

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

Results of the *Community Supports for Transition Inventory* for the Oklahoma Health Transition Initiative in Tulsa (OHTI)

---

May, 2011

Janet Walker, PhD  
Nancy Koroloff, PhD  
Sarah Peterson, BS  
Aakrati Mathur, MSW

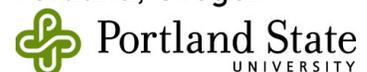
*Transition Policy Consortium*



Research & Training Center for  
Pathways to Positive Futures

[www.pathwaysrtc.pdx.edu](http://www.pathwaysrtc.pdx.edu)

Portland State University  
Portland, Oregon



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

## Results of the Community Supports for Transition Inventory for the Oklahoma Health Transition Initiative in Tulsa (OHTI)

### Highlights of Findings

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

This report provides background information on the CSTI and findings from the OHTI.

Highlights from the findings include the following:

- Ten community stakeholders and 36 young people, allies, and providers were nominated as potential respondents for the CSTI. The response rate among community stakeholders was 70% (n=7). Seventeen of 36 individuals nominated for the Youth/Young Adult/Ally/Provider Module responded to the survey for a response rate of 47%. Most of these respondents were providers or community members who are not involved in OHTI governance. Findings from the Youth/Young Adult/Ally/Provider Module should be interpreted in the light of this relatively low response rate.
- On the Community Stakeholder Module, the OHTI had an overall grand mean (or average) item score of 1.91. On the scale of the CSTI, respondents rate each item from 0 (least developed) to 4 (fully developed). Thus a grand mean score of 1.91 corresponds to an overall level of development just below “midway” between these two end points.
- For the Community Stakeholder Module, theme 3, *practice quality and support* was seen as the general area of greatest development, followed closely by theme 1, *community partnership*. Theme 5, *fiscal policies and sustainability* was seen as the general area of greatest challenge.
- Items related to *core staff approach* (item 3.C), and *transition plan* (item 3.A) were scored as most developed. Items 1.A, *collaborative oversight*; 4.A, *provider approach*;

and 7.D, *grievance procedure* were considered the next most highly developed elements.

- All areas of theme 5, *fiscal policies and sustainability*, represent challenges to the Tulsa OHTI. Other specific areas of greatest challenge are items 8.C, *state level collaboration*, and item 7.F, *addressing workforce barriers*.
- The grand mean score for the Youth/Young Adult/Ally/Provider Module was 2.36, or above midway on the scale of the CSTI. The individual theme means were all quite similar and close to the grand mean.
- For most themes, the Youth/Young Adult/Ally/Provider Module respondents considered the Tulsa OHTI more developed than did the stakeholders. The areas of greatest development were seen as item 7.B, *grievance procedure*, item 4.A, *provider approach* and item 3.C, *core staff values*.
- The respondents to this module rated only one item below a 2.0 “midway.” That was item 7.C, *satisfaction monitoring*. Two other items were rated exactly at “midway.” These were item 3.A, *transition plan* and item 4.B, *staff diversity*.

## Table of Contents

Highlights of Findings.....	2
Background on the CSTI.....	5
Response Rate and Respondent Characteristics .....	7
Overall Score and Theme Scores .....	11
Theme 1: Community Partnership.....	14
Theme 2: Collaborative Action .....	16
Theme 3: Practice Quality and Support.....	17
Theme 4. Workforce .....	19
Theme 5: Fiscal Policies and Sustainability.....	21
Theme 6: Access to Needed Supports and Services.....	22
Theme 7: Accountability .....	24
Theme 8: State Support .....	26
Specific Areas of Strength and Challenge.....	27
Themes from Respondents' Comments .....	28
Appendix B: Text of CSTI Items and Item Means.....	32
Appendix C: Responses from the Open-Ended Questions .....	45

## Background on the CSTI

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

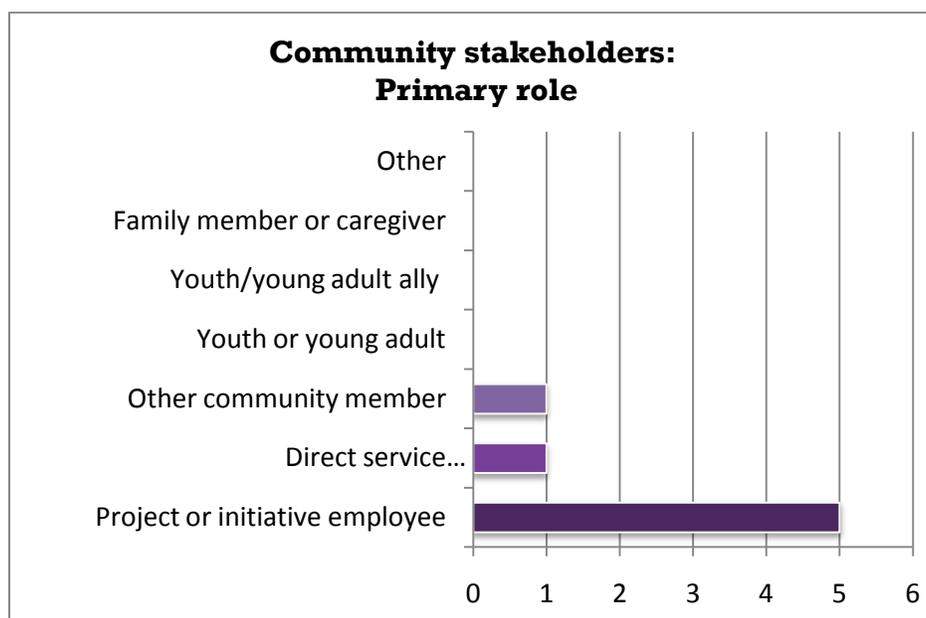
## Oklahoma Health Transition Initiative Response Rate and Respondent Characteristics

**Response rate.** The final lists of potential respondents from the OHTI included 10 people for the Community Stakeholder Module and 36 people for the Youth/Young Adult/Ally/Provider Module. For the Community Stakeholder Module, 7 responded, and 3 either declined or did not respond. This represents an overall response rate of 70%. For the Youth/Young Adult/Ally/Provider Module, 17 responded, and 19 either declined or did not respond. This represents an overall response rate of 47%. Findings from this module should be interpreted in light of this relatively low response rate.

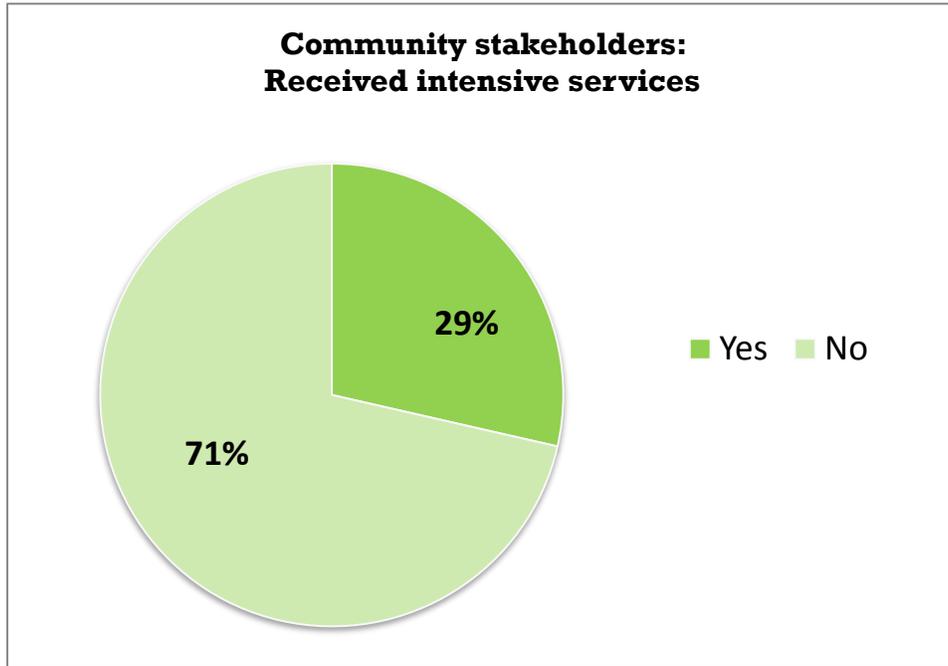
For the Tulsa program, no youth or young adults were nominated to take the survey. All of the individuals nominated were either youth allies (e.g. peer support), family members or service providers who are less centrally involved in the project. This would include providers from child welfare or education who might work with one child from the project but were not members of the community advisory board. For this community, only one youth ally was nominated to take the survey, so the 17 responses represent the experience of service providers who are involved directly with youth in the program but are not involved in the governance or financing aspects of the project.

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

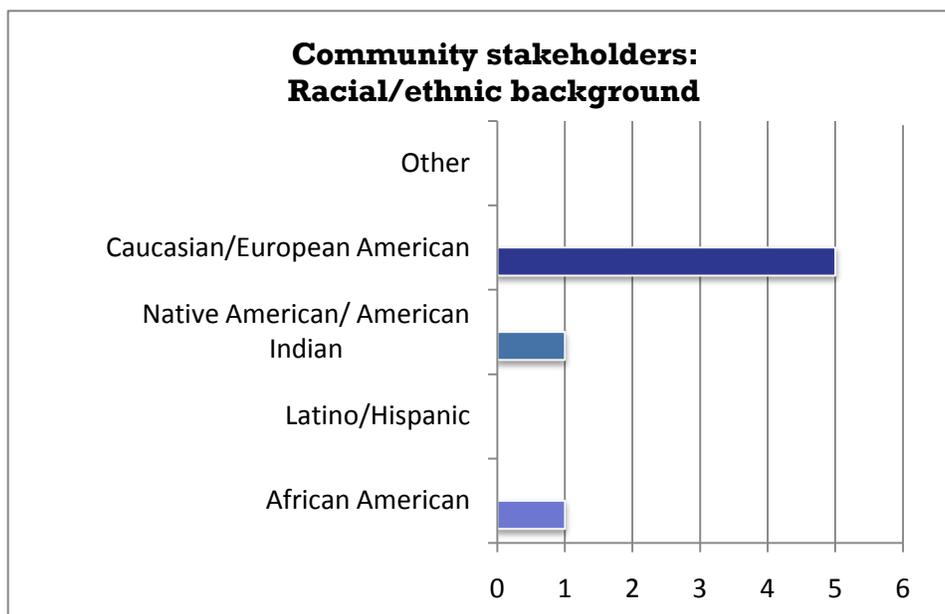
**Community Stakeholder.** Community stakeholders were asked to describe their primary role in the OHTI's transition project. The largest number, or 71%, identified themselves as employees of the project or initiative. The graph below provides more details on respondents' roles.



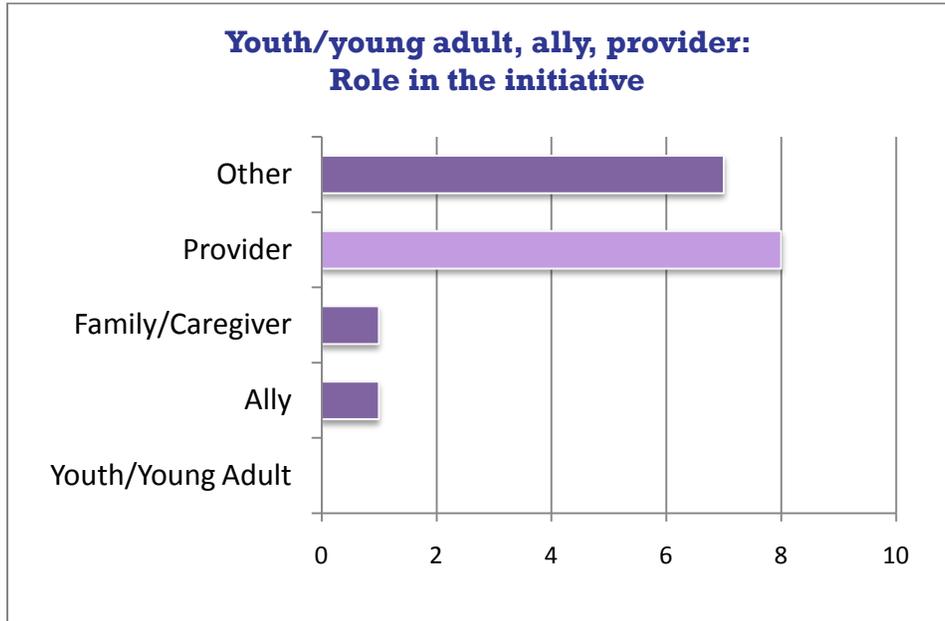
In response to the question “Have you or an immediate member of your family received intensive mental health and related services? (Includes agencies in child and adult mental services.)” 29% (n=2) indicated that they had.



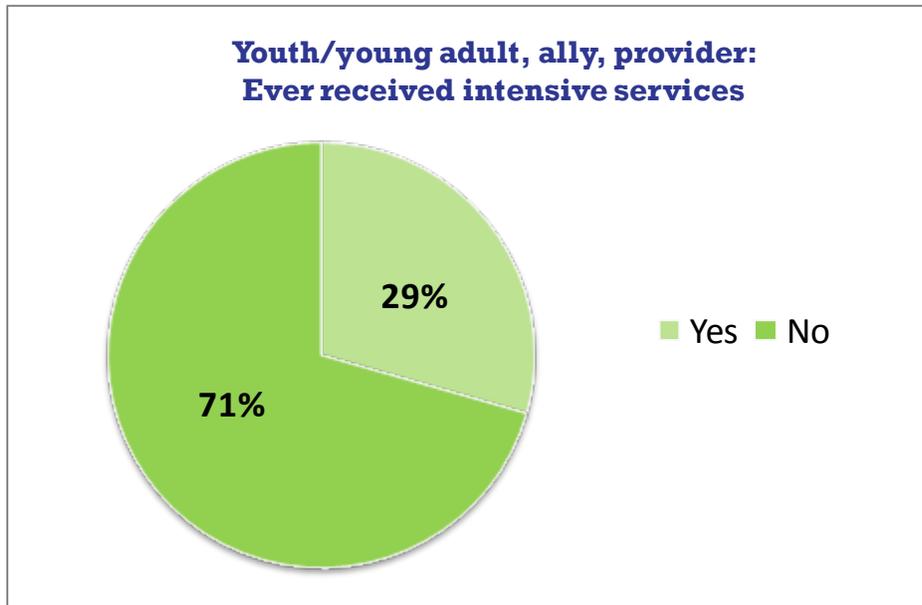
When asked about their racial or ethnic background, 71% (n=5) of respondents identified themselves as Caucasian.



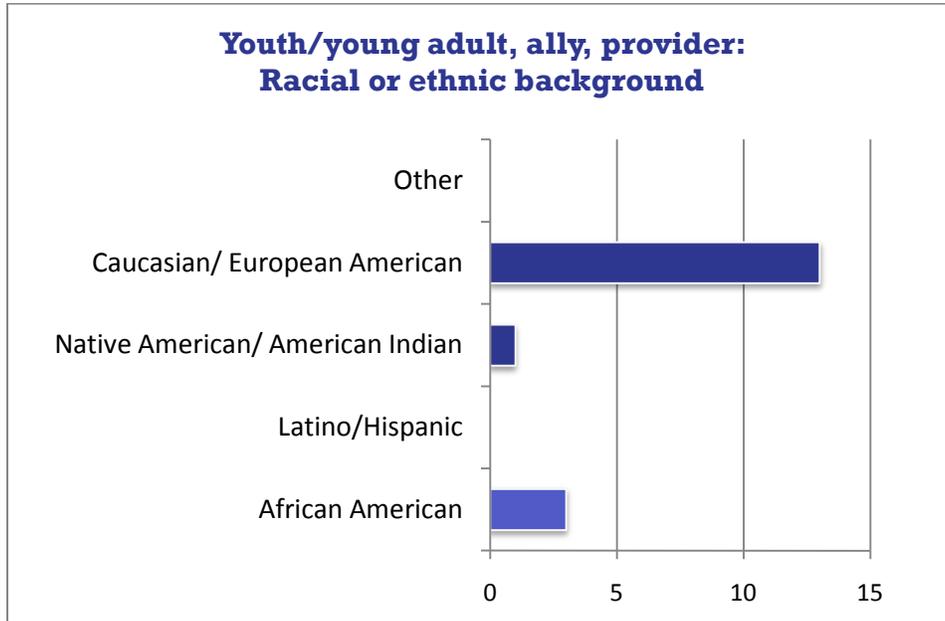
**Youth/Young Adult/Ally/Provider.** Respondents to this module were also asked to describe their primary role in the OHTI’s transition project. Fifteen of the 17 respondents (88%) identified themselves as either service providers or staff from another community agency. The graph below provides more details on respondents’ roles.



In response to the question “Have you or an immediate member of your family received intensive mental health and related services? (Includes agencies in child and adult mental services.)” 29% (n=5) indicated that they had.

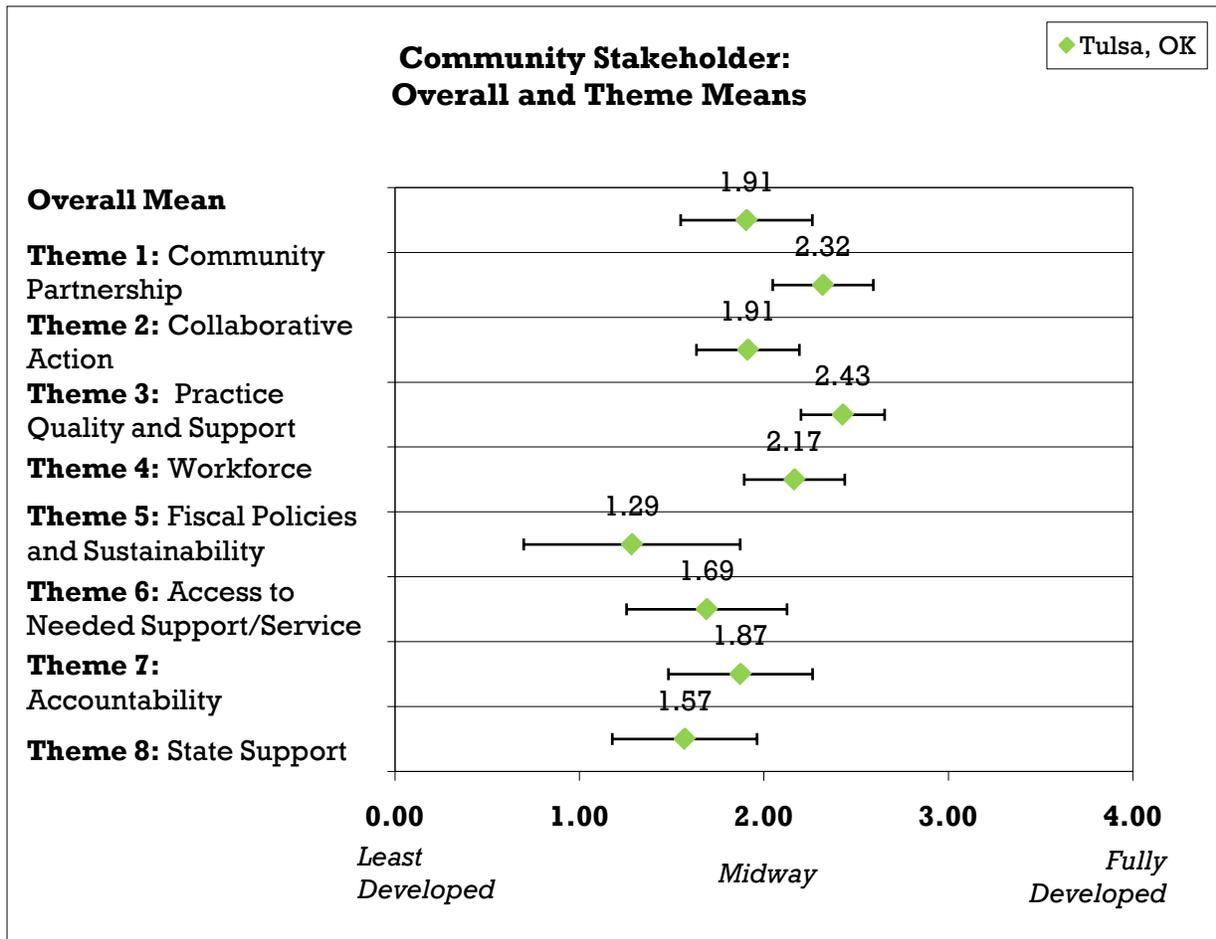


When asked about their racial or ethnic background, the 13 of the 17 respondents (76%) of respondents identified themselves as Caucasian.



## Overall Score and Theme Scores

**Community Stakeholder Module.** It is easiest to interpret CSTI scores when thought of as mean scores on items or groups of items. On the Community Stakeholder Module, the OHTI had an overall grand mean (or average) item score of 1.91. On the scale of the CSTI, respondents rate each item from 0 (least developed) to 4 (fully developed). Thus a grand mean score of 1.91 corresponds to an overall level of development just below “midway” between these two. (In the figures in this report, the bars to the left and right of the mean represent a statistical confidence interval for the score.)

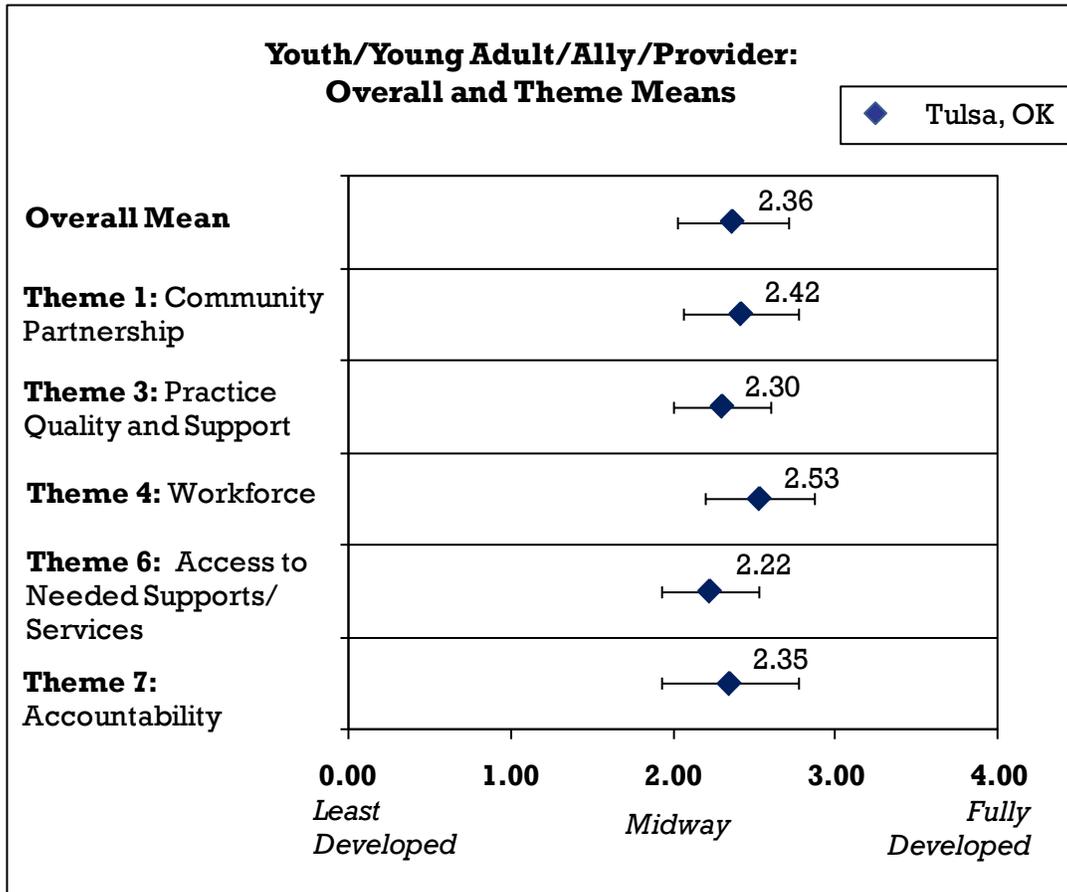


As a rough comparison, on the Community Support for Wraparound Inventory (CSWI, the wraparound assessment from which the CSTI was adapted; see Appendix A), the national average for the grand mean is just about the “midway” point (1.98), and ranges between 1.04 and 2.77, with more communities scoring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

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

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

The grand mean score for the Youth/Young Adult/Ally/Provider Module was 2.36, or well above “midway” on the scale of the CSTI. The individual theme means were all quite similar and close to the grand mean. The graph on the next page provides more details.

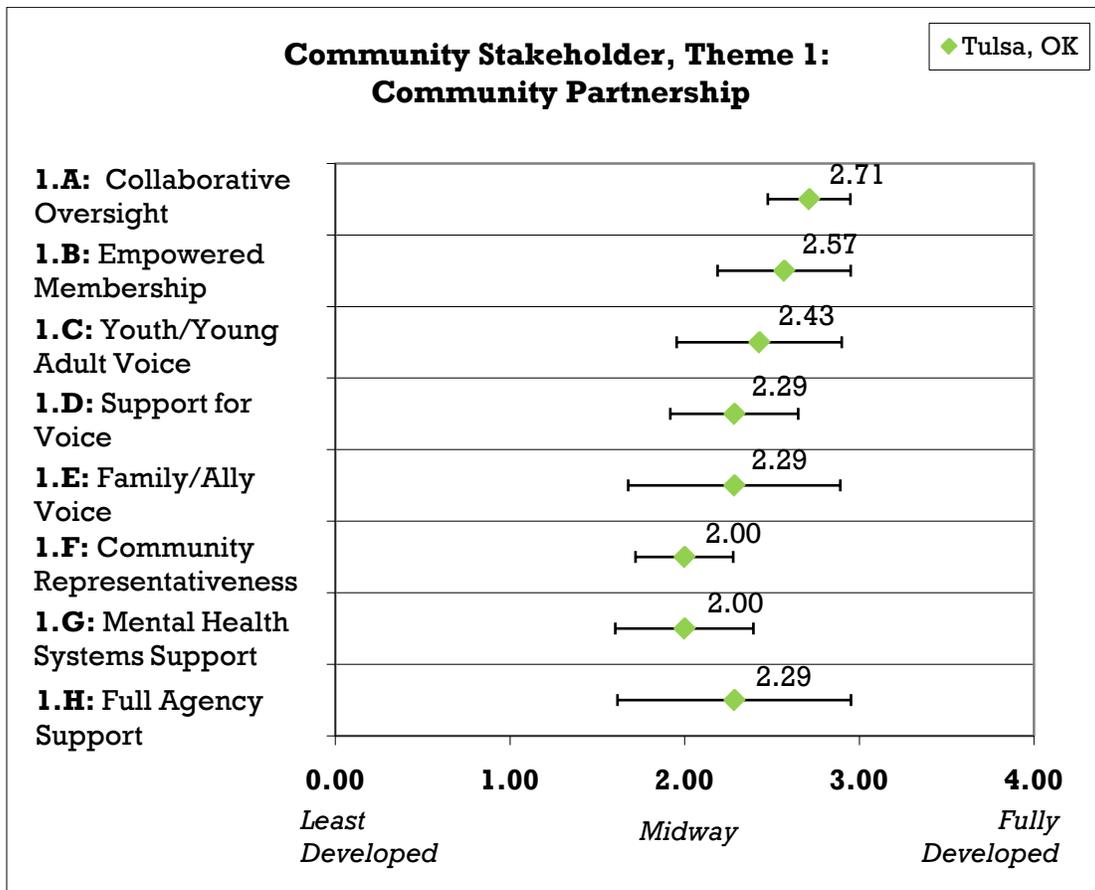


The next sections of this report discuss the themes one by one. This discussion provides more detail on exactly where Tulsa OHTI's strengths and challenges lie. Even within themes where the Initiative has a relative strength, there may be items that point to specific challenges, and the opposite may also be true where a theme score represents an area of challenge.

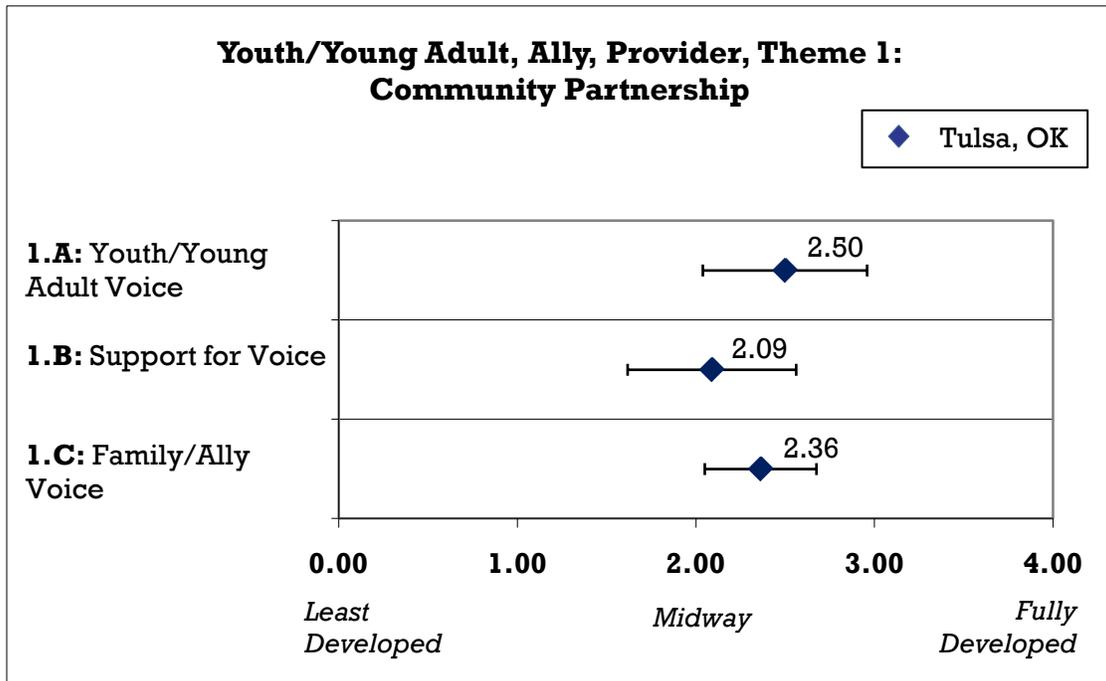
## Theme 1: Community Partnership

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

The figure below shows item means for theme 1 of the Community Stakeholder Module. The overall mean for this theme is 2.32. The complete text of each item can be found in Appendix B. Within this theme, the OHTI appears to have made the most progress in developing *collaborative oversight* (item 1.A) and in developing a community leadership team that included individuals who can make decisions (*empowered membership*, item 1.B). Items 1.F, *community representativeness* and item 1.G, *mental health systems support* received the lowest ratings; however, both scored at “midway.” All items had means that were above 2.0. The confidence intervals are broad primarily because of the small sample size (n=7). The wider confidence interval on item 1.H, however, suggests a wide variance in opinions about this item. Two respondents indicated that *full agency support* was fully developed while 3 rated the item as *just beginning*.



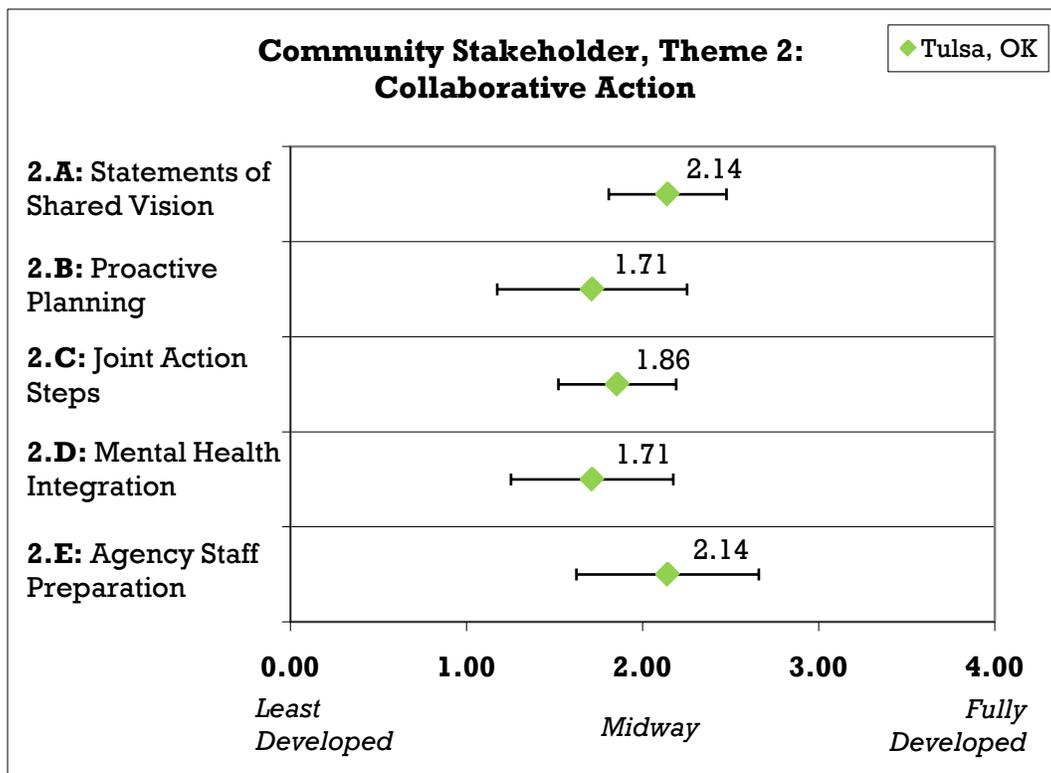
The items for this theme in the Youth/Young Adult/Ally/Provider Module focus exclusively on the extent to which young people and their allies are included in decision making on the bodies that oversee the transition project and its implementation. The respondents for this module scored the items related to community partnership in a very similar manner, as did the community stakeholders. For these 3 items, 6 individuals did not answer, so the means are based on 11 responses.



## Theme 2: Collaborative Action

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

The mean theme score for *collaborative action* was 1.91, the same as the overall mean for the entire Tulsa CSTI. All the means on these items are similar. The community's scores on two items point to a relative lack of development in specific areas: *proactive planning* and *mental health integration*. Overall, there is good agreement among the 7 respondents about this theme.

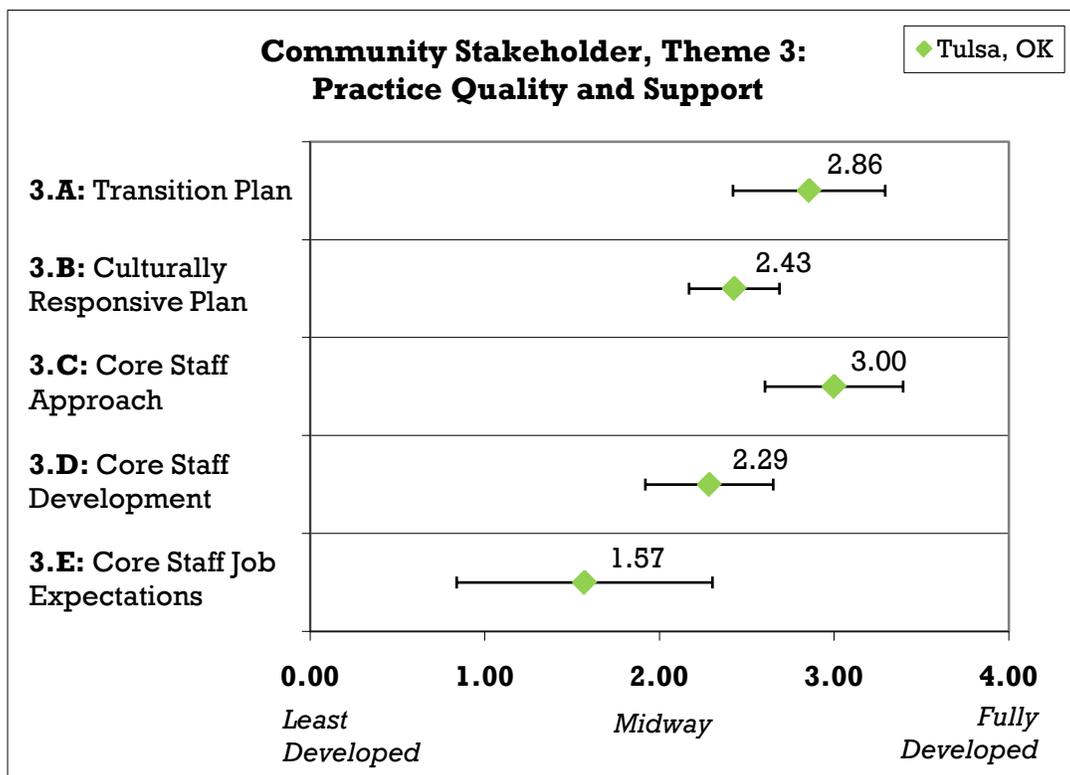


The Youth/Young Adult/Ally/Provider Module did not cover this theme.

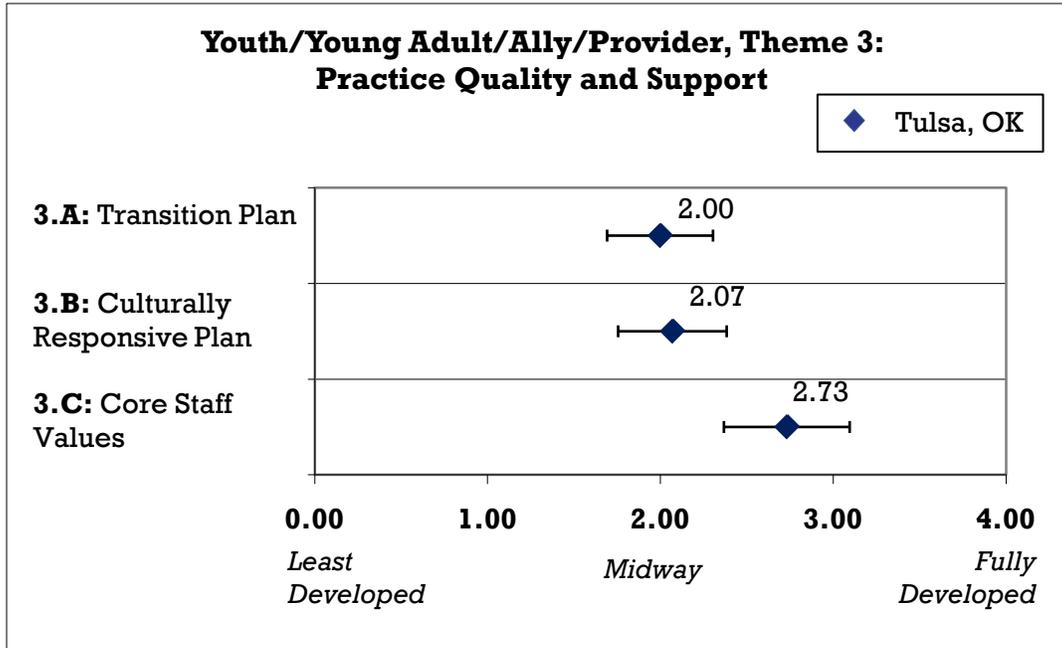
## Theme 3: Practice Quality and Support

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

The mean for this theme (2.43) pointed to *practice quality and support* as an area of relative strength for the Tulsa OHTI. The strongest ratings are for item 3.C, *core staff support* and item 3.A, *transition planning*. Item 3.E, *core staff job expectations* (whether staff have adequate resources to follow transition principles) received the lowest rating and exhibited an unusually broad confidence interval. Of the 7 respondents, 3 indicated that this item was “almost there” and 3 rated it as “least developed” suggesting some serious differences of opinion among respondents.



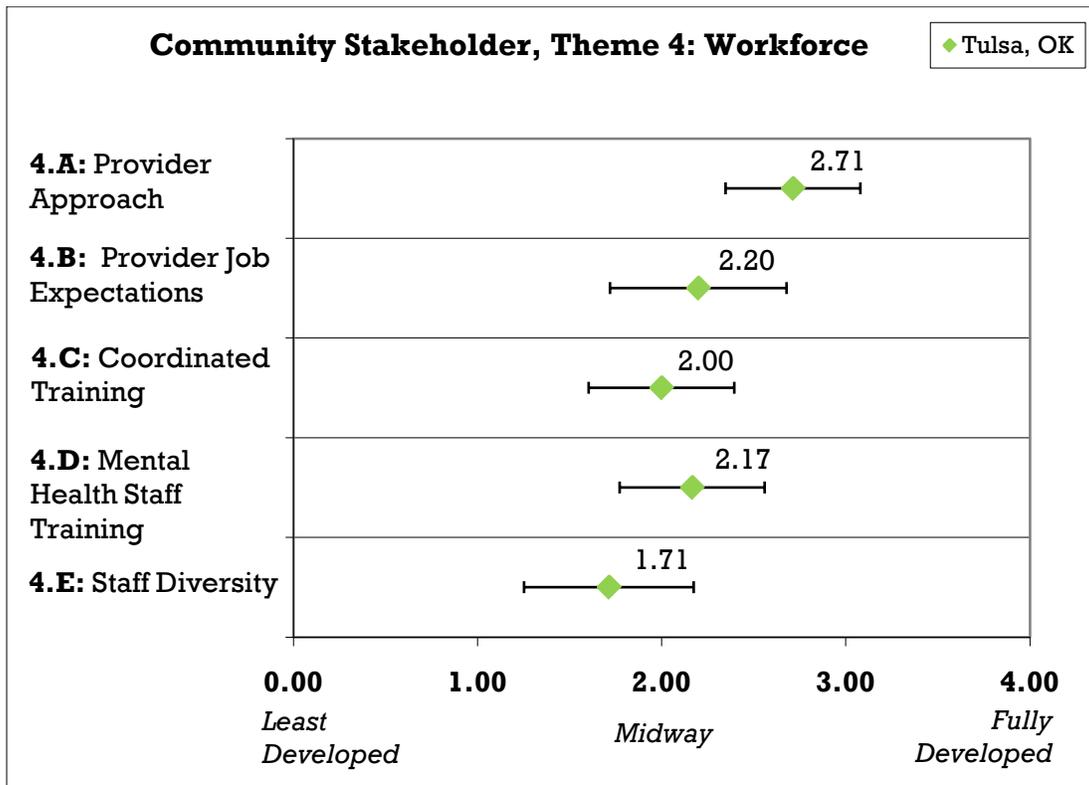
Respondents on the Youth/Young Adult/Ally/Provider Module rated items on theme 3 similarly to the stakeholders with an overall theme mean of 2.53. Of the 17 respondents, 2 or 3 answered “don’t know” to each of these items. Item 3.C received the strongest endorsement, with 5 of the 15 individuals who responded rating it as “fully developed.”



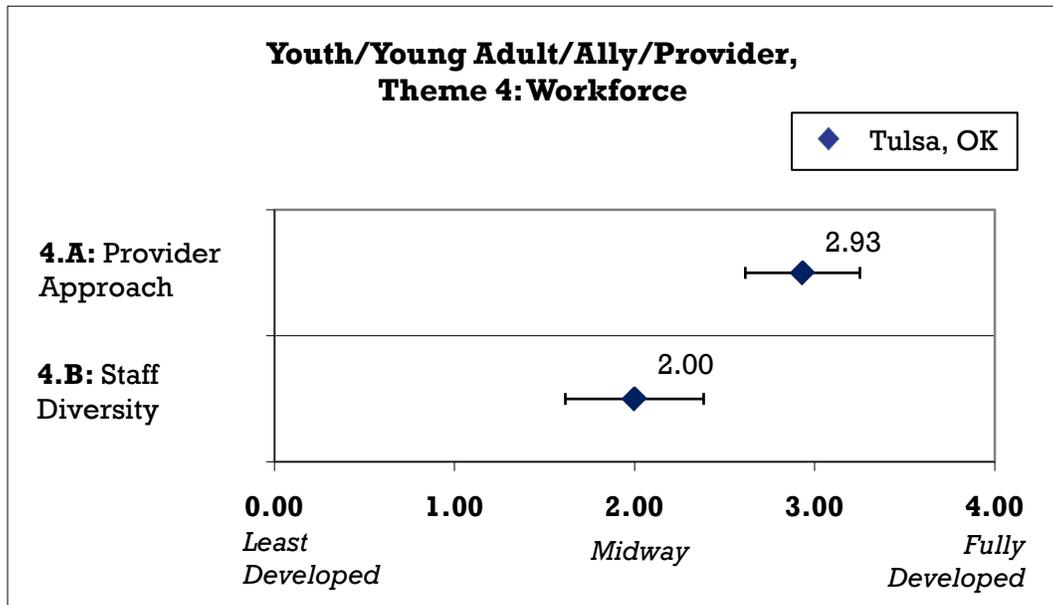
## Theme 4. Workforce

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

The Tulsa OHTI's score on this theme (2.17) was slightly higher than, but not significantly different from, its overall mean score (1.91). (Differences are considered significant if the confidence intervals do not overlap). Within the theme, however, large item-to-item differences are apparent. The Initiative scored highest on item 4.A, *provider approach*, with 6 of the 7 respondents rating this item as "almost there." Item 4.E, *staff diversity* was scored most frequently at "midway" with 1 respondent rating the item above and 2 rating it below "midway."



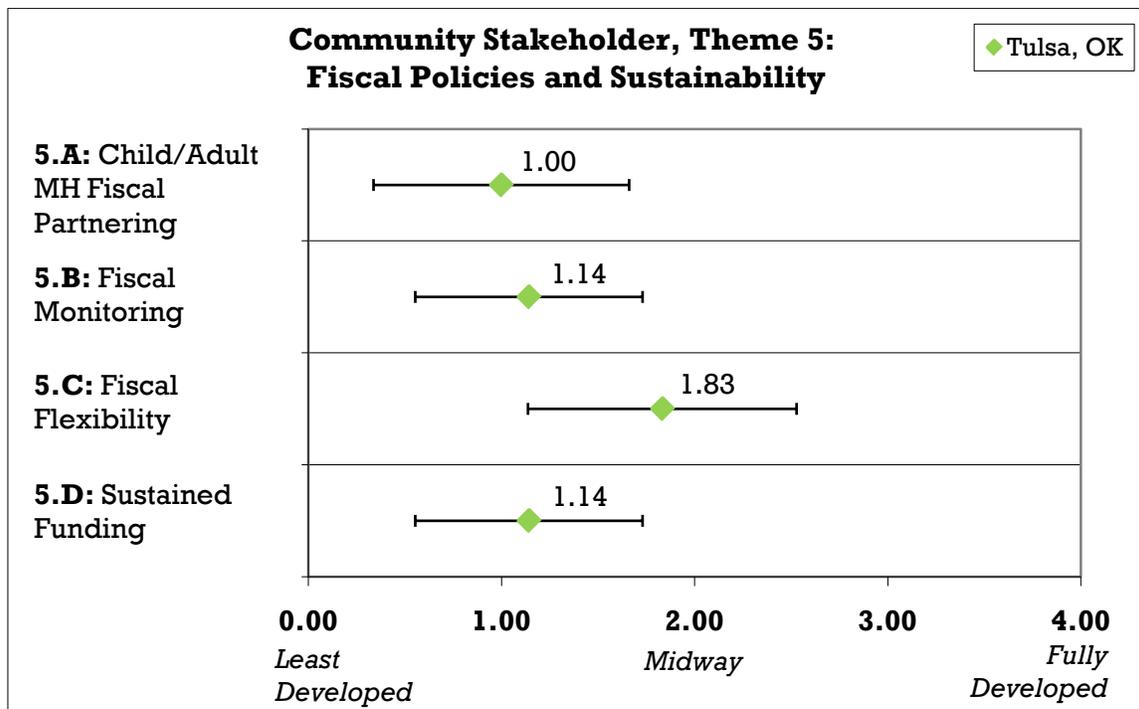
There are only two items related to this theme on the Youth/Young Adult/Ally/Provider Module. The overall mean for this theme (2.30) is somewhat higher than the Stakeholder mean for this theme (2.17). Similar to scores on the stakeholder module, there is strong endorsement for item 4.A, *provider approach*. Five of the 15 respondents rated this item as “fully developed” and 5 rated it as “almost there.” Item 4.B, *staff diversity* was scored primarily at “midway” but scores ranged across the full spectrum.



## Theme 5: Fiscal Policies and Sustainability

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

The overall mean for this theme (1.29) indicates that fiscal policies and sustainability are the area of greatest challenge for the Tulsa OHTI. Closer inspection of the individual items shows that the community stakeholders rate progress just under “midway” for *fiscal flexibility*; however, for the other items in this theme, the mean item ratings show that development is just beginning. Although the confidence intervals are broad, this seems to be mostly due to the small sample size. Most respondents rated these items at the bottom of the scale.

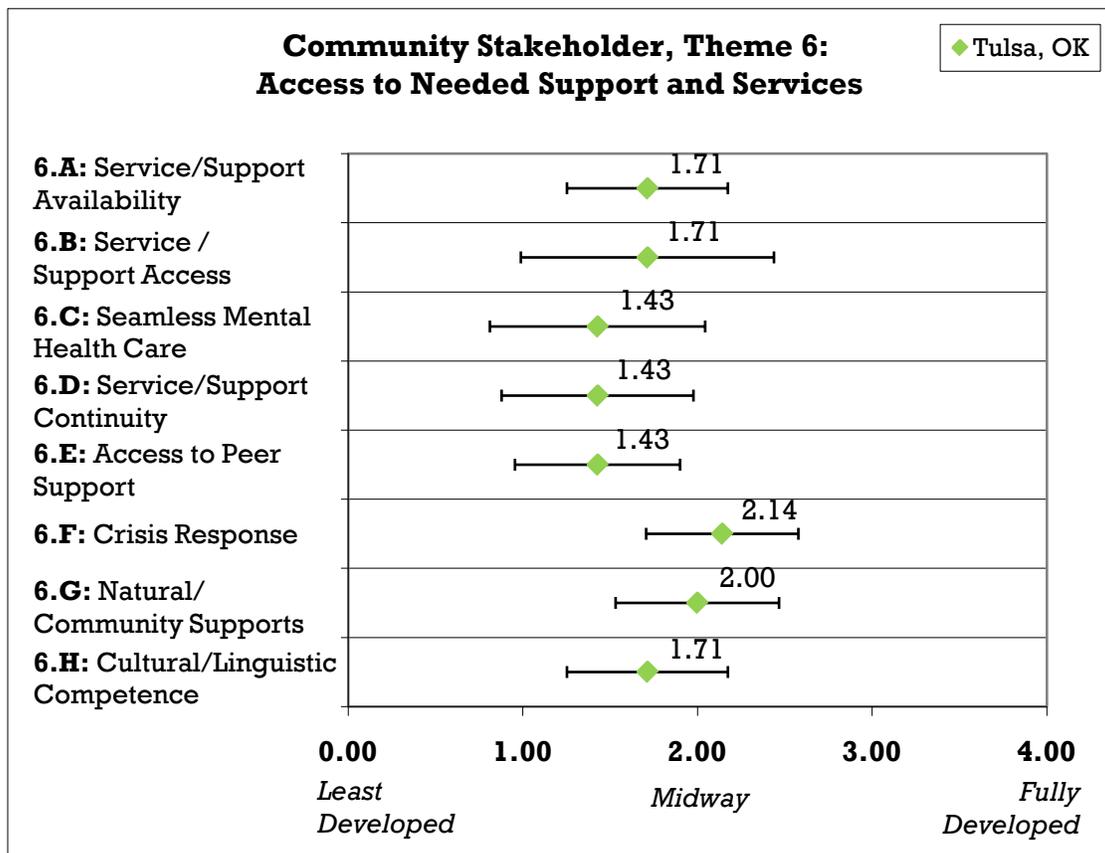


The Youth/Young Adult/Ally/Provider Module did not cover this theme.

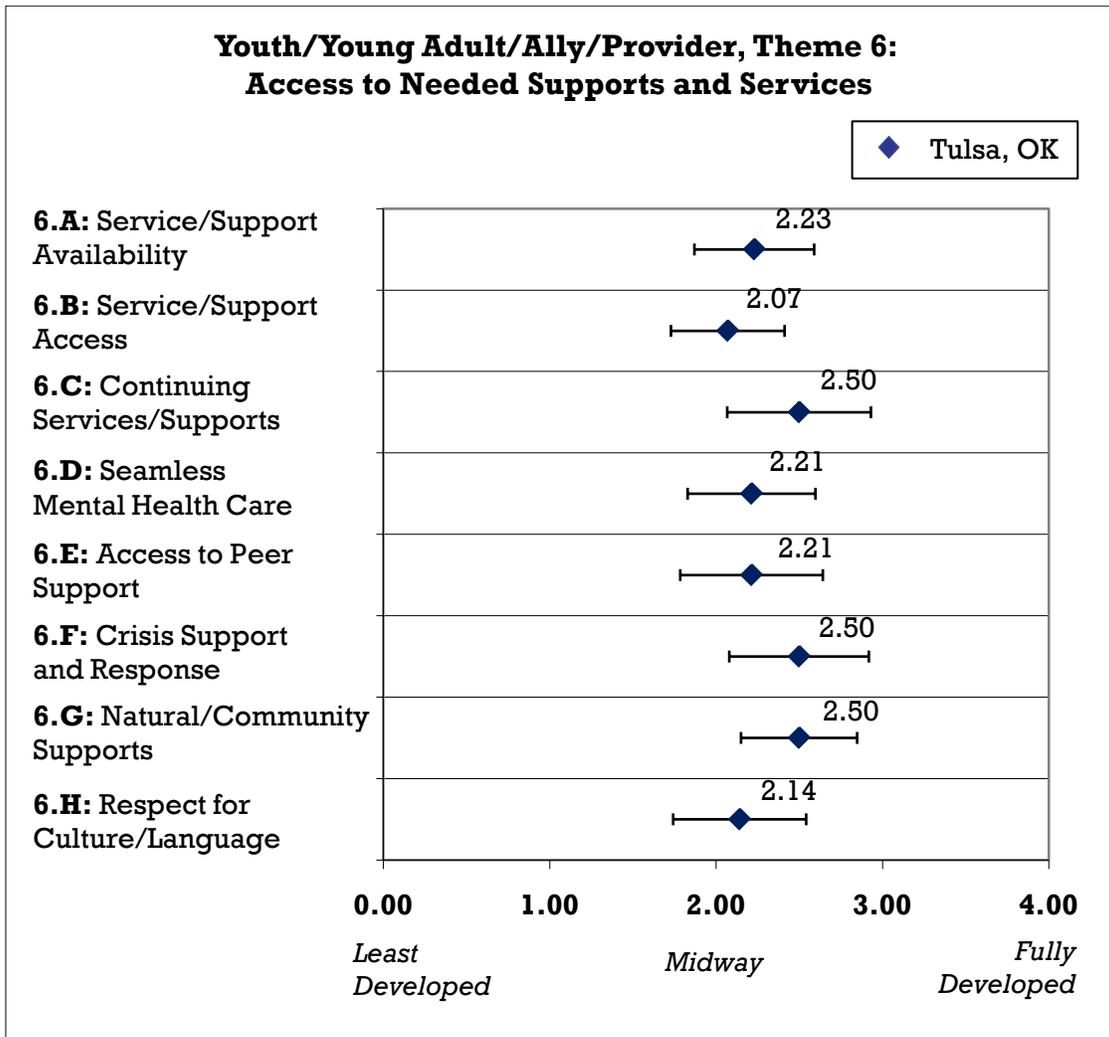
## Theme 6: Access to Needed Supports and Services

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

Data from the Community Stakeholders module shows that respondents scored most of these items below “midway” on the scale with a theme mean of 1.69. The item means are very similar with the exception of item 6.F, *crisis response* which has scores that are slightly more positive. The response rate was high with almost no one indicating “don’t know.”



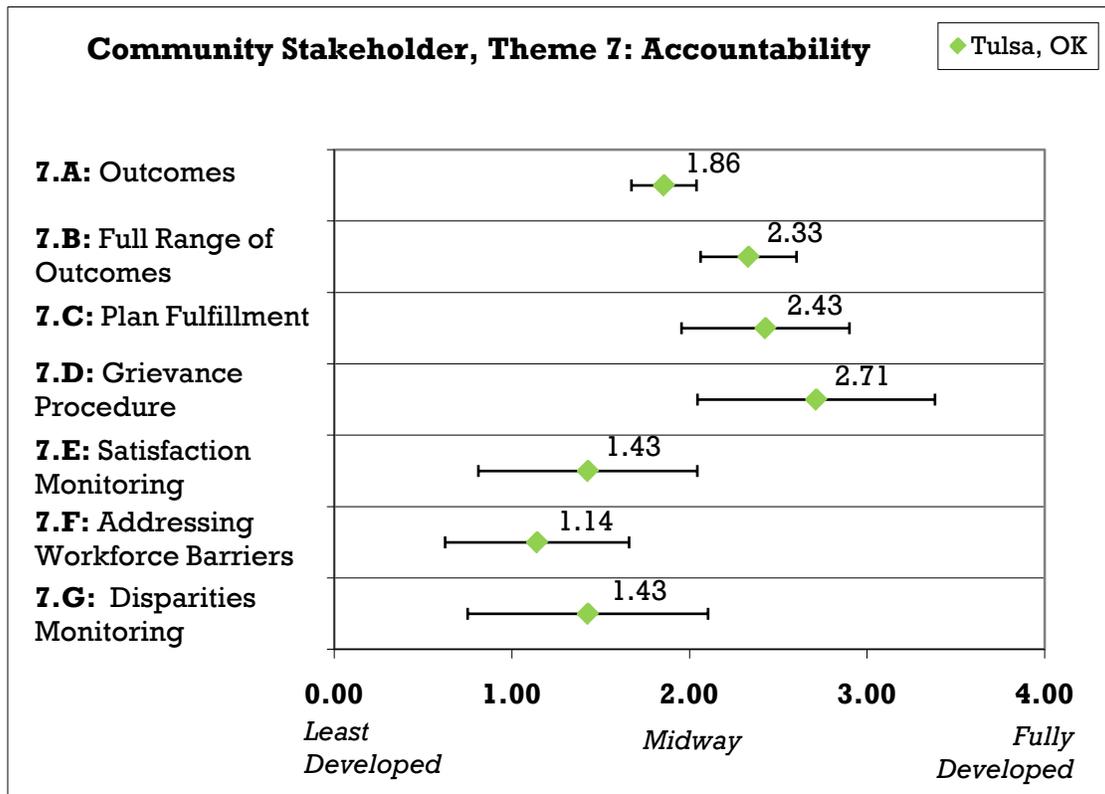
Data from the Youth/Young Adult/Ally/Provider Module suggest that this group of respondents is more positive about access to needed supports and services than are the Stakeholders. The overall mean for this theme is 2.22 (as compared to 1.69 for the Stakeholder Module). Three items (6.C, 6.F, 6.G) received an average rating of 2.5—suggesting that these areas are “almost there.” The number of respondents answering ranged from 12 to 14. This drop off in respondents was partly due to respondents exiting the survey and partly due to use of the “don’t know” category. The means are all very similar, confidence intervals are small, and data is smoothly distributed.



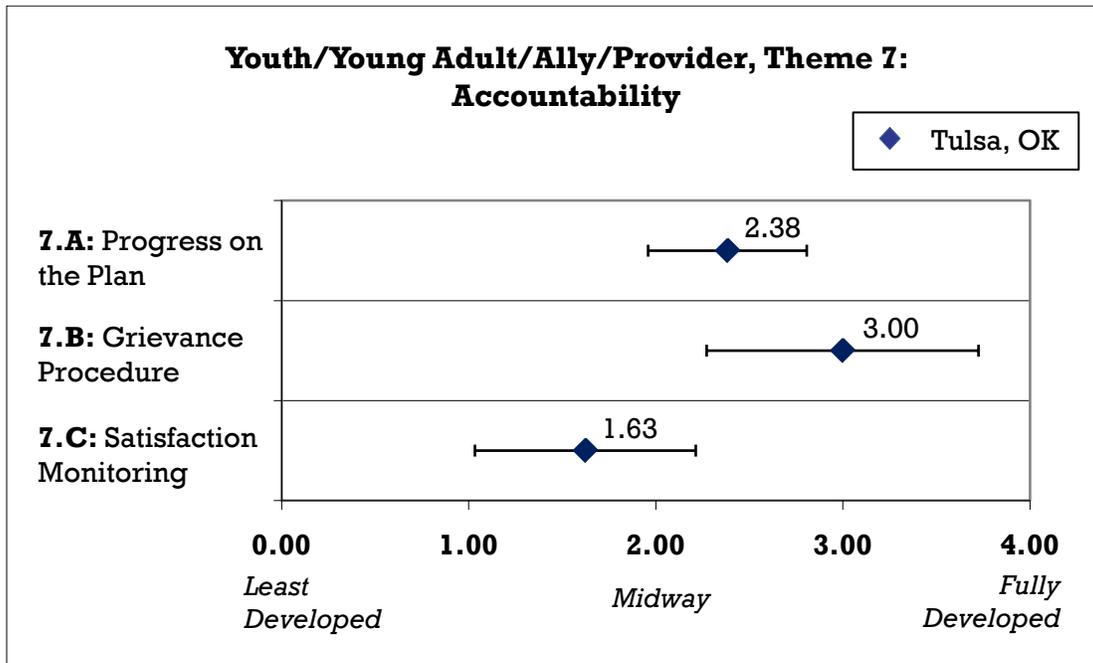
## Theme 7: Accountability

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

The overall mean on the Community Stakeholder Module for this theme (1.87) is very similar to the grand mean for the Tulsa OHTI (1.91). Within the theme, individual item means point to relative strengths in item 7.D, *grievance procedure*. Five of the seven respondents say the grievance procedure is either “fully developed” or “almost there.” Item 7.F, *addressing workforce barriers* suggests some difference of opinion among respondents, with 4 individuals rating this item as “midway” and 3 rating it as “least developed.” There is a similar split in item 7.G, *disparities monitoring*. For that item, 4 respondents gave it a rating of either “midway” or “almost there” while 3 respondents indicated “least developed” for that item.



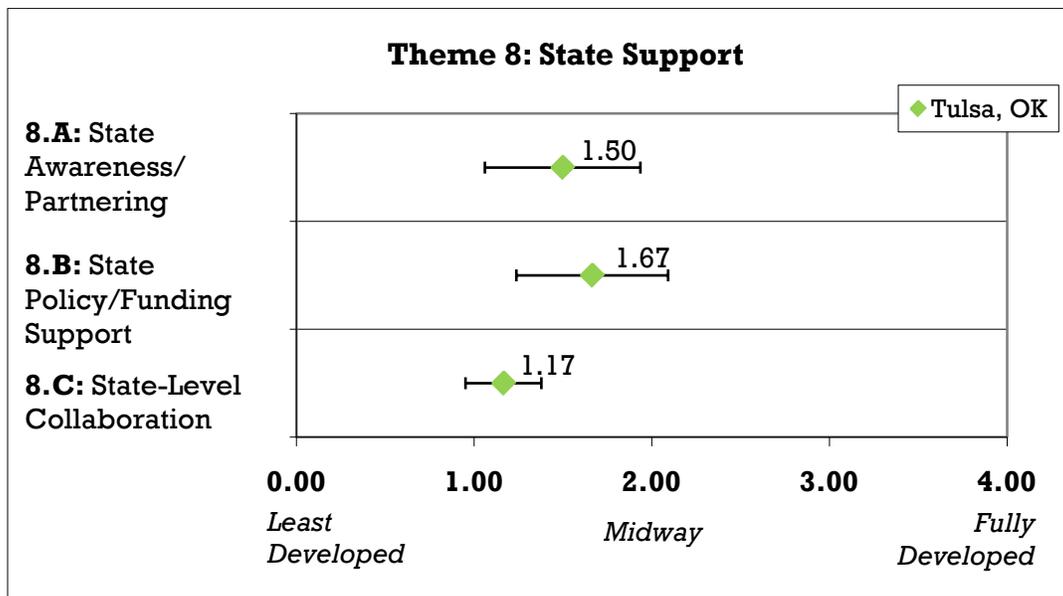
Data from the Youth/Young Adult/Ally/Provider Module again shows a theme mean (2.35) that is above that of the Community Stakeholders (1.87). Non-response to all three questions was high, with 13 (out of 17) responses to 7.A and 8 responses each to 7.B and 7.C. Most of these non-responses were in the “don’t know” category. In this situation, the mean is less useful a metric than is the frequency distribution. Item 7.A received the strongest support with 10 of 12 respondents scoring it at or above “midway.” Item 7.B, which has the highest mean, shows that 6 of the 8 respondents scored it at or above “midway.” Item 7.C, with the lowest mean, was rated at or above “midway” by 4 of the 8 respondents.



## Theme 8: State Support

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

The overall mean from the Community Stakeholder Module for this theme (1.57) suggests that state support is an area of relative challenge. The individual items on this theme each represent a similar assessment of the level of development. There were few individual scores in the upper ranges and most scores clustered around 1.00, “just beginning.” Item 8.B, which has a slightly higher mean, was scored as a 1, “just beginning,” by 3 respondents and at “midway” or above by 3 respondents.



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

## Specific Areas of Strength and Challenge

**Community Stakeholder Module.** According to the Community Stakeholders, the Tulsa OHTI has its greatest strength in theme 3, *practice quality and support*. Specifically, items related to *core staff approach* (item 3.C), and *transition plan* (item 3.A) were scored as most developed. Both were in the “almost there” range. Items 1.A, *collaborative oversight*; 4.A, *provider approach*; and item 7.D, *grievance procedure* were considered the next most highly developed elements.

All areas of theme 5, *fiscal policies and sustainability*, represent challenges to the Tulsa OHTI. Other specific areas of greatest challenge are items 8.C, *state level collaboration*, and item 7.F, *addressing workforce barriers*.

**Youth/Young Adult/Ally/Provider Module.** The overall mean and the theme means for this module were very similar, ranging from 2.22 to 2.53. Since the sample was fairly large (n=17) this is notable. For most themes, the Youth/Young Adult/Ally/Provider Module respondents considered the OHTI more developed than did the Stakeholders. The areas of greatest development were seen as item 7.B, *grievance procedure*; item 4.A, *provider approach*; and item 3.C, *core staff values*. All of these items scored close to 3.0 or “almost there.”

The respondents to this module rated only one item below a 2.0 “midway.” That was item 7.C, *satisfaction monitoring*. Two other items were rated exactly at “midway.” These were item 3.A, *transition plan* and item 4.B, *staff diversity*.

## **Themes from Respondents' Comments**

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

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

A variety of programs and activities for transition age youth center around providing housing, educational opportunities and inter-agency collaborative services for smooth transition.

“The community has developed more housing and educational opportunities for transitional age youth. Agencies and stakeholders at times communicate and collaborate effectively to meet the identified needs of these youth.”

A couple of respondents mentioned formation of committees and panel presentations on spreading awareness for needs of transition age youth.

“Bring awareness through the P20 Initiative and through an upcoming Panel presentation on the needs of homeless youth in Tulsa. We hope to spur interest in donors to provide housing opportunities for youth similar to the Lighthouse model.”

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

There was no consistent theme across the comments. However, the comments did reflect an overall satisfaction due to attention paid to transition age youth needs:

“We have placed significant emphasis in our community at getting services to youth and families - long way to go, but a lot of emphasis. The aging out process provides very little support in transitioning. We have a community of services and families interested in changing this direction. We hope the initiative will aid the process.”

Some of the comments mentioned strength-based and client-centered approaches to be effective.

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

Some comments pertained to affordable housing and employment problems faced by transition age youth.

“Housing that is varied to meet the needs of different individuals such as under 18, those with animals, those who want to co-habitate, those who want to live in a supported environment who are leaving group homes and do not have any life skills at all. Those who are fearful of the subsidized housing because of crime rates. Joblessness. Lack of education and vocational skills to find a job.”

A couple of comments mentioned the bureaucratic structure of state agencies.

“Some stakeholders have no direct practice experience resulting in unrealistic expectations. ODMHSAS has decided to apply the wrap model to these services which has created barriers to service due to extensive documentation and processes resulting in delays in service. While this has been brought to the attention of ODMHSAS there has been no flexibility in the processes allowed.”

**What would you like to see changed about this transition project? (Youth/Young Adult/Ally/Provider Module)**

More financial support, comprehensive and organized approach to the cases, regular follow up and realistic expectation from transition youth meeting were some of the suggestions made.

“At times, the transition team meeting requirements are unrealistic. Some young people do not want to work with many community partners and feel more comfortable one on one with a case manager or transition facilitator. These required team meetings can cause discomfort and hesitation in the young adult. Although the team meetings may be successful in a family or child setting; these are not always successful with the transition age range. This should be something that is optional for those young people that want to have a team, and for those that don't.”

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

Funding challenges and budget cuts were identified as factors straining services to transition age youth.

## Appendix A: Additional Background on the CSTI

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

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

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

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

---

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

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

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

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

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

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

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

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

## Appendix B: Text of CSTI Items and Item Means

### Theme 1: Community Partnership (Community Stakeholder Module)

Item	OHTI
<p><b>1.A Collaborative Oversight</b></p> <p>There is a collaborative group (a “community leadership team”) for planning and decision making through which community partners jointly oversee the development and implementation of the transition project.</p>	2.71
<p><b>1.B Empowered Membership</b></p> <p>The community leadership team includes leaders who are empowered to make decisions and commit resources on behalf of their organizations to support the transition project.</p>	2.57
<p><b>1.C Influential Youth/Young Adult Voice</b></p> <p>Youth and young adults with significant experience in systems and/or services are influential members of the community leadership team, and they take active roles in decisions and discussions.</p>	2.43
<p><b>1.D Support for Youth/Young Adult Voice</b></p> <p>The project works to recruit, train and support youth and young adults, including youth from diverse backgrounds, so that they can participate actively and productively on the community leadership team.</p>	2.29
<p><b>1.E Influential Family/Ally Voice</b></p> <p>Families and other adult “allies” of youth with significant experience in the mental health system are influential members of the community leadership team, and they take active roles in discussions and decisions.</p>	2.29
<p><b>1.F Community Representativeness</b></p> <p>The membership of the community leadership team reflects the social, cultural and economic diversity of the community and of the youth and young adults served.</p>	2.00
<p><b>1.G Mental Health Systems Support</b></p> <p>Representatives from both the adult and child mental health systems are active on the community leadership team and support the transition project’s philosophy and goals.</p>	2.00
<p><b>1.H Full Agency Support</b></p> <p>Representatives from relevant public agencies (e.g., child and adult mental health, substance abuse, child welfare, juvenile/criminal justice, secondary and post-secondary education providers, vocational rehabilitation, etc.) and major provider organizations participate productively on the community leadership team. These representatives understand and support the transition project’s philosophy and goals.</p>	2.29

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

Item	OHTI
<p><b>1.A Influential Youth/Young Adult Voice</b></p> <p>Youth and young adults with significant experience in systems and/or services are members of the collaborative oversight team. They have an impact on decisions and discussions.</p>	2.50
<p><b>1.B Support for Youth Voice</b></p> <p>The project works to train and support (e.g. pay) youth and young adults so that they can participate actively and productively on the community leadership team.</p>	2.09
<p><b>1.C Influential Family/Ally Voice</b></p> <p>Families /or other adult “allies” of youth with experience in mental health services are members of the community leadership team. They have influence in decisions and discussions.</p>	2.36

## Theme 2 Collaborative Action (Community Stakeholder Module)

Item	OHTI
<p><b>2.A Statements of Shared Vision</b></p> <p>Key stakeholders in the transition project have worked together to develop clear statements of mission, values, and desired outcomes for the transition project. These statements reflect transition values and principles.</p>	2.14
<p><b>2.B Proactive Planning</b></p> <p>The transition project is guided by a strategic plan that describes the goals of the project and stakeholders' responsibilities in helping to achieve the goals. The plan is reviewed and updated as needed.</p>	1.71
<p><b>2.C Joint Action Steps</b></p> <p>Participating agencies and organizations take tangible steps (e.g., developing MOUs, contributing resources, revising agency policies or regulations, participating in planning activities) toward achieving joint goals that are central to the project.</p>	1.86
<p><b>2.D Mental Health Integration</b></p> <p>The child and adult mental health systems take tangible steps (e.g., developing MOUs, contributing resources, revising agency regulations, participating in planning activities) toward integrating their efforts to improve outcomes for young people.</p>	1.71
<p><b>2.E Agency Staff Preparation</b></p> <p>The collaborating agencies take concrete steps to ensure that their staff members are informed about the transition project and its values and practices. These agencies have communicated clear expectations about how staff should communicate, co-ordinate and/or collaborate with the transition project.</p>	2.14

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

### Theme 3 Practice Quality and Support (Community Stakeholder Module)

Item	OHTI
<p><b>3.A Individualized Transition Plan</b></p> <p>Each young person participating in the program has an individualized transition plan that responds to his/her unique needs and goals, and reflects transition values and principles (e.g., youth-/young adult-driven, focused on community integration skills and outcomes, etc.)</p>	2.86
<p><b>3.B Culturally Responsive Plan</b></p> <p>The transition plan is developed in a manner that reflects the young person's cultural and linguistic preferences, and is respectful of his/her personal and sexual identity.</p>	2.43
<p><b>3.C Core Staff Approach</b></p> <p>Staff who work with young people on creating their transition plans are strength based and respectful of the young people. These staff work to ensure that the young people take the lead in creating their own transition plans.</p>	3.00
<p><b>3.D Core Staff Professional Development</b></p> <p>Staff who work with young people on creating their transition plans receive comprehensive training and ongoing supervision/coaching. This professional development systematically focuses on developing skills and knowledge for working effectively with youth and young adults.</p>	2.29
<p><b>3.E Core Staff Job Expectations</b></p> <p>The caseloads and job expectations for staff with primary roles in the transition planning process (e.g., transition facilitators, peer supporters) allow them adequate time, flexibility, and resources to provide high-quality service consistent with transition values and principles.</p>	1.57

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

Item	OHTI
<p><b>3.A Transition Plan</b></p> <p>Each young person participating in the program has an individualized transition plan. The plan is strengths based, and focuses on helping the young person achieve the goals that are most important to him/her.</p>	2.00
<p><b>3.B Culturally Responsive Transition Plan</b></p> <p>The transition plan fits with the young person's personal and cultural beliefs and preferences, and with his/her sexual identity.</p>	2.07
<p><b>3.C Core Staff Values</b></p> <p>Staff who work with young people on creating their transition plans are strength based and respectful of the young people. These staff work to ensure that the young people take the lead in creating their own transition plans.</p>	2.73

### Theme 4 Workforce (Community Stakeholder Module)

Item	OHTI
<p><b>4.A Provider Approach</b></p> <p>Staff who provide services/supports to young people (e.g., providers of supported employment, therapists, job coaches, etc.) are respectful and strength based, and encourage young people to make choices and decisions about their services/supports.</p>	2.71
<p><b>4.B Provider Job Expectations</b></p> <p>The caseloads and job expectations of service/support providers (e.g., providers of supported employment, therapists, job coaches, etc.) allow them adequate time, flexibility, and resources to provide high-quality services consistent with transition values and principles.</p>	2.20
<p><b>4.C Coordinated Training</b></p> <p>There is a coordinated training effort to ensure that providers across all participating agencies learn specific practice skills to work effectively with youth and young adults. These practice skills are consistent with transition values and principles.</p>	2.00
<p><b>4.D Mental Health Staff Training</b></p> <p>Staff from both adult and child mental health settings who work with youth and young adults are trained so that they have specific skills to work effectively with this population.</p>	2.17
<p><b>4.E Staff Diversity</b></p> <p>The transition project and community providers successfully recruit and retain staff—including transition facilitators and peer support providers—who reflect the diversity of the youth being served and their language preferences.</p>	1.71

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

Item	OHTI
<p><b>4.A Provider Approach</b></p> <p>Staff who provide services/supports to young people (e.g., providers of supported employment, therapists, job coaches, etc.) are strength based and respectful, and encourage young people to make choices about their services/supports.</p>	2.93
<p><b>4.B Staff Diversity</b></p> <p>Staff and providers who work with the transition project reflect the diversity of the youth being served and their language preferences.</p>	2.00

### Theme 5 Fiscal Policies and Sustainability (Community Stakeholder Module)

Item	OHTI
<p><b>5.A Child and Adult Mental Health Fiscal Partnering</b></p> <p>The child and adult mental health systems integrate their funding to finance the transition project and/or have worked together to create policies that outline each system's financial contributions to the project.</p>	1.00
<p><b>5.B Fiscal Monitoring</b></p> <p>There is a formalized mechanism for reviewing the costs of implementing the transition project. This information is used to streamline spending and to become more efficient.</p>	1.14
<p><b>5.C Fiscal Flexibility</b></p> <p>Funds are available to pay for services and supports typically needed by young people of transition age. Some funds are flexible, and can be used to pay for unique or non-traditional services and supports needed for individualized transition plans.</p>	1.83
<p><b>5.D Sustained Funding</b></p> <p>There is a clear and feasible plan for sustaining sufficient fiscal support for the transition project over the long term, and the plan is being implemented.</p>	1.14

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

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

Item	OHTI
<p><b>6.A Service/Support Availability</b></p> <p>Young people can access the services and supports required for their transition plans (e.g., employment support, therapy, medication management, peer support) without long delays.</p>	1.71
<p><b>6.B Service/Support Access</b></p> <p>Services and supports needed by young people are available at the times and locations that are convenient for the young people. If the young people have constraints around times/locations, providers are flexible and work with young people to find alternatives.</p>	1.71
<p><b>6.C Seamless Mental Health Care</b></p> <p>As long as young people are eligible for the transition program, they can continue to receive mental health services without interruption or disruption because of change in age.</p>	1.43
<p><b>6.D Transition Services/Supports Continuity</b></p> <p>As long as young people are eligible for the transition program, they can continue to receive transition related services (including housing, employment supports, peer support) without interruption or disruption because of change in age.</p>	1.43
<p><b>6.E Access to Peer Support</b></p> <p>Young people who participate in the transition project have access to peer-delivered services and supports. Peer supporters have clearly defined roles, and their activities are integrated into other project components.</p>	1.43
<p><b>6.F Crisis Response</b></p> <p>Support for averting and managing crises and fully implementing young people's safety/crisis plans is available around the clock. The community's crisis response is consistent with preferences expressed in young people's safety/crisis plans.</p>	2.14
<p><b>6.G Building Natural and Community Supports</b></p> <p>The transition project devotes resources to developing or is able to access individuals and organizations in the community who support the young person (e.g., coach, teacher, youth group). Young people have access to these resources in ways that that are consistent with their transition plans.</p>	2.00
<p><b>6.H Building Cultural and Linguistic Competence</b></p> <p>The transition program devotes resources to developing or is able to access services and supports that are culturally and linguistically responsive to the needs and preferences of the young people who participate in the program.</p>	1.71

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

Item	OHTI
<p><b>6.A Service/Support Availability</b></p> <p>Young people can get the services and supports they need for their transition plans (e.g., employment support, therapy, medication management, peer support) without long delays.</p>	2.23
<p><b>6.B Service/Support Access</b></p> <p>Young people can get services and supports at the times and locations that are convenient for them. Providers are flexible and work with young people to find times and places that work well for them.</p>	2.07
<p><b>6.C Continuing Transition Services/Supports</b></p> <p>As long as a young people are eligible for the transition program, they do not get kicked out of mental health services or have to change providers just because they are a certain age.</p>	2.50
<p><b>6.D Seamless Mental Health Care</b></p> <p>As long as young people are eligible for the transition program, they can continue to receive transition related services (including housing, employment supports, peer support) without interruption or disruption because of change in age.</p>	2.21
<p><b>6.E Access to Peer Support</b></p> <p>Young people who participate in the transition project have access to good quality peer-delivered services and supports (like peer partners, coaches, or mentors who are close to their age).</p>	2.21
<p><b>6.F Crisis Support and Response</b></p> <p>Crisis support is available 24/7. It is respectful and strengths based, and fits with the young person's transition plan and preferences.</p>	2.50
<p><b>6.G Building Natural and Community Supports</b></p> <p>The transition project helps young people develop positive connections to individuals and organizations in the community (e.g., friends, family, mentor, team, club, youth program).</p>	2.50
<p><b>6.H Respect for Culture and Language Preferences</b></p> <p>The transition program helps young people services and supports in the language that is most comfortable for them. The transition program also gives opportunities for young people to get services and supports that reflect their cultural and personal values.</p>	2.14

### Theme 7 Accountability (Community Stakeholder Module)

Item	OHTI
<p><b>7.A Outcomes</b></p> <p>There is centralized monitoring of relevant outcomes for young people in the transition project. This information is used by the collaborative oversight team as the basis for strategic planning and for funding and policy discussions.</p>	1.86
<p><b>7.B Full Range of Outcomes</b></p> <p>The outcomes measured reflect a full range of outcomes, consistent with young people’s goals and transition values and principles (e.g. youth self-determination, progress in education/training, housing stability).</p>	2.33
<p><b>7.C Plan Fulfillment</b></p> <p>There is ongoing monitoring to determine if services and supports indicated in the transition plans are provided and if goals that appear on the transition plans are met.</p>	2.43
<p><b>7.D Grievance Procedure</b></p> <p>There is a grievance procedure that is easily available to young people. Grievances are resolved in a timely manner, and young people are not penalized for using these procedures.</p>	2.71
<p><b>7.E Satisfaction Monitoring</b></p> <p>There is an ongoing and systematic process to track satisfaction with transition planning and with project services among young people and their families. Concerns and barriers have been identified and addressed.</p>	1.43
<p><b>7.F Addressing Workforce Barriers</b></p> <p>There is a systematic process for identifying and addressing barriers that prevent program staff from doing their work effectively. Key barriers have been successfully addressed through this process.</p>	1.14
<p><b>7.G Disparities Monitoring</b></p> <p>There is a systematic process for identifying and addressing barriers in access, quality and outcomes of youth based on racial, ethnic, or other cultural identities.</p>	1.43

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

Item	OHTI
<p><b>7.A Progress on the Plan</b></p> <p>The young person and transition program staff regularly check in together to review how much progress is being made on achieving the goals on the transition plan.</p>	2.38
<p><b>7.B Grievance Procedure</b></p> <p>There is a grievance procedure (a way of making a formal complaint) that is easily available to young people. Grievances are resolved in a reasonable amount of time, and young people are not treated differently if they make a grievance.</p>	3.00
<p><b>7.C Satisfaction Monitoring</b></p> <p>Young people and their adult allies are regularly asked to provide data about their satisfaction with the transition program and with the services and supports they receive. The data is used to improve the transition project.</p>	1.63

### Theme 8 State Support (Community Stakeholder Module)

Item	OHTI
<p><b>8.A State Awareness and Partnering</b></p> <p>Leaders of state agencies that provide services to youth and young adults are aware of and support transition values and principles. The state agencies maintain active and productive partnerships with local transition project(s) and are open to their recommendations.</p>	1.50
<p><b>8.B State Policy and Funding Support</b></p> <p>Staff and leaders at state agencies are active in helping to identify and initiate policy and funding changes that support the local transition project(s).</p>	1.67
<p><b>8.C State-Level Collaboration</b></p> <p>State-level staff responsible for child and adult mental health work together to plan for and monitor the delivery and effectiveness of services to the transition population.</p>	1.17

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

## Appendix C: Responses from the Open-Ended Questions

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

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

- We have looked internally at our own systems from orientation to aftercare to ensure that it is youth friendly. We have initiated "the voice" which is a young adult group, and are moving forward with their identified areas of concern/interest. We are looking at developing more housing options and can now do a housing search online.
- The community has developed more housing and educational opportunities for transitional age youth. Agencies and stakeholders at times communicate and collaborate effectively to meet the identified needs of these youth.
- there have been agencies within the community that are partnering up to make sure that the individuals that are aging out of a system will have the necessary help needed to make a smoother transition from the child mental health to the adult system. They are also identifying youth at an earlier age so that they don't fall through the cracks.
- Tulsa has a committee "Behaviorial Health System Improvement Process" is dedicating the next few months to substance abuse w/ co occurring issues. We will conduct panels and discussions about resources within the community and working together.
- Bring awareness through the P20 Initiative and through an upcoming Panel presentation on the needs of homeless youth in Tulsa. We hope to spur interest in donors to provide housing opportunities for youth similar to the Lighthouse model.

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

- I know very little and these questions are geared more towards someone who is directly connected or working with these youth.
- This community already had a model similar to this working well. The OHTI grant has tried to fit in with what was already existing.
- that it exists....finally.
- Many organizations work very well together. It is apparrent that the community really cares about these young people.
- The success of the young person (youth making decisions that empower his/her life) The team dynamics - community contact and interaction with young person. The strength-based and client led approach - very effective.
- We have placed significant emphasis in our community at getting services to youth ad families - long way to go, but a lot of emphasis. The aging out process provides very little support in transitioning. We have a community of services and families interested in changing this direction. We hope the initiative will aid the process.
- The inclusion of the young people being served as well as the stregnth based approach/
- Youth involvement

- The ability to give young people services that they are generally unable to get due to their age and mental health diagnosis. The ability to show young people options that they never knew they had, as well as help them make personal goals and reach them as best they can.
- In my opinion this transition project is a means to an ends. Meaning that if I don't have a possible solution to a problem I can take the issue before this team and discuss it. In the past I was able to leave with valuable insight and a sense of direction.

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

- housing needs, medicaid cut off at age 19, DHS transition planning
- Some stakeholders have no direct practice experience resulting in unrealistic expectations. ODMHSAS has decided to apply the wrap model to these services which has created barriers to service due to extensive documentation and processes resulting in delays in service. While this has been brought to the attention of ODMHSAS there has been no flexibility in the processes allowed. In addition, transitional age youth frequently are not covered by medicaid after 18 and a Oklahoma overly relies on medicaid to fund mental health service.
- Finding affordable housing, funds for housing, employment barriers and youth that have been moved from place to place have no more than an 8th grade education if their lucky.
- Mind set and bureaucratic philosophies by front line workers and supervisors within state agencies.
- Housing that is varied to meet the needs of different individuals such as under 18, those with animals, those who want to co habitate, those who want to live in a supported environment who are leaving group homes and do not have any life skills at all. Those who are fearful of the subsidized housing because of crime rates. / Joblessness / Lack of education and vocational skills to find a job.

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

- More financial support to widen the scope of services and youth they can serve.
- They don't seem to be able to work well with the significantly mental ill youth. Are not as familiar with community resources. Kick youth out if they are unable to develop a resource for them. Seem to become frustrated if they are the only resource available to a youth with significant mental illness. Dont communicate as well as existing TL services with community partners.
- more employees
- A more comprehensive and organized approach is needed and it needs to begin much earlier.
- More commitment and participation with community leaders in the young person's life. Less paperwork. Increase networking opportunities with local employers.
- Don't know of any recommended changes - not embedded deeply enough to make a recommendation.
- The young people being served in the program often do not fit perfectly within the service coordination or full wrap categories. There needs to be more flexibility as we are serving a diverse client base, this structure is incongruent with the overall mission of client driven.
- Follow up with cases accepted.
- At times, the transition team meeting requirements are unrealistic. Some young people do not want to work with many community partners and feel more comfortable one on one with a case manager or transition facilitator. These required team meetings can cause discomfort and hesitation in the young

adult. Although the team meetings may be successful in a family or child setting; these are not always successful with the transition age range. This should be something that is optional for those young people that want to have a team, and for those that don't.

- I would like to see more options for our young people to start entry level employment

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

- Budget cuts at the state level have also created strains on the system resulting in funding challenges for programs focused on this age group.
- I would like to see more funding sources available for the young adult who are in desperate need for housing assistance. Even when they do get help sometime after a year they are still looking for employment.

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

- Need additional providers to work on this. Some young people have had to be put on the waiting list because case loads are full.