almost 50% of the TAY INN clients stayed the same or did worse on their total self-sufficiency score at discharge. For the top 25% of clients who saw the biggest improvements in self-sufficiency, they tended to stay in the TAY INN longer than those that did not and not surprisingly, many also completed their goals. When reviewing the characteristics that may impact self-sufficiency, length of stay suggests to be a factor that affects client outcomes.

GOAL COMPLETION AT DISCHARGE

Approximately one-third of the clients (n=36) were discharged because they had completed all of the goals set for them at the beginning of the stay at the TAY INN. Thirty-nine percent of the clients (n=42) were discharged based on a decision by either TAY INN staff or the client and those who also did not complete their goals. Additionally, 4 clients only partially completed their goals and only 14 clients were discharged without their goals completed because of the length of time constraints set.[4] At the time of discharge, 39 clients were still homeless or their location was unknown.[5] Forty-eight clients were either in long-term/temporary housing or living with family/friends or roommates.

IMPACT OF LENGTH OF STAY ON CLIENT OUTCOMES

One consistent theme throughout this evaluation has been the effect of program length of stay (a maximum of 90 days) on the experiences of clients, Peer Partners, and Youth Advocates in the program. Specifically, the duration caused anxiety and stress for Peer Partners, Youth Advocates and clients. Given the lack of suitable housing alternatives and the time necessary to secure employment for this population, the duration did not seem sufficient. And although waivers were received and granted to allow 11 clients to stay longer than three months, the majority of the clients stayed in the program for less than their allowable time.

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[4] The reasons for discharge are missing for 10 clients because they were still participating in the program at the time that data collection ended (n=9) or the data was not collected (n=1).

[5] The large numbers of those where the client's location is unknown or the client is homeless may be driven by length of stay. Additionally, the conflation of unknown and homelessness may distort the findings as the category should technically be kept separate as "unknown" or "homeless" given that they are distinct categories.

At intake, each client developed recovery and stability goals to fulfill while at the TAY INN. These goals serve as one of the metrics used to determine progress towards recovery for each client. More broadly, the ability of clients to meet their goals also serves as an indicator of the overall program's strength in serving TAY youth. At discharge, TAY INN staff recorded in each client's discharge summary form whether each client completed his or her goals. Staff also recorded whether the decision to leave the TAY INN program was: 1) a mutual (bilateral) decision by the client and staff; 2) a decision by the client only; or 3) a decision made by TAY INN staff only. In addition, staff also recorded the type of housing that the client planned to stay in after leaving the TAY INN program (e.g., permanent housing, living with family or fried, unknown or homeless status).

Length of stay affected the proportion of goal completion by clients and may have been a factor as to why 17% of clients did not complete their goals when leaving the TAY INN. In table 9, what stands out in the last two columns that parse out those clients that did not complete their goals is that length of stay for them was much shorter (~1 month) than the average compared to clients who completed their goals (~2 months). 26 clients (90%) who left TAY INN because of TAY INN's decision had unknown or homeless status at discharge. Moreover, a majority of all those who did not complete goals (regardless of reason) also had unknown/homeless status at discharge compared to clients who completed or partially completed their goals.

Table 9. Comparing Length of Stay and Unknown/Homeless Status at Discharge with Client Goal Completion Status at Discharge [a]

	All Clients	Goals Completed & Mutual Decision to End Program	Goals Partially Completed & Client Decision to End Program	Goals Partially Completed & Mutual Decision End Program	Goals Partially Completed Due to Length of Time & Mutual Decision to End Program	Goals Not Completed & TAY INN Decision to End Program	Goals Not Completed & Client Decision to End Program
Sample size (n)	106	36	1	3	14	29	13
Mean length of stay (days)	60.6	75.9	54	90.67	83.5	39.3	32.46
% unknown/ homeless status at discharge	37%	6%	0%	0%	21%	90%	62%

[a] Reasons for discharge categories did not provide sufficient detail to explain the circumstances leading to the decision.

Other characteristics were examined to understand more clearly factors that may have influenced goal completion. For instance, DSM Axis I diagnoses does not seem to be a factor in whether clients are able to complete their goals. According to the Self-Sufficiency Matrix, a greater percentage of clients who did not complete goals were "In crisis" or "Vulnerable" in the following domains at discharge compared to clients who completed or partially completed their goals: mental health; substance abuse; physical health; mobility; housing; access to services; community involvement; life skills; parenting score. Approximately half of clients who did not complete goals were in the "Discovery & Engagement" MORS stage at discharge.

For those clients where their status is either homeless or unknown at discharge, the mean length of stay is less than those who transitioned to more permanent housing, 39.6 days to 74.5 days respectively ($p<0.01$). This group tended to have a greater proportion of males compared to those who transitioned to housing (74% vs. 56%) and only 5.1% of all participants with unknown/homeless status completed their goals. For those participants who left the INN early or their status is either homeless or unknown, the overwhelming reason for client discharge was a decision (unilateral) by TAY INN staff for a client to be discharged from the INN (66.7%). This may be partially explained by the initial stages of the program where the appropriate client to excel with the TAY INN program had not yet been identified. 64% of those discharged through a unilateral decision by TAY INN staff were in the first year of the program.

Clients did, on average, show some improvements as well along the MORS stages of recovery. 6% of the clients left the INN in Active Recovery and 37.5% were at the Building and Mastery stage upon discharge (up from 30%). Overall, self-sufficiency scores increased almost 10 points from 36 to 45. Approximately 19% of clients left the program without completing their goals due to the length of time.

59.6% of all participants who transitioned to more stable housing completed their goals (N=57), with only 5.3% of them that did not complete their goals (based on TAY INN decision to discontinue). This pattern is almost opposite of what happened with those with unknown/homeless status. Large number showed improvements in MORS from intake to discharge. For example, 61.4% of the clients were in Discovery & Engagement at intake versus 22.8% at discharge. Of those that left the INN with their housing status known, 42% were at the Active Recovery stage when discharged.

To determine any differences between clients who transitioned to housing compared to those that their status is unknown or homeless, the mean scores for self-sufficiency domains between those who had unknown/homeless status and those who transitioned to housing were compared. At intake, there wasn't a statistically significant difference in self-sufficiency total scores (37.21 for unknown or homeless compared to 36.21 for those who transitioned to housing). Both scores are considered in the safe stage or range along the continuum. At intake, three domains of the self-sufficiency matrix were statistically significant between the two groups (homeless/unknown vs. housing options). They were interpersonal relations (2.16 for unknown/homeless versus 1.72 for those who transitioned to housing); substance abuse (3.26 for unknown/homeless versus 3.72 for those who transitioned to housing) and parenting (3.57 for unknown/homeless versus 2.50 for those who transitioned to housing). At discharge, 11 domains had statistically significant differences between the two groups: life skills; income, employment, housing, food, mobility,

interpersonal relations, mental health, substance abuse, community involvement, and access to services. At discharge, there was a statistically significant difference in self-sufficiency total scores (35.61 for unknown/homes versus 45.37 for those who transitioned to housing). And although these scores are still considered in the safe stage, there is a 10 point improvement in those that have housing post-discharge. For those clients that moved into more stable housing, self-sufficiency improved over multiple domains compared to those that did not. And yet, both groups (with housing vs. not at discharge) were relatively similar in self-sufficiency at intake.

TAY INN PEER PARTNERS AND YOUTH ADVOCATES

Quantitative data were collected from Peer Partners two times during the project period (N=16). Additionally, focus group data was collected at three time points with 28 Peer Partner and Youth Advocates. Peer Partners also participated in an open discussion at the end of the program period (N=6).[6]

Table 10. Peer Mentor and Youth Advocates Focus Group Data Collection Timeline

Date	Participants	Number in Attendance
April 2012	Peer Partners & Youth Advocates	10
October 2012	Peer Partners, Youth Advocates, and Manager	9
April 2013	Youth Advocates	2
May 2013	Peer Partners	7

The Peer Partner Approach to service provision for the TAY INN marks an innovative approach to assisting TAY clients move to self-sufficiency, implementing treatment plans and stability in living conditions. The peer-to-peer relationship in recovery and self-sufficiency holds promise to facilitate engagement of high-risk youth in crisis in accessing age-appropriate services and supports since TAY consumer stakeholders have expressed strong preferences for services that are provided by individuals with similar life experiences. Mentoring programs should be based on an understanding of healthy human development to help facilitate the individual's development toward that state (Darling et. al., 2006).

"I like how Peer Partners are open to working and helping us. I like how they share their experiences it gives me hope."
TAY INN client

Peer mentoring is likely to yield benefits in increased feelings of connectedness to recovery. The literature suggested the mentor-mentee match impacts effectiveness, with relational matches more effectiveness than those focused on tasks.

[6] TAY INN management participated in a focus group (N=4) providing information to inform the evaluation.

TRAINING

One consistent theme over the course of TAY INN program period was Peer Partner training. Peer Partners received training in the basic knowledge and skills needed to build an effective mentoring relationship. However, training for Peer Partners did not occur consistently over the entire course of the program period. Formal trainings for Peer Partners were strongest at the start of the TAY INN program implementation period and gradually decreased in frequency over time. Peer Partners who joined the program after the initial start phase have reported that they did not receive adequate training and were instead learning on the job.

Peer Partners expressed desire to receive consistent training over the program period and the research literature on peer-led programs supports the importance of having a strong system of support and training for peer staff. Ideally, trainings should match Peer Partners with a mentor, be provided in-person training, and should allow new Peer Partners to shadow and observe more experienced Peer Partners as they work with clients. Training should include the following: program rules; mentorship goals and expectations for the mentoring relationship; mentors' obligations and appropriate roles; relationship development and maintenance; ethical issues that may arise related to the mentoring relationship; effective closure of the mentoring relationship; and sources of assistance. All recognize that ongoing Peer Partner training is needed to ensure that staff is skilled in the areas of professionalism, boundary setting and group facilitation.

MATCHING

The assignment of Peer Partners to clients has some positive outcomes but also is the source of continuing challenges. Matching Peer Partners with clients has changed since the beginning of the program in which Peer Partners were not matched' to specific clients on a consistent basis at the end of the program.

Clients expressed their preferences for being matched with one Peer Partner for the duration of the stay in the program because this allows for a greater level of comfort and accountability to their Peer Partner. It is here that we see a disconnect between Peer Partners preferences and client preferences. Peer Partner staff appreciated the ability to mentor all clients, while clients prefer to be matched with one Peer Partner.

SUPERVISION

Peer Partners have reported experiencing inconsistent supervision since the beginning of the program. Over the course of the program period, Peer Partners had four different supervisors or supervisory structures. This discontinuity impacted the level of growth and learning opportunities experienced by staff. For many Peer Partners, this is one of the first professional jobs that they have had. Monitoring and support, especially for new Peer Partners, is crucial. Ongoing advice, problem-solving support and training opportunities for the duration of the Peer Partners' employment create opportunities for the individual to learn and grow, gaining important skills and

experience. Inconsistent supervision (or lack of supervision) makes it especially difficult for new or inexperienced Peer Partners to adjust to a new job and new responsibilities. Peer Partners have also reported that turnover among supervisors has led to challenges in adjusting to different management styles and expectations from different supervisors.

PEER PARTNER LEADERSHIP AND EMPOWERMENT

Peer Partners were assessed for satisfaction with professional opportunities, job climate, and empowerment to be part of the leadership of TAY INN. Peer Partners indicate communication challenges with management and cite the lack of useful mechanisms available to bring up their concerns and needs to program management staff. Furthermore, Peer Partners report feeling that their needs or opinions are not being acknowledged or that their contributions to the TAY INN program are being appreciated and recognized. For example, a Peer Partner indicated that he/she offered a suggestion for management to "remember to recognize small victories" and to remind us that "your opinions matter."

A lack of transparency in decision making and communication challenges has remained a constant for the program. Over time, Peer Partners have reported seeing some improvements with the implementation of communication logs and end-of-shift debriefs. In addition, communication challenges also occurred among Peer Partners and between them and the Youth Advocates. These communication challenges were attributed to a lack of meeting times between staff who worked in day versus night shifts; lack of professionalism; tensions between Youth Advocates and Peer Partners based on the overall ambiguity on each of their separate roles and responsibilities; and perceptions of a position hierarchy in which Youth Advocates are perceived to have a greater level of responsibilities and impact than Peer Partners.

Perception of workload has changed over time from not being an issue at the start of the program to being a commonly reported issue. The concerns are endemic, with TAY INN management and staff citing high workload and misjudging the available time to support TAY INN services. Related, many Peer Partners emphasize that there is not enough staff to support the program offerings as well as the Peer Partners adequately.

The establishment of a mentoring program for Peer Partners within the last year of the program has been a positive step to mitigate these challenges and to help Peer Partners to negotiate challenges; to conduct more in-depth assessment forms of their peer partner-client relationships; and to further their career development goals.

PEER PARTNER SATISFACTION

Peer mentor programs may have positive effects on mentors, with mentors experiencing professional growth and improvement their career skills as well as interpersonal gains such development of communication skills, confidence, and identity. Much like TAY INN client perceptions of management, Peer Partners also perceive that not all clients and staff are treated equally. They recognize the difficulty in maintaining boundaries with clients when mentoring and often feel like "babysitters."

Similar to satisfaction ratings received from TAY INN clients, peer partner and staff satisfaction with the TAY INN program for the entire sample as a whole (N=16) was high. The average scores for each item on the Peer Partner and Staff Satisfaction and Empowerment Survey were rated at 3.4 or higher (1 = Strongly Disagree to 5 = Strongly Agree). The top five items that received the highest mean scores included the following: 1) enjoyment of their job (mean=4.62); 2) that they are learning valuable skills and good experience for the future (mean=4.50); 3) that the program is sensitive to cultural, ethnic, and gender differences among clients (mean=4.50); 4) that the program offers ample opportunities for clients to participate in treatment and services (mean=4.50); and 5) that they are making a difference in the life of TAY clients (mean=4.47). , The four items that received the lowest scores included the following: 1) active involvement in creating the TAY Inn Program (mean=3.60); 2) perception that people bring their full energy and creativity (mean=3.63); 3) leaders make cooperative team decisions (mean=3.88); and 4) that staff feel empowered as partners in the organization (mean=3.50).

When analyzing mean satisfaction scores **by year**, we find that mean differences were small. Specifically, mean scores increased for 4 items (see Table 12). The highest increase in mean score from the first year to the second year of the program was in relation to Peer Partners and staff feeling that their performance was monitored and evaluated appropriately and fairly (mean score increasing from 3.91 to 4.20). This was followed by: perceptions that the program is sensitive to cultural, ethnic, and gender differences among clients; that the program offers ample opportunities for clients to participate in treatment and services; and that peer partner and staff were supported and appreciated by management. Conversely, the highest decreases in mean scores were found in the following areas: feeling like an important member of the team; feeling valued for their work and contributions; and the perception that innovation is encouraged and supported in the program. The following table displays the average Peer Partner and staff program satisfaction scores per year. Any changes, where the scores rose, fell, or remained the same are noted.

Table 11. Peer Partner Staff Satisfaction Survey Results by Year

Item	Jan. 2013		Jan. 2014		Change in Mean Scores[a]
	N	Mean (SD)	N	Mean (SD)	
I am productive and helpful	11	4.36 (0.51)	5	4.40 (0.55)	same
I am learning valuable skills and good experience for the future	11	4.64 (0.51)	5	4.20 (0.84)	⬇
I am actively involved in creating the TAY Inn Program	10	3.70 (1.06)	5	3.40 (1.52)	⬇
I have opportunities for growth	11	4.36 (0.81)	5	4.00 (1.22)	same

I am an important member in the team	10	4.40 (0.70)	5	3.60 (1.14)	⬇
I am making a difference in the life of TAY clients	10	4.60 (0.52)	5	4.20 (0.84)	⬇
I feel welcomed and accepted by the team	11	4.45 (0.69)	5	4.00 (0.71)	⬇
I feel valued for my work and contributions	11	4.45 (0.93)	5	3.80 (0.45)	⬇
I enjoy my job	11	4.64 (0.51)	5	4.60 (0.55)	same
The training I receive allows me to perform my job successfully	11	4.36 (0.67)	5	3.80 (0.84)	⬇
Management respects my voice and perspectives	11	4.27 (0.65)	4	4.00 (0.00)	⬇
I have enough information and skills to make good decisions	11	4.45 (0.69)	5	4.20 (0.45)	⬇
I am supported and appreciated by management	11	4.27 (0.79)	5	4.40 (0.55)	⬆
People bring their full energy and creativity	11	3.64 (0.81)	5	3.60 (0.89)	same
Staff feels empowered as partners in the organization	11	3.55 (0.69)	5	3.40 (0.55)	⬇
Innovation is encouraged and supported	11	4.27 (0.65)	5	3.60 (0.55)	⬇
I am actively involved in decisions that affect TAY clients	11	3.82 (0.75)	5	3.60 (1.14)	⬇
Leaders here make cooperative team decisions	11	3.91 (0.70)	5	3.80 (0.45)	⬇
Program is sensitive to cultural/ethnic/gender differences of clients	11	4.45 (0.69)	5	4.60 (0.55)	⬆

Program sensitive to cultural/ethnic/gender differences of staff	11	4.45 (0.52)	5	4.40 (0.55)	same
My performance is monitored and evaluated appropriately and fairly	11	3.91 (1.14)	5	4.20 (0.84)	⬆
Program offers ample opportunities for clients to participate in treatment and services	11	4.45 (1.21)	5	4.60 (0.55)	⬆

[a] Changes in mean scores equal to or less than 0.05 are noted as “same.”

CONCLUSION/RECOMMENDATIONS

Even the most sophisticated and experienced program implementers face real challenges in their efforts to develop or expand innovative programs for Transition Age Youth. In the process, they also learn and create new approaches to service provision and recovery efforts. SCCMHD sought to fulfill the following two learning objectives: 1) To develop a model to expand the leadership capacity of TAY Partners in delivery of services in a voluntary 24-hour care setting to improve access and outcomes for high risk TAY residents; and 2) To help TAY stabilize and gain self-awareness and skills in a safe environment and serve as a bridge to entry into appropriate ongoing services and supports in the broader system of care. These learning objectives were embodied by the TAY INN program. Insight into what worked well and challenges in the implementation of the program will assist in efforts to improve and enhance the existing program and create a blueprint for other agencies wishing to replicate the program in their setting.

To summarize, the Peer Partner approach marks an innovation to service delivery for TAY that holds promise for recovery and self-sufficiency for TAY INN clients. Additionally, the approach can also provide benefits to the Peer Partners including developing professional experience and leadership skills. If consistently and rigorously applied and nurtured, several aspects of the Peer Partner model of TAY INN can create positive trends for both Partners and clients. Ongoing and consistent training and supervision; and peer-to-peer matching, at times missing or disjointed, had real implications for program success and Peer Partner satisfaction.

Peer Partner leadership and empowerment was affected by communication challenges between staff and management; and perceived lack of transparent formal and informal mechanisms to provide feedback and address grievances. Role overlap, ambiguity and hierarchy between Peer Partners and Youth Advocates also contributed to Peer Partner job satisfaction and overall impact on TAY INN service provision. Subsequently, satisfaction for Peer Partners started to decline over time. And as much as these challenges are likely found in new peer model implementations, they can be (and are) correctable. The following recommendations are meant to assist in program replication, specifically to circumvent these challenges to positive Peer Partner experiences and the ability to fully utilize the unique qualities of peer-mentor models to service provision.

IMPLEMENTING AN INNOVATIVE PEER MENTOR PROGRAM

Program success is fostered by individuals who carry out the program components with high shared morale, good communication, and a sense of ownership. The adoption of a new program by an organization, even when developed organically, does not necessarily mean that it will positively impact client outcomes or that it will be implemented or sustained. The support, motivation, and buy-in of Peer Partner staff are crucial to program survival.

Program developers should be clear about which peer mentor approach they take: either developmental (relationship/psychosocial) or instrumental (specific skills) (Karcher et al, 2006). Roles and responsibilities should be developed with the specific approach in mind. Much of the research literature suggests that programs with an instrumental focus are more effective. The peer partner model in the TAY INN utilized a blended approach that combined both a

developmental and instrumental approaches to program implementation. As such, particular attention must be paid to the mechanisms to support optimal peer-led service provision. The following mechanisms will aid program implementation and replication efforts.

ROLES AND RESPONSIBILITIES

Roles and responsibilities among staff and program stakeholders must be clearly defined and/or understood. For example, the roles and responsibilities between Peer Partners and Youth Advocates must be clear and if they aren't, the result is frustration and confusion for staff and clients. Without a concerted effort to clarify roles and responsibilities of each group from the beginning and throughout the program, who makes decisions in any particular situation or context is unclear, and emotional and psychological reactions to decisions that are made will cloud any productive work to be done.

Recommendation 1 (Roles and Responsibilities): Determine the type of peer mentor approach to use e.g. developmental (relational/psychological), instrumental (specific skills) or blended and ensure that the roles and responsibilities of TAY INN staff reflect this approach.

Recommendation 2 (Roles and Responsibilities): Roles and responsibilities should be discussed and clarified for all early. The role of Youth Advocates, if present in a TAY INN program, must not inadvertently undermine the role of the Peer Partners.

Recommendation 3 (Roles and Responsibilities): It is important to ensure all involved develop shared goals and buy-in to the mission and goals of the program. Paramount here is the inclusiveness of Peer Partners in developing and realizing these goals.

PEER PARTNER TRAINING

The Peer Partner staff can be motivated, supported and empowered through initial and ongoing training, steady and supportive supervision and professional development mentorship opportunities.

Insufficient Peer Partner training can undermine program effectiveness, particularly if Peer Partners do not understand their expected level of personal involvement and responsibility working with clients. Peer Partner training curricula should emphasize sensitivity and complete confidentiality to clients' circumstances. TAY INN implementation experienced some challenges due to underestimating the degree of Peer Partner training —both initial and ongoing—that was required in order to implement the program successfully.

At the beginning of the program period, initial training started strong but ongoing training and new staff training degraded over time. While the large majority of programs focus on the initial training and screening of mentors, the screening and initial training of mentors has no effect on program effectiveness, while ongoing mentor training produces more positive results (Dubois et al, 2002). Therefore, the absence or inconsistency of training over the entire program period impacts program results. Staff turnover occurs and new staff must be trained using the same

mechanisms and curricula content as previous staff to ensure continuity and standardization of job expectations, necessary skills and knowledge to carry those out.

When working with a staff with less experience or skills to carry out the program's components, care must be taken to ensure they receive adequate and ongoing support. The more inexperienced staff members often require more background on key concepts and practice in learning program techniques. Training for less experience Peer Partners should also incorporate job obligations; appropriate roles; mentor-mentee relationship development and maintenance; and any ethical issues that may arise related to the mentoring relationship.

One mechanism utilized throughout the program was regular meetings to foster communication and support among Peer Partners and to troubleshoot problems. However, care should be taken to ensure that regular meetings are required for all staff regardless of their shift schedules that takes into account night-shift staff who may be unable to attend meetings during the day. Additionally, meetings should not be solely used to 'troubleshoot' or highlight problems or issues but to also recognize accomplishments, share information and teach new skills. Ongoing training should be standardized as part of the TAY INN program.

Recommendation 4 (Peer Partner Training): Formal pre-employment training is required with core curricula covering all aspects of the Peer Partner responsibilities, appropriate mentor-mentee relationships and any key program concepts or skills development related to service provision for TAY.

Recommendation 5 (Peer Partner Training): Yearly booster training for Peer Partners and Youth Advocates to ensure retention of fidelity to core program components and staff roles and responsibilities.

Recommendation 6 (Peer Partner Training): All new and relief staff must be required to receive the same level of training.

Recommendation 7 (Peer Partner Training): Regular meetings for all TAY INN staff will provide balanced opportunities for group learning, building staff morale and to provide two-way feedback between staff and management.

Recommendation 8 (Peer Partner Training): TAY INN management must identify and use mechanisms to keep relief and night staff informed and involved in the provision of the TAY INN services.

SKILLS DEVELOPMENT

Another factor that enhances the quality of TAY INN implementation is a staff with the requisite skills and experience to carry out the job. Mentors for Peer Partners and job shadowing are ancillary training modalities that are useful but should never take the place of more formal skills development and topical training. The program should provide one or more opportunities per year for Peer Partner skills development. These opportunities should not only develop skills and shared goals for the program but also generate enthusiasm by bringing together everyone involved.

Recommendation 9 (Skills Development): Create in-service learning and training opportunities for Peer Partners and Youth Advocates on topics related to their work: setting boundaries within the peer partner-client relationship; confidentiality; diagnoses types and treatment options.

Recommendation 10 (Skills Development): Job shadowing is an important part of the skills development process for Peer Partners and Youth Advocates. However, job shadowing should complement rather than take the place of formal training.

PEER PARTNER SUPERVISION

There were a total of four supervisors (or supervisory structures) for the Peer Partners over the program period. Each supervisor type had a different management style, skill level, and expectations for Peer Partner staff. Not only is it difficult to adjust to a new supervisory style, the discontinuity caused by these changes for a less experienced workforce impacts program effectiveness and staff morale and empowerment.

It is understandable that the necessary competencies for an appropriate supervisor may evolve over the implementation of a new program as management identify what is needed and necessary to both supervise a peer mentor workforce with less experience and to ensure that the needs of the clients are met. At minimum, supervisor core competencies include knowledge of the treatment and service provision necessary for TAY; ability to standardize training and support services for Peer Partner workforce; a systematic approach to ensure that all staff feels empowered to provide ideas as well as voice concerns or grievances. The TAY INN supervisor also should advocate on behalf of the program, its participants and staff.

The Peer Partner supervisor should monitor the mentoring relationship milestones for each partner-client dyad and support with ongoing advice, problem-solving support and training opportunities for the duration of the program. The TAY INN program should provide Peer Partners with access to at least two transparent and impartial types of resources to help them negotiate challenges and to provide clear benchmarks for job advancement.

The Peer Partner supervisor may eventually be a Peer Partner who has been promoted due to their demonstrated aptitude, appropriate knowledge and experience to oversee patient treatment plans and supervisory experience with staff similar in age and background. However, at the outset of a program such as this, an experienced professional may be needed.

"A better peer mentor match would lead to more natural connections to better understand the client. Inappropriate relationships with clients and staff should be noted"
TAY INN client

Recommendation 11 (Peer Partner Supervision): Identify an individual with the necessary core competencies and experience to supervise the Peer Partners. This position is key to the success of the Peer Partner model and is an integral part of delivering services within this type of environment.

MATCHING PEER PARTNERS WITH TAY INN CLIENTS

One of the key tenets to peer mentor models is the matching of mentors to mentees. Matching mentors and mentees increases

accountability and access to the qualities of a peer mentor model that is assumed to work (e.g., having similar life experience, being more approachable). Matches should be done to increase the odds that the mentoring relationship will be effective and that it will endure. Matching should take into account the program goals as well as the characteristics of mentors and mentees (e.g., age, gender).

TAY INN must match each client to a Peer Partner consistently and with clear criteria for the match and for the expectations for the matched pair. When matching occurs, TAY INN staff and clients must understand what the match means in relation to the clients' time at the INN and their goals completion. Peer Partners perceived non-matching to be preferable in order to allow them to work with a diverse group of clients towards a common goal. And yet, clients indicated their preference to develop a relationship and work with a specific Peer Partner, someone they may be accountable to. For this reason, clients reported that relationships with Peer Partners are not as strong as they could be. Despite the incongruity between the Peer Partner and client perceptions of the optimal peer-to-peer relationship, both types of relationships can be accomplished simultaneously. Clients can be matched to one Peer Partner based on appropriate criteria including characteristics or common experiences. Additionally, opportunities can be created for all Peer Partners to interact and work with each client through workshops and other INN activities.

Recommendation 12 (Matching Peer Partners to TAY INN clients): Establish a consistent systematic approach to matching Peer Partners with clients based onto the program's characteristics, goals and mentor approach (relational, instrumental or blended). This should be part of the intake process for every TAY INN client.

Recommendation 13 (Matching Peer Partners to TAY INN clients): Develop activities and opportunities for all Peer Partners to connect with non-mentee clients.

INTEGRATION OF PEER PARTNERS INTO CLIENT TREATMENT DECISIONS

Having everyone involved in the TAY INN program share the same vision of the program's goals and objectives is important. There must also be a balance between integrating Peer Partners' perspective and insight with the duties and responsibilities of mental health professionals and clinicians who make treatment decisions for clients. TAY INN management must ensure the safety and protections for TAY clients as they follow their treatment and service plan. Yet, Peer Partners may have valuable input into these options. Management should describe the methods or strategies for establishing this balance and developing information-sharing guidelines. Peer Partners should be made aware of any Federal and State regulations to facilitate appropriate information sharing and clearly understand the limits to the application of their input into a client's plan.

Additionally, there must be recognition for the tension inherent in the work performed by Peer Partners. They must enforce TAY INN rules and hold clients accountable while mentoring as a peer to these same clients. Peer Partners have raised this concern throughout the program period and yet, still feel it is unrecognized as an issue that significantly impacts the effectiveness of their work with clients and their overall job satisfaction.

Recommendation 14 (Integration of Peer Partners into Client Treatment Decisions): Create opportunities for team meetings to discuss treatment options and recovery opportunities with TAY INN staff, including how Peer Partners can provide input as well as support recovery for clients. Importance must be placed on closing the feedback loop with Peer Partners to indicate how the input was used and why decisions were made.

TIME AND WORKLOAD

Peer Partners, Youth Advocates, and management staff report time and work load challenges. Recruiting, training, and matching mentors can be more difficult than anticipated and are likely to require more resources than expected which may delay start up or impact workload. Programs with staff with less experience will also show slower progress.

Lost productivity at the beginning should be expected as it is usually the result from time spent developing and implementing the program as the processes become institutionalized. When staff time is stretched, team-based case management is impacted and program effectiveness towards client plans for recovery and stability is compromised. Relief or drop-in staff can assist in filling gap areas or alleviate workload issues but relief staff must also receive training and support in order to be an important part of the team. Their buy-in and input is important to the process. Over the period, night shift and relief staff consistently expressed feeling isolated and disconnected from the development and operation of the INN.

Recommendation 15 (Time and workload issues): Successful implementation of peer-led programs requires adequate staff resource allocations that take into account the challenging nature of the work and the potential for high staff turnover.

Recommendation 16 (Time and workload issues): Expectations for program implementation and goal completion must be tempered by the nature and experience of the workforce and work.

ESTABLISH TRANSPARENT FEEDBACK, GRIEVANCE AND DISPUTE RESOLUTION GUIDELINES

Conflicts can arise that can be broad or specific. To assist in resolving such conflicts, a dispute resolution and feedback mechanism must be devised, agreed upon by all groups involved, and documented. Procedures might include investigation and mediation processes and an impartial third party responsible for reviewing feedback and disputes. Formal and informal mechanisms to solicit feedback regarding the program should also be implemented. Organizations can work to minimize and resolve staff grievances and disputes by establishing and communicating formal guidelines and processes.

Recommendation 17 (Establish Transparent Feedback, Grievance and Dispute Resolution Guidelines): Create both formal and informal feedback, grievance and dispute resolution guidelines and mechanisms. Consider using a neutral third party committee to assist in the mediation of grievances and the conduct of dispute resolutions. These guidelines and mechanisms should be communicated and reinforced frequently with TAY INN staff and clients.

QUALITY IMPROVEMENT

Much like feedback and grievance procedures, program quality improvement mechanisms must be understood/known or consistently implemented. BWC's materials note that the program has a TAY QA/QI Team chaired by a Peer Partner that meets quarterly to review summary data, satisfaction surveys, outcomes, suggestions, and complaints.

The TAY QA/AI Team has established procedures when issues arise to creating quality improvement action plans that include monitoring and modifying services as recommended.[7] It is unknown if and how this team operates.

Recommendation 19 (Quality Improvement): Develop multiple avenues for quality improvement from informal "suggestion boxes" to quality improvement task forces or 360 reviews.

The second aspect of the TAY INN program was the delivery of services and housing to assist TAY transition to self-sufficiency and more stable living conditions. To summarize, TAY INN clients represented a diverse population of transition age youth, with more than 2/3 of the population from underserved ethnic and cultural communities. The TAY INN was functioning at capacity for the entire project period providing access to age-appropriate health, mental health, substance abuse, educational and vocational services to increase self-sufficiency and more stable housing. Screening and admission procedures streamlined and improved over time allowing for the program to maximize its resources by providing services to those most likely to benefit from them. After completing an individualized plan and goals upon intake, clients received services, referrals, workshops and activities to explore and learn strategies to help them realize their goals and move towards recovery and self-sufficiency. Overall client satisfaction with the TAY INN program was high in virtually all aspects of the program, with satisfaction improving between the first and the second year.

Clients also experienced positive trends in recovery and self-sufficiency. One-third of the clients completed their goals within their stay at TAY INN. In fact, length of stay seemed to consistently arise as a factor that either mediated or influenced clients' outcomes and experience with the program.

The results of the TAY INN program implementation underscore necessary best practices and considerations. The following themes and subsequent recommendations are meant to aid in efforts to replicate the TAY INN program and increase recovery and stabilizing life circumstances for TAY.

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[7] In the original evaluation design, there were mechanisms to inform possible modifications in program implementation. One of these, 'Plan-Do-Check-Act' (PDCA) cycle occurred during the second year of the program with some success. The PDCA cycle was meant to incorporate stakeholders' concerns, values, and perspectives into the evaluation design and strengthen buy-in, which helps to facilitate the entire evaluation process. These mechanisms were not envisioned to be the only mechanisms for quality improvements.

TREATMENT PLANS FOR TAY INN CLIENTS

Clients benefit by having an individualized treatment plan that is developed only after eligibility is determined by conducting a complete and standardized eligibility screening. By the conclusion of the program period, data suggested staff were utilizing efficient admittance criteria and procedures for determining those TAY eligible for admittance into the INN. Given the unique and needed offerings the INN provides, this is essential for ensuring that the INN resource allocation and service provision is utilized maximally.

> *"I don't like how they are all about numbers attending the workshop but not about rather if it is benefiting the clients."*
>
> Peer Partner

There needs to be a fit between the needs of clients and program characteristics that evolve over time and ensure that the program learns from those clients that succeed and those that are unable to meet their treatment plan goals.

Recommendation 20 (Treatment Plans for TAY INN clients): In order to be effective, eligibility guidelines for TAY entering the INN must be documented clearly and disseminated to all key stakeholders including potential clients, Peer Partners and management, as well as colleagues or referees in participating systems. Eligible TAY are identified and appropriately enrolled only if screening and assessment are standardized, conducted with qualified personnel reflecting the program components.

Recommendation 21 (Treatment Plans for TAY INN clients): TAY clients will have a single, individualized treatment plan based on his or her needs rather than filling workshop or course seats.

Recommendation 22 (Treatment Plans for TAY INN clients): A single Youth Advocate and Peer Partner should be assigned to each client.

FEMALE CLIENTS

TAY INN staff should understand and be sensitive to the needs and privacy of female clients in areas such as cross gender interactions in the house; personal space and belongings.

> *"Have only males enter male rooms and the same with females"*
> TAY INN client

Recommendation 23 (Female Clients): Clients should be assigned same sex Peer Partners.

Recommendation 24 (Female Clients): Rules and training should be articulated and enforced to Peer Partners and clients to provide female clients with a private, secure and stable setting during their INN stay.

ESTABLISHING APPROPRIATE TRANSITIONAL OR CONTINUED SERVICES AFTER DISCHARGE.

Appropriate continuing or transitional care and relapse prevention should be provided to help ensure the recovery and stability for TAY after they leave the INN. This continuum of treatment services should be determined based on the characteristics of the TAY population, input from Peer Partners, Youth Advocates and TAY clients, as well as all agencies to which referrals are common.

TAY INN management report informally that many former clients return to attend workshops and services should they choose. Consideration should be placed on whether TAY INN should more formally establish a second phase of the program where greater attention is focused on maintaining successful and sustainable transitions towards stability and self-sufficiency post-discharge.

Recommendation 25 (Establishing an Appropriate Transitional or Continued Services After Discharge): Identify the transitional services or care needed for clients prior to discharge.

Recommendation 26 (Establishing an Appropriate Transitional or Continued Services After Discharge): Formalize transitional services for clients post-discharge to increase probability of sustained stability and self-sufficiency.

LENGTH OF STAY

The TAY INN program infrastructure must demonstrate that the maximum length of stay of 90 days is sufficient to support client's housing goals. The TAY INN limits for maximum length of stay should be revisited since both clients and Peer Partners reported feelings of stress and anxiety regarding the difficulties in obtaining housing referrals within that timeframe. The 90-day limit for participating in the program also affected the proportion of goal completion by clients and may have been a factor as to why 17% of clients did not complete their goals when leaving the TAY INN.

There are other mechanisms to help as well. The creation of housing and employment specialist position(s) on site may alleviate this stress and anxiety experienced by Peer Partners and clients to find long-term stable housing and free up Peer Partner time to assist and work with clients on other issues. This would also address clients' requests for needing more time to find housing and/or secure employment.

Recommendation 28 (Length of Stay): Allow greater flexibility in changing the maximum length of stay limits for the program. Monitor and revisit length of time in light of each client's goal completion. Extend clients' stay to complete goals if necessary.

Recommendation 27 (Length of Stay): Create a position of housing and employment specialist position.

Building and sustaining commitment throughout the life of the project is crucial but also difficult, especially towards the end of the program period. Peer Partners or Youth Advocates on their own

can show (and have shown) spectacular success in creating new resources and services for their TAY clients, but in order for these successes to be sustained or for them to have a real impact, both supervisors and other management need to play an active and continuing role throughout the program period, capitalizing on momentum and progress. Without this commitment to preserving the key elements of the new program while refining them to address problems encountered, the program and accomplishments may degrade and ultimately forgo the innovative components and learning goals accomplished.

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