Now Is the Time

- A new initiative to protect children and communities by *making schools safer* and *increasing access to mental health services*
- SAMHSA Now Is the Time (NITT) programs include
  - Project AWARE (Advancing Wellness and Resilience in Education) State Grants
  - Healthy Transitions (HT)
  - Minority Fellowship Program – Youth (MFP-Y)
  - Minority Fellowship Program – Addictions Counselors (MFP–AC)

NITT-Healthy Transitions Purpose

Improve access to treatment and support services for youth and young adults through 3 populations of focus:

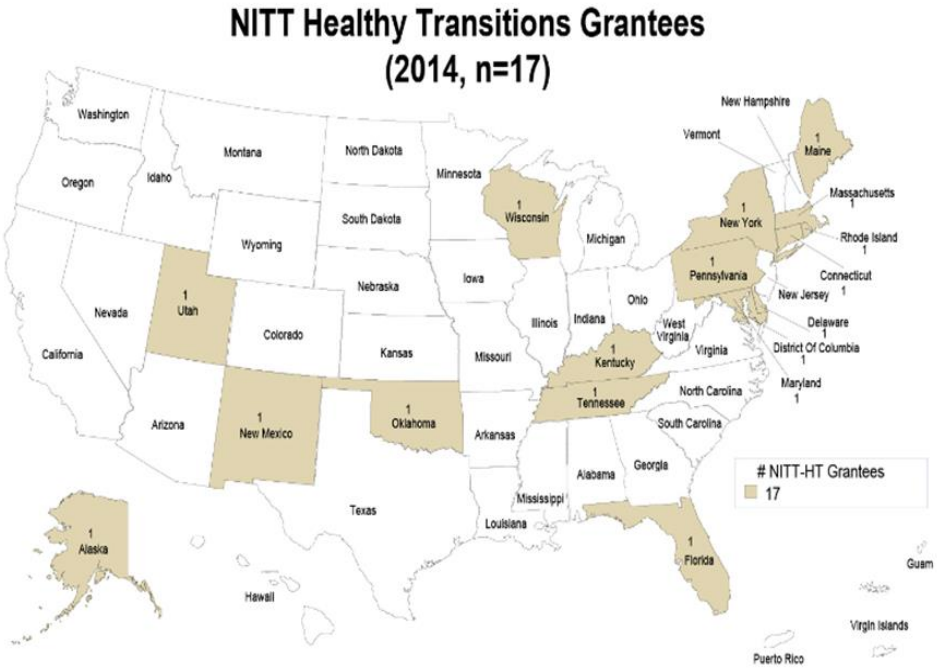
- 16 – 25 year olds *at risk of developing a serious mental health condition* or who *may be unidentified*;
- 16 – 25 year olds who have *already been identified* as experiencing a serious mental health condition; and
- The community-at-large (i.e., general public).

Overview of NITT-Healthy Transitions (NITT-HT)

- NITT-HT program aims to:
  - *Increase awareness about early signs and symptoms* of mental health conditions in the community;
  - *Identify action strategies to use* when a mental health concern is detected;
  - *Provide training to provider and community groups to improve services and supports* for youth and young adults (16-25 years);
  - *Enhance peer and family supports*; and
  - *Develop effective services and interventions* for youth and young adults with a serious mental health condition and their families.

NITT-HT Grantees

- 17 grantees with over 40 laboratories across the US
- Target number of youth/young adults proposed to be reached varies from less than 100/year to more than 1,000/year
- Evidence-based service delivery models include: wraparound, motivational interviewing, supported employment, and peer support.



NITT-HT National Evaluation Team

- **RTI International**
  - Lead Contacts: Heather Ringeisen (NITT-HT program lead) & James Trudeau (NITT national evaluation Project Director)
  - Roles: Lead NITT-HT evaluation; provide national evaluation TTA
- **University of Massachusetts Medical School (UMMS)**
  - Lead Contacts: Mason Haber, Maryann Davis, & Amanda Costa
  - Roles: Lead the NITT-HT process evaluation & *Youth Voices Special Study*
- **Portland State University (PSU)**
  - Lead Contacts: Nancy Koroloff & Janet Walker
  - Roles: Conduct a web-based survey of system supports and coordination
- **Cloudburst**
  - Lead Contacts: Steven Sullivan & Jamie Taylor
  - Roles: Provide local performance assessment TTA

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NITT-Healthy Transitions Evaluation Overview:

Design, Evaluation Priority Areas & Questions

Mason Haber, University of Massachusetts Medical School

Ariana Napier & Amy Ryder-Burge, RTI International

Overview of Today's Discussion

- NITT-Healthy Transitions (NITT-HT) Evaluation Questions
- NITT-HT Logic Model
- Evaluation Design Overview
  - Guiding Principles
- Outcome Evaluation Design
  - National Comparison Special Study
  - Early Psychosis Exploratory Special Study
- Process Evaluation Design
  - Evaluation of Systems & Services, Process & Outcome
  - Youth Voices Special Study

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Now Is the Time-Healthy Transitions (NITT-HT) National Evaluation: Overview, Objectives, Design and Analysis Plans

Chair: Heather Ringeisen, RTI International
Discussant: Emily Lichvar, SAMHSA, CMHS

29th Annual Conference on Child, Family, & Mental Health Research & Policy, Tampa, FL. March 15, 2016

Consolidated Evaluation Priority Areas & NITT-HT Program-Specific Evaluation Questions

Collaboration and Coordination	MH service system capacity and infrastructure	Early and accurate identification of mental health needs	Mental health service access for individuals in need	Individual resilience & functioning; school/ community safety
Consolidated NITT Evaluation				
Healthy Transitions				
To what extent do NITT activities lead to enhanced collaboration and coordination across child, youth, and young adult-serving agencies?	How are state and local-level systems and the mental health workforce changing in response to the NITT initiative?	Are grantees equipped to identify children, youth, and young adults with mental health needs in schools and the community?	To what extent do the NITT activities collectively increase access to mental health services for children, adolescents and transition-aged youth?	To what extent do the NITT initiatives collectively contribute to making schools and communities safer?
To what effect are families and youth involved and what impact does their involvement have?	To what extent were services and supports for youth and young adults with serious mental health conditions developed, improved and expanded as a result of NITT-HT?	To what extent is there earlier identification of mental health (and co-occurring substance use) problems among children, adolescents, and transition-aged youth?	What services are being (or will be) provided as a result of the NITT initiatives (including modality, type, intensity, etc.)?	What are the outcomes associated with NITT-HT in the areas of education, employment, housing, primary care, and mental health?
What were the barriers/ facilitators to state/ local-level collaboration, partnership development, and shared decision-making?	**What NITT-HT strategies were effective in developing, improving, and expanding services and supports for youth and young adults with serious mental health conditions?**	What are effective outreach and engagement strategies for youth and young adults ages 16 to 25 for behavioral health disorders?	To what extent did NITT-HT identify and serve young people who would have otherwise fallen through the cracks?	To what extent did NITT-HT lead to decreased involvement with juvenile and criminal justice systems?
Did NITT-HT lead to enhanced collaboration and coordination across youth-serving systems for youth and young adults ages 16 to 25?	**What were effective NITT-HT strategies to increase access to care?**	To what extent did NITT-HT identify young people who would have otherwise fallen through the cracks?		**What is the effect of the NITT–HT intervention compared to a national sample of similar young adults not participating in the NITT-HT intervention?**
How was Youth Voice integrated into aspects of NITT-HT program planning, implementation and local evaluation efforts?				
How was Family Voice integrated into aspects of NITT–HT program planning, implementation and local evaluation efforts?				

NITT-HT Evaluation Questions

- Collaboration and Coordination
  - Sample Questions:
    - Did NITT–HT lead to enhanced collaboration and coordination across youth-serving systems for youth and young adults ages 16 to 25?
    - How were *Youth Voice and Young Adult Voice* integrated into aspects of NITT–HT program planning, implementation and local evaluation efforts?
- Early and Accurate Identification of Mental Health Needs
  - Sample Question:
    - What are effective outreach and engagement strategies for youth and young adults ages 16 to 25 for behavioral health disorders?
- Mental Health Service System Capacity and Infrastructure
  - Sample Question:
    - To what extent were services and supports for youth and young adults with serious mental health conditions developed, improved and expanded as a result of NITT–HT?

NITT-HT Evaluation Questions

- Mental Health Service Access for Individuals in Need
  - Sample Question:
    - To what extent did NITT–HT identify and serve young people who would have otherwise fallen through the cracks?
- Individual Resilience and Functioning: School and Community Safety
  - Sample Questions:
    - What are the outcomes associated with NITT–HT in the areas of education, employment, housing, primary care, and mental health?
    - What is the effect of the NITT–HT intervention compared to a national sample of similar young adults not participating in the NITT-HT intervention?

NITT-HT Logic Model Components

- The **NITT-HT Logic Model** includes inputs, activities, outputs and outcomes—all of which contribute to the NITT-HT program implementation and impact.
- Evaluation priority areas are represented throughout logic model
- Logic model components are conceptualized at multiple levels of communities and service delivery systems.
  - State: State level activities, including state-local partnership (systems)
  - Local: Systems, services, & youth

NITT-HT Logic Model Components

- **Inputs** are considered to be the existing system – including resources, infrastructure, plans for system change, and target population – as well as the social, economic, and cultural environment.
- **Activities** include the actions that staff or organizations take to achieve the NITT-HT project aims.
  - occur at both the state (i.e., grantee) and practice community levels.
- **Outputs** are the initial results of these activities.
  - Include systems and policy level changes and *documented progress* towards completing quality improvement or service expansion
- **Outcomes** are at the systems & policy, service improvement, and participant (youth & young adult) levels.

Logic Model for SAMHSA's NITT-HT Initiative

INPUTS

- State/tribal/ territorial and local infrastructure
- State and local demography
- Centralized or decentralized government
- Political context
- Economic context
- Financial resources
- Systems-coordination
- Existing natural networks Health disparities impact statement
- Social/marketing communication plan

ACTIVITIES

State-Level Activities

- Coordinate interagency mechanisms
- Coordinate of 5% of Mental Health Block Grant funds
- Create a state level team that is representative, effective and has appropriate goals
- Create outreach efforts to identify youth/ young adults

Local-level Activities

- Create a representative, goal-oriented local team
- Set expectations for providing services that have evidence
- Set expectations for Quality Assurance procedures
- Set expectations for youth/ family involvement
- Set explicit guidelines for peer workers
- Engage youth, family & community members
- Provide for continuity of care between child- and adult-systems
- Develop practice guidelines
- Implement culturally/ linguistically competent services
- Provide outreach, screening, assessment, service coordination, direct treatment, & wraparound/ recovery support services

OUTPUTS

Policy and Systems Level Changes

- # of policy changes completed
- # of organizations that entered into formal written agreements to improve MH practice
- Representative local and state advisory groups demonstrating positive organizational climate
- Advisory groups produce, specific, well document achievements towards systems change
- Development and measurable progress toward implementing a well defined quality assurance plan
- Development and measurable progress toward successfully implementing a sustainability plan

Documented Progress Towards Quality Improvement and Service Expansion

- # of individuals screened, contacted and referred for MH or related interventions
- # of individuals receiving MH services
- Strategies implemented to improve youth voice in care and systems development
- Strategies implemented to improve family and adult ally voice in a developmentally appropriate fashion that is respectful of Y&YA choice.
- Y&YA positive perceptions of care and person-centered planning

OUTCOMES

Systems Outcomes

- Improved access to culturally and linguistically responsive services, supports and workforce
- Improved outreach and engagement quality, including use of evidence-based interventions to improve engagement with documented adherence to fidelity guidelines.
- Improved intervention quality, including increased use of evidence-based practices and documented adherence to best practices for implementation
- Enhanced professional development opportunities to increase knowledge/skills of staff working with youth/young adults
- Continuity of care between child and adult systems, especially mental health
- Inclusion of young adult, family, and adult ally voice in decisions about program and policies
- Quality assurance plan successfully implemented
- Enhanced community partnerships lead to improved systems of care for youth/young adults

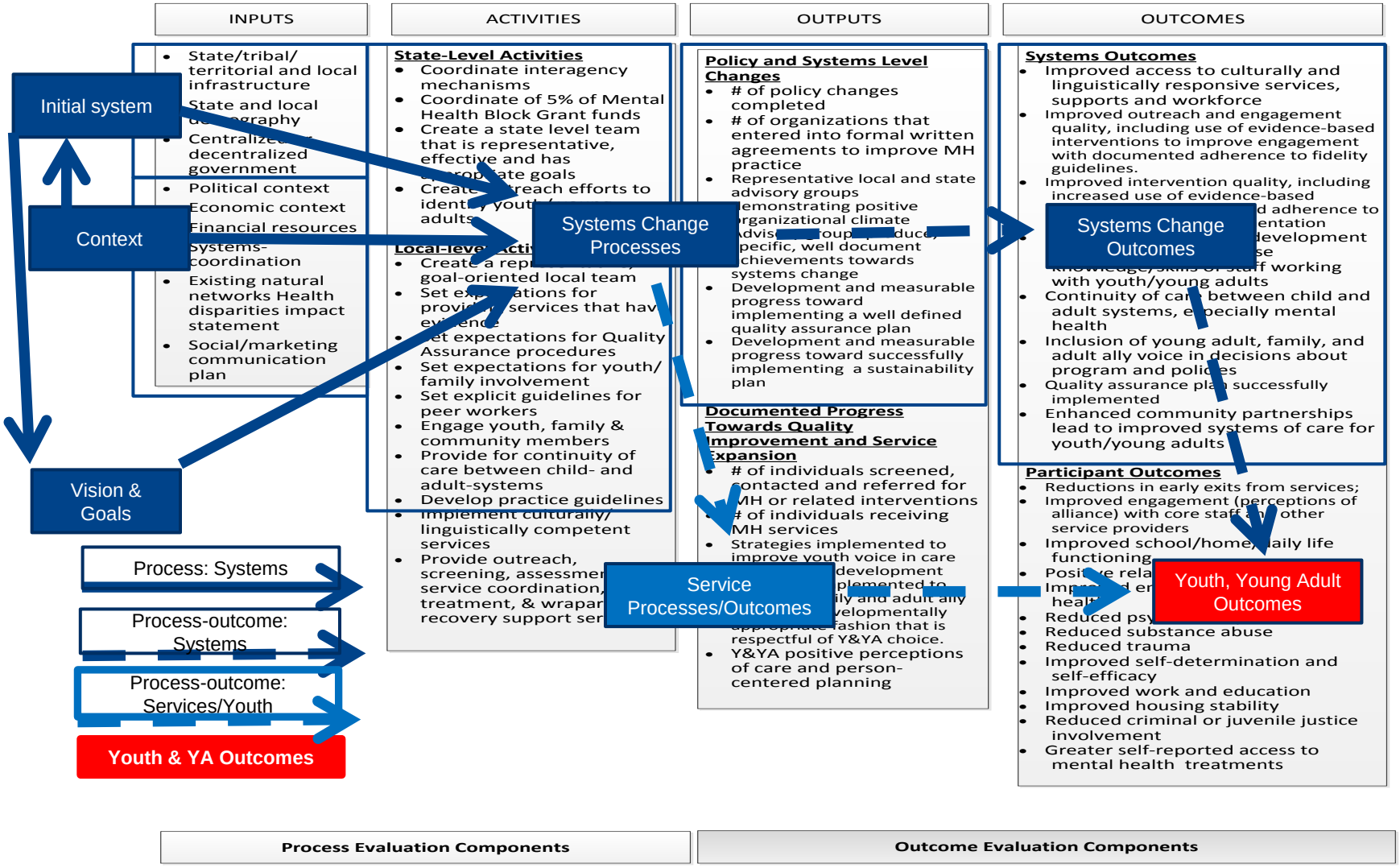
Participant Outcomes

- Reductions in early exits from services;
- Improved engagement (perceptions of alliance) with core staff and other service providers
- Improved school/home/daily life functioning
- Positive relationships with family
- Improved emotional and behavioral health
- Reduced psychotic experiences
- Reduced substance abuse
- Reduced trauma
- Improved self-determination and self-efficacy
- Improved work and education
- Improved housing stability
- Reduced criminal or juvenile justice involvement
- Greater self-reported access to mental health treatments

Process Evaluation Components

Outcome Evaluation Components

Logic Model for SAMHSA's NITT-HT Initiative with Evaluation Components



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NITT-HT National Evaluation Design: Guiding Principles

- Multi-level: identifies processes at both individual and systems levels to produce individual and systems outcomes.

- Longitudinal: evaluation approach recognizes NITT-HT as a systems change initiative. And as such, recognizes that…
  - Processes that lead to systems change are iterative and change characteristics over time.
  - Sequence of activities, outputs and outcomes may also vary.
  - Processes and outcomes (as well as how process and outcomes are aligned) are measured repeatedly over time to capture this complexity.

NITT-HT National Evaluation Design

- NITT- HT evaluation design includes process and outcome evaluation measures at both multiple levels.
- Process Evaluation
  - Includes both qualitative and quantitative components supported by multiple types of data collection
  - Includes special attention to the role that both youth and family voice play in program development, implementation, & evaluation.
- Outcome Evaluation
  - Includes three types of outcomes: systems, services, and client.
  - Supported by web-based surveys of state/grantee and local leaders as well as supplemental youth/young adult interviews.

NITT-HT Outcome Evaluation Design

Participant Outcomes

- Client-level Government Performance and Results Act (GPRA) tools for assessing national outcome measures (NOMs) Elements
- Supplemental Youth & Young Adult (Y&YA) Interviews

Systems-Level Outcomes

- Community Support for Transition Inventory (CSTI) and the State Support for Transition Inventory (SSTI)

Special Outcome Evaluation Study Design Feature: National Comparison Special Study

- NITT-HT youth/young adults will be compared with similarly aged youth across the US on select indicators of emotional/behavioral health, functioning (employment, education, housing, social engagement, primary care and health), and mental health service use.
- Supplemental youth/young adult interview questions match items included in the National Survey of Drug Use and Health (NSDUH) for young adults ages 18–25 years.
  - The NSDUH is an annual, nationally-representative public-use data set with measures of mental health status, functioning, and mental health service use.
- We will use contextual variables (geographic urbanicity, race/ethnicity) to control for other factors' influence on core outcomes of interest.

Process Evaluation Questions: *Systems, Services, & Voice*

SYSTEMS

- What were the ***barriers*** *and* ***facilitators*** to state/local (grantee, learning laboratory) ***collaboration***, ***partnership*** **development**, and ***decision-making***? How were these addressed?

SERVICES

- *What are effective strategies for*:
  - ***awareness***, ***outreach*** & ***engagement***?
  - ***developing***, ***improving*** & ***expanding services***?
  - Increasing ***access to care***?

VOICE

- How was ***youth and young adult (Y&YA) voice*** integrated into all aspects of NITT–HT, including *planning*, *implementation*, & *evaluation* & in guiding their own services?
- How was ***family voice*** integrated?

Special Outcome Evaluation Study Design Feature: Early Psychosis Exploratory Study

- NITT-HT grantee composition offers a special opportunity to understand more about how this particularly vulnerable group of Y&YAs might be served within various service paradigms.
  - Analysis objectives are exploratory due to small sample size.
- Examines the service processes and outcomes associated with individuals experiencing early-onset psychosis across grantee communities.
- Standardized measure of psychotic experiences included in the baseline supplemental youth/young adult interview to identify individuals across grantee communities.
- Early psychosis interventions are specifically assessed by the process evaluation.

Process Evaluation Data Sources

- ***Grantee*** and ***practice community level*** data on collaboration, infrastructure and supports for services, services offered, types, and extent of evidence based services

- ***Participant-level*** process data from supplemental Y&YA interviews & document review.
  - *Person-centered planning*, *working alliance/engagement*, *satisfaction*

- ***Offsite and site visit*** data

NITT-HT Process Evaluation Instruments/Methods

GRANTEE & LOCAL LEVEL

- **Grantee-level Document Review**
  - ***Progress Reports***, ***Logic Model***, ***Advisory Team Notes***, ***Strategic/Action Plans***
- **Collaborative Advisory/Transition Team Instruments**
  - ***Member Survey****:* Surveys of team members (2x);
  - ***Self-assessment form***: brief form completed yearly *by the entire team*
- **Project Director Survey/Interview; other interviews**
  - ***Project Director Telephone Interview***: Spring – Summers 2016, 2017/2018, 2019;
  - ***Project Director Survey*** (shared just prior to each interview)
- **Services & Supports**
  - ***Services & Supports Interview***, conducted prior to site visits

PARTICIPANT LEVEL

- **Youth & Young Adult Supplementary Interview**

NITT-HT Process Evaluation Instruments/Methods

SITE VISITS

- **1 per grantee** in Spring 2017 to Fall 2018
- **Types of data collection**
  - *Grantee Visit Document Review* (Youth & Young Adult Level)
  - *Core Staff Surveys* (conducted during and after visits)
    - Collateral information on person-centered planning, alliance, etc.
  - *Provider Interviews*
  - *Adult Ally Focus Groups*
  - **Youth Voices Special Study** conducted before, during, after visits (8 week window)

NITT-HT Process Evaluation Design & Methods: Mixed Methods Approach

- **Mixed Methods:**
  - ***Integration* of qualitative and quantitative data**
- **Standardized quantitative measures:**
  - *Quality of collaboration* on Advisory/Transition teams
  - *Systems change processes*
    - Transition team outputs; implementation infrastructure development.
  - *Service/youth level processes* (services delivered, implementation quality, person-centered planning, service alliance/engagement)
- **Triangulation of quantitative and qualitative data** follows quantitative data reduction using finite mixture modeling

NITT-HT Youth Voices Special Study

Youth Voices Special Study will examine the processes of engaging young adults in: design and development of grant activities, activities to improve outreach and services, local evaluation activities and youth guided care

Methods:

- Young Adult Run Focus Groups (1x during site visit)
  - Group 1: Young Adults directly involved in NITT-HT system change efforts including grant planning and local evaluation activities
  - Group 2: Youth who are recipients of NITT-HT services

- Youth Multi-Media Project- (1x during years 3-4)
  - Youth will submit feedback/perspectives through various forms of media (i.e. video blogs, pictures, text) through YA developed online platform

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Evaluating NITT-HT Youth and Young Adult Change: Processes and Outcomes

Heather Ringeisen, RTI International

Antonio Morgan-Lopez, RTI International

Mason Haber, University of Massachusetts Medical School

Presentation Overview

- Provide an overview of NITT-HT design to evaluate youth and young adult (Y&YA) change processes and outcomes
- Describe evaluation questions and analysis plans
- Summarize individual outcomes of interest, including intermediate outcomes as well as individual-level process measures
- Highlight plans to support more rigorous inferences than typically possible in interpreting program evaluation data

NITT-HT Participant-Level Outcomes

- Intermediate Outcomes
  - Improved self-efficacy (general, academic, career)
  - Improved perceptions of social support (including peer & family)
- Outcomes: ⬆ Positive
  - Improved emotional and behavioral health
  - Improved school/home/daily life functioning
  - Improved vocational and education status
  - Improved housing stability
- Outcomes: ⬇ Negative
  - Reduced criminal or juvenile justice involvement
  - Reduced trauma symptoms and victimization experiences
  - Reduced substance use/abuse
  - Reduced psychotic symptoms

NITT-HT Participant-Level Moderators of Outcomes

- Youth and Young Adult-Level Moderators
  - Demographic characteristics
  - Health insurance status
  - Residential living situation (living location, # people, relationships)
  - Baseline education status (highest grade completed, school enrollment)
- Process-Level Moderators
  - Mental health service access and use
  - Psychotropic medication use
  - Positive Y&YA engagement/alliance with service providers
  - Positive Y&YA perceptions of person-centered planning and care

Youth and Young Adult Outcomes: Key Data Elements

- Client-level National Outcome Measure (NOMs) Elements
- Supplemental Youth – Young Adult (Y&YA) Interviews*
- Matched Criminal Justice Records*

*Main focus of today's presentation

Participant Outcomes: Supplemental Youth Young Adult Interviews

- Supplemental interviews with 90 youth or young adults served by each grant community.
  - Program entry along with the NOMs interview administration, 12 and 24 months later (via home tablet/laptop via web, by telephone or at grantee site)
- Include items and measures from the National Survey of Drug Use and Health (NSDUH) to facilitate national comparisons to a household sample of Y&YA with comparable mental health indicators.
- For non-NSDUH measures, prioritize the selection of standardized instruments to allow access to norms.

NITT-HT Supplemental Interview Instruments

- Unique Standardized Measures: Outcomes
  - Global Appraisal of Individual Needs-Short Screener (GAIN-SS), behavior complexity and substance use disorder only
  - MacArthur Community Violence Screening Instrument (MCVSI)
  - PTSD Symptoms Checklist (PCL-C)
  - Prodromal Questionnaire (PQ-16)

- Unique Standardized Measures: Intermediate Outcomes
  - Weghorn's Vocational Self-Efficacy
  - Bandura's Academic Self-Efficacy subscales (1991)

NITT-HT Supplemental Interview Instruments

- Included in both the National Survey of Drug Use and Health (NSDUH) and the NITT-HT supplemental interview
  - Kessler-6 (K-6)
  - World Health Organization Disability Assessment Schedule (WHO-DAS)
  - WHO *Composite International Diagnostic Interview* Major Depressive Episode
  - NSDUH project-developed items on general health, education, employment, criminal justice involvement, and residential instability (e.g., # of moves)

Matched Criminal Justice Records

- Supplement self-reported data on arrests with matched adult criminal justice records
- Negotiate with administrative data agencies to obtain adult criminal history data (arrests, convictions and incarcerations) for all Y&YAs 18 years and older at the 24-month follow-up period

Analysis Plan: General Summary

- Core Y&YA change evaluation questions ask about…
  - Changes in youth and young adult functioning over time following participation in NITT-HT grantee programs
  - Processes predicting these changes including
    - Grantee (17) and local practice/laboratory (≈43)-level processes such as systems change strategies and services documented through process evaluation data (e.g., use of evidence-based practices, quality of service implementation), and
    - Y&YA-level processes coming from the supplemental interview data (e.g., perceptions of person-centered care, services utilized).

Analysis Plan: General Summary

- Core Y&YA change evaluation questions also ask about…
  - Changes in youth and young adult functioning and service access compared to what might have happened if a Y&YA had not been involved with the NITT-Healthy Transitions program
    - Do NITT-HT programs identify Y&Ys who would have otherwise fallen through the cracks?
    - What is the effect of NITT–HT compared to similar Y&YAs not participating in the NITT-HT intervention?

NITT-HT Evaluation Challenges and Solutions

Challenge	Solution
NITT-HT provide a broad array of services. Practices and resulting outcomes will vary not only by grantee but also by local practice community.	Use data reduction strategies (e.g., factor analysis) and Finite Mixture Modeling to form taxonomies of practice communities and/or grantees.
Client-level outcomes are clustered by time (i.e., program entry, 12 & 24 month interviews) and organization (i.e., grantees and local practice communities).	Use multi-level models to assess change in youth and young adult behavior over time accounting for both time and organizational "nesting."
No formal "no treatment" control or NITT-HT explicitly recruited comparison group	Apply propensity score weighting to a national sample of Y&YAs not involved in HT grant programs but matched on key client-level characteristics.

Client-Level Outcome Evaluation: Changes in Y&YA Outcomes over Time

- **Evaluation questions**:
  - *What are the outcomes associated with NITT-HT in the areas of education, employment, housing, primary care, and mental health?*
  - *To what extent did NITT-HT lead to decreased involvement with juvenile and criminal justice systems?*
- Data to be used in analyses:
  - Longitudinal baseline, 12 and 24 month supplemental youth/young adult interviews
  - Matched criminal justice records for supplemental Y&YA interview participants
- Proposed Analyses: Multi-level latent growth models

Client-Level Service Access: Comparative Evaluation Question 1

- **Evaluation question**:
  - *To what extent did NITT-HT identify young people who would have otherwise fallen through the cracks?*
- Data to be used in analyses:
  - Baseline, 12 and 24 month supplemental Y&YA interviews
  - Matched data from the National Survey of Drug Use and Health
    - Emotional/behavioral health (NSDUH measures and items used to derive estimates of serious mental illness and associated impairment, including the K-6, WHO-DAS, CIDI Major Depressive Episode module)
    - Demographic characteristics
    - Mental health treatment access (specialty, non-specialty, and psychotropic medication use)
- Proposed Analyses: Propensity score matching

Client-Level Service Access: Comparative Evaluation Question 1

- Create a "proxy" control group of young adult participants in the NSDUH national survey who are matched to NITT-HT clients on core demographics as well as mental health status and functional impairment characteristics.
- Compare the profiles of young adults receiving services within NITT-HT grantee communities with the service receipt characteristics of this "matched" NSDUH sample
  - For example, using NSDUH data we could construct a data-informed national profile of a young adult with serious mental illness who is highly unlikely to receive annual mental health services
  - We could then use comparable data included in the NITT-HT supplemental interviews to illustrate the degree to which clients with this NSDUH profile were served in NITT-HT programs.

Client Level: Comparative Outcome Evaluation Question 2

- **Evaluation question**:
  - *What is the effect of the NITT–HT intervention compared to a national sample of similar young adults not participating in the NITT-HT intervention?*
- Data to be used in analyses:
  - Baseline, 12 and 24 month supplemental Y&YA interviews
  - Matched data from the National Survey of Drug Use and Health
    - NSDUH project-developed items on education, employment, criminal justice involvement, and residential stability
- Proposed Analyses: Propensity scoring and weighted multilevel longitudinal growth models (MLLGM)

Client Level: Comparative Outcome Evaluation Question 2

- To estimate the impact of NITT-HT on individual-level outcomes (educational achievement, employment, residential stability, arrests), we will first construct propensity scoring models of the probability that a client was an NITT-HT "grantee" or a comparison "case" (i.e., from NSDUH).
- A series of weighted MLLGM models will be fit for each focal outcome to determine whether NITT-HT has an impact on key outcomes.

Process-Outcome Evaluation Questions

- Evaluation Questions*:*
  - *What NITT-HT strategies were effective in developing, improving, and expanding services and supports for youth and young adults with serious mental health conditions?*
  - *What were effective NITT-HT strategies to increase access to care?*
  - *What are effective outreach and engagement strategies for youth and young adults ages 16 to 25 for behavioral health disorders?*
- Data to be used in analyses:
  - Grantee-level process evaluation data
  - Services-oriented process information and participant-level outcome data gathered in supplemental Y&YA interviews
- Proposed analyses: Finite mixture modeling

Process-Outcome Evaluation: Finite Mixture Modeling

- Place practice communities or grantees into "buckets" on the basis of various combinations of local practice community (e.g., degree of person-centered planning) or grantee characteristics (e.g., transition team collaboration, degree of systems change as measured by CSTI/SSTI, type of service array).
  - These possible grantee/practice community groups will be developed during Phase 2 of the process evaluation
- For example, latent class analysis could be used to determine a small number of common service activity patterns across subgroups of practice communities and the relationship of these patterns to positive/negative Y&YA client outcomes of interest.

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Evaluating NITT-HT Systems Change: Processes and Outcomes

Nancy Koroloff and Janet Walker, Portland State University

Mason Haber, University of Massachusetts Medical School

Evaluating Systems Change: Process

What is a system? How is systems evaluation unique?

- **General definition**
  - A collection of parts that function together as a whole (Ackoff & Rovin, 2003)
- **In NITT-HT…**
  - Agencies (local and state), contractors, youth and families, other stakeholders
- **Systems are challenging to evaluate, because they are…**
  - *ambiguously bounded*, and
  - usually *lack the well-operationalized activities of a research study* or successful dissemination of evidence based practice.

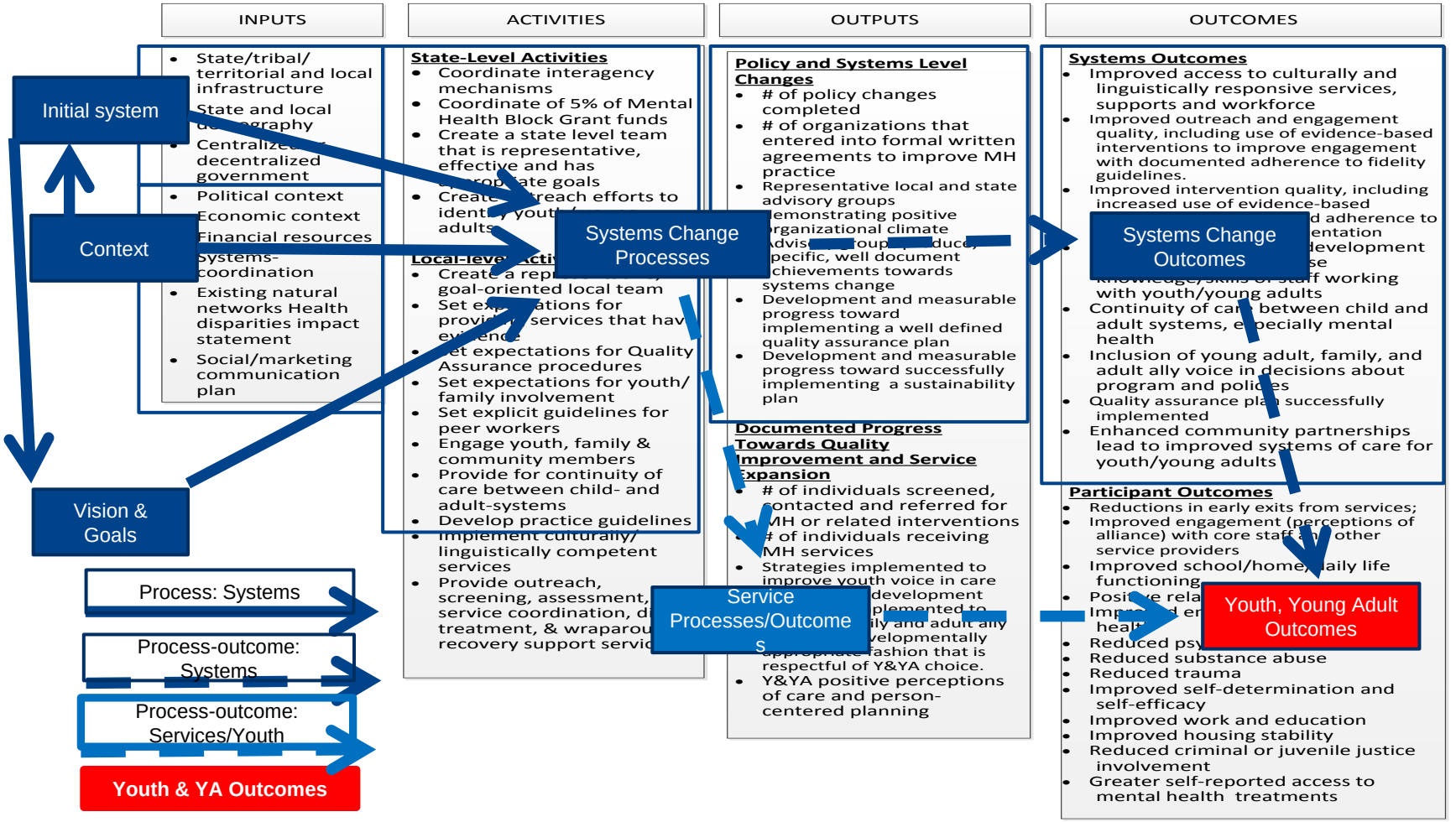
What do we mean by "Systems Change?"

Systems change consists of:

- ***Context*** – current system, vision/goals, barriers, facilitators (inputs)
- ***Processes*** – *strategies* (activities), how these are impacted by *barriers*, *facilitators* (inputs) & *short-term accomplishments* (outputs)
  - Of particular interest: how is voice of youth &young adults and families promoted?
- ***Outcomes*** – achievement of national & local objectives
- ***Context-process-outcome relationships*** – how outcomes emerge from *context, vision & goals*, & *processes*

****mixed methods are ideal for understanding CPO relationships****

Logic Model for SAMHSA's NITT-HT Initiative



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Process-outcome Evaluation of Systems Change: Four Aims

- ***First two aims*** provide building blocks

- ***Second two aims*** answer our process evaluation questions *at the systems level,* in two parts*:*
  - What were the *short-term accomplishments* (outputs) of systems change strategies for:
    - Developing, improving, and expanding services?
    - Early identification and outreach?
    - Improving access to care?
  - What *systems change outcomes* resulted from these outputs?

Process-outcome evaluation of Systems Change: Primary Objectives & Methods

- **Aim #1 (Qualitative, Process)**:
  - Describe needs and assets of *current systems, including planning process, vision and goals, and their contexts*
- **Aim #2 (Qualitative, Process)**:
  - Describe systems change activities, and barriers and facilitators to
- **Aim #3 (Mixed Methods, Process-outcome)**:
  - Describe links between systems change strategies implemented & outputs, at local, cluster, national levels
- **Aim #4 (Mixed Methods, Process-outcome):**
  - Describe how activities & outputs are linked to outcomes, at *local*, *cluster*, & *national* levels

Methods – Qualitative

- **Grantee-level Document Review** (Applications, Team meeting notes, Other advisory documents)
- **Project Director Surveys** (3 – Yrs 2, 3/4 [site visit year], 5)
- **Site visits** (Provider & Youth Coordinator Interviews, Y&YA Focus Groups, "Adult Ally" Focus Groups, Y&YA Chart Reviews)
  - **Role of the Youth Coordinator is of special interest.**
- **Youth multimedia component** of Youth Voices Special Study

Methods -- Quantitative

- **Project Director Surveys & Provider Interviews** (Quantitative Component)
  - Items from the State Health Authority Yardstick (SHAY; SAMHSA, 2007), and National Implementation Research Network measures (NIRN; Fixsen, Panzano, Naoom, & Blase; 2002).
  - Project Director activities
  - Service array & sustainability (Project Director Survey)

- **Collaborative Team Instruments**
  - How well did transition/advisory teams work together and how productive were they?
  - *Advisory Team Self-Assessment*, *Collaborative Member Survey*

Collaborative Advisory Team Self-assessment

- Assesses characteristics of advisory/transition teams:
  - Participation consistency and breadth
  - activities and outputs
- Questions
  - Who participates and how robustly in multiagency teams at state and local levels?
  - What are the accomplishments of multi-agency teams developed by grantees, at *both state, and local levels?*
- *Examples:*
  - *Coordination* (e.g., multi-agency procedures, forms created)
  - *Collaboration* (e.g., workgroup, taskforce formed).
  - *Youth/family voice* (e.g., efforts to train, support youth on transition teams)

Collaborative Member Survey

- Assesses qualities of *leadership* and *collaboration*

- *Question*: How well did teams work together to accomplish outputs as assessed by the CSA, and outcomes as assessed by the CSTI/SSTI?
  - Examples, Leadership:
    - Inclusiveness, Instrumental support, Transformativeness
  - Examples, Collaboration:
    - Reflexivity, Shared influence, Synergy
  - Negative effects
    - Not getting enough back for what is put in

System Change Evaluation Design

- **Process Objectives #1 & #2: Describe initial system & plans/goals, activities, and barriers and facilitators to activities**
  - Measures, Qualitative:
    - Project Director Interviews (three altogether, one in Year 2, one in Year 3/4; prior to site visit; one in Year 5)
    - Youth Multimedia study (Youth Voice Substudy)
  - Measures, Quantitative:
    - Advisory Team Self-Assessment
  - Mixed Methods Analysis:
    - Finite Mixture Modeling to detect a priori and empirical clusters; Qualitative characterization of clusters

System Change Evaluation Design

- **Process-outcomes Objectives #3 & #4: Describe relationships between systems activities and outputs, outcomes.**
  - Qualitative and quantitative measures of Process (Objectives #1 and #2)
  - Quantitative Measures: Outcomes
    - ***State & Community Support for Transitions*** Inventory (SSTI/CSTI)
  - Relate mixed methods clusters to outputs and outcomes using Finite Mixture Modeling

Analytic Design: Three Phases

- **PHASE #1**: ***Single case study phase.*** Unique case of each grantee and its laboratories described (strategies, facilitators, barriers)
- **PHASE #2**: ***Cross-site phase.*** Identifies "clusters" of learning laboratories.
- **PHASE #3**: ***Process-outcome phase.*** Clusters will be used as predictor in multilevel models of youth functioning over time
  - What types and clusters of system characteristics are associated with greater improvements among young adults?

Evaluating Systems Change: Outcomes

NITT-HT System-Level Outcomes

- Improved access to culturally and linguistically responsive services, supports and workforce
- Improved outreach and engagement
- Improved intervention quality including increased use of evidence based practices
- Enhanced professional development opportunities
- Continuity of care between child and adult systems, especially mental health
- Inclusion of young adult and family member voice in decisions about program and policies
- Quality assurance plan successfully implemented
- Enhanced community partnerships leading to improved systems of care for youth and young adults

Measures of Systems-Level Outcomes

- Grantee-level GPRA NOMS Elements
- Community Support for Transition Inventory (CSTI)
- State Support for Transition Inventory (SSTI)

Community Support for Transition Inventory (CSTI)*

- CSTI designed to help local laboratories assess both what they are aiming for—sustainable capacity to provide effective, comprehensive support for young people with serious mental health conditions—and how much progress they have made in achieving that goal.

- Respondents are people who know about implementation of the HT grant in the local laboratory. Includes local advisory committee, project staff, staff from collaborating programs, young adults, family members.

*Walker, J.S., Koroloff, N.K., Mehess, S.J. (2014). Community and state systems change associated with the Healthy Transitions Initiative. Journal of Behavioral Health Services & Research, 1-17. http://www.pathwaysrtc.pdx.edu/pdf/pbJBHSR-Walker-Community-State-Systems-Change.pdf

State Support for Transition Inventory (SSTI)*

- SSTI recognizes the important role that tribal or state-level infrastructure and polices can play in helping—or hindering—local efforts to make these fundamental changes.

- Respondents know about what the state or tribal entity is doing to support transition projects across the state. Includes state or tribe level staff, state or tribal advisory group, young adults and family members active in state or tribal level advocacy

*Walker, J.S., Koroloff, N.K., Mehess, S.J. (2014). Community and state systems change associated with the Healthy Transitions Initiative. Journal of Behavioral Health Services & Research, 1-17. http://www.pathwaysrtc.pdx.edu/pdf/pbJBHSR-Walker-Community-State-Systems-Change.p

CSTI/SSTI Themes

CSTI	SSTI
Community Partnership	Partnerships
Collaborative Action	Collaborative Action
Practice Quality and Support	
Workforce	Workforce
Fiscal Policies and Sustainability	Fiscal Policies and Sustainability
Access to Supports and Services	Access to Supports and Services
Accountability	Accountability
State Support	

Basics about the CSTI/SSTI Web Surveys

- Each survey begins with questions about background and role, then a series of items arranged into themes
- Each item has a “least developed” and “fully developed” anchor, and is rated on a 5-point scale
- Any person responds to only one survey
- CSTI (Community Support for Transition) has 43 items arranged around 8 themes
- SSTI (State Support for Transition) has 27 items arranged around 6 themes.
- Revised slightly to better assess the outcomes for NITT-HT

Screen Shot from CSTI

If you are unable to make a rating, please click "Don't know." There is space for comments at the end of this survey.

THEME 2—Collaborative Action: Stakeholders take steps to translate transition values and principles into concrete policies and practices.

Item 2.A State Policy and Funding Support

Fully developed system	Least developed system
Leaders of state agencies and their staff are active in helping to identify and initiate policy, practice and funding changes that support the delivery of transition services in local communities.	Leaders of state agencies and their staff have not taken concrete action (e.g. changed policies, created effective fiscal strategies) that would support the delivery of transition services in local communities.

	4 - Fully developed	3 - Almost there	2 - Midway	1 - Beginning	0 - Least developed	Don't know
Item 2.A State Policy and Funding Support	○	○	○	○	○	○

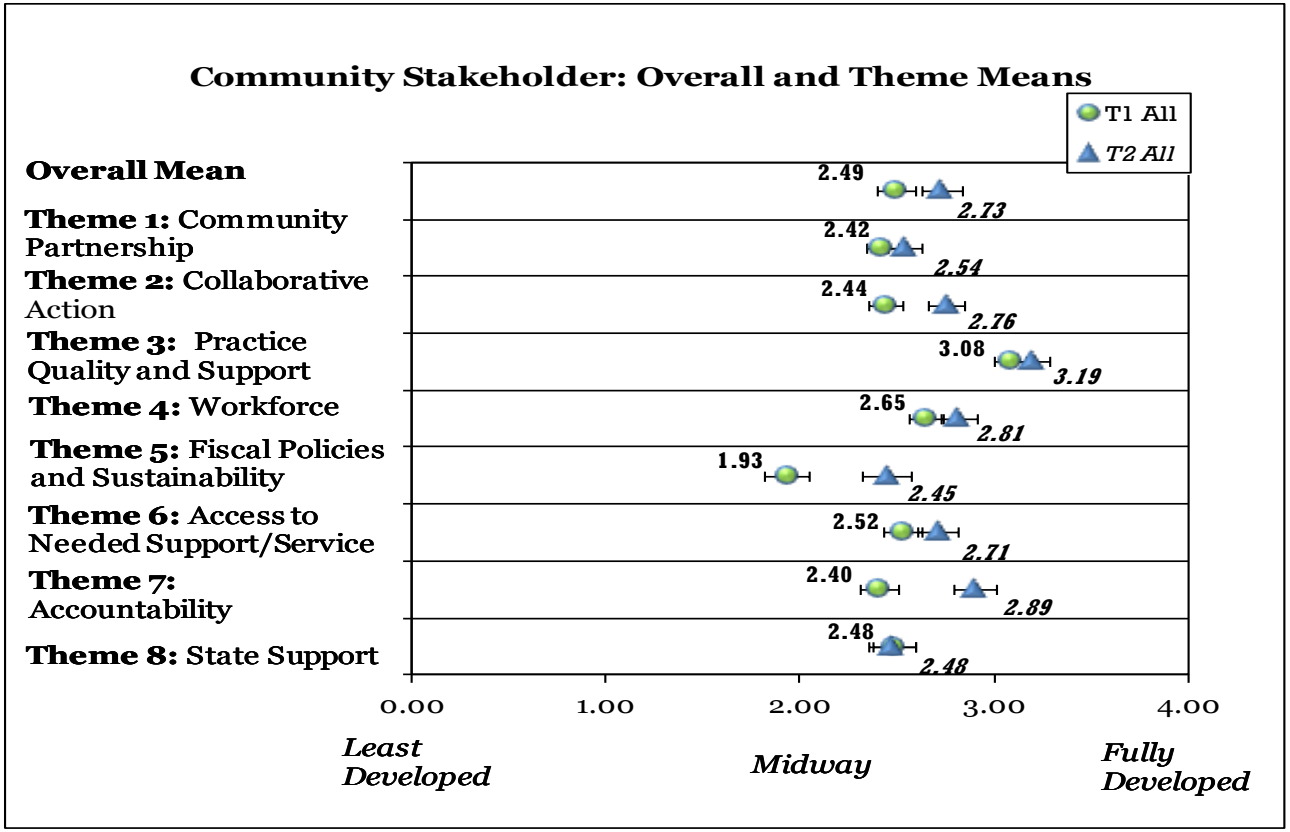
Item 2.B Local Partnering

Fully developed system	Least developed system
State agencies maintain active and	Leaders of state agencies rarely discuss

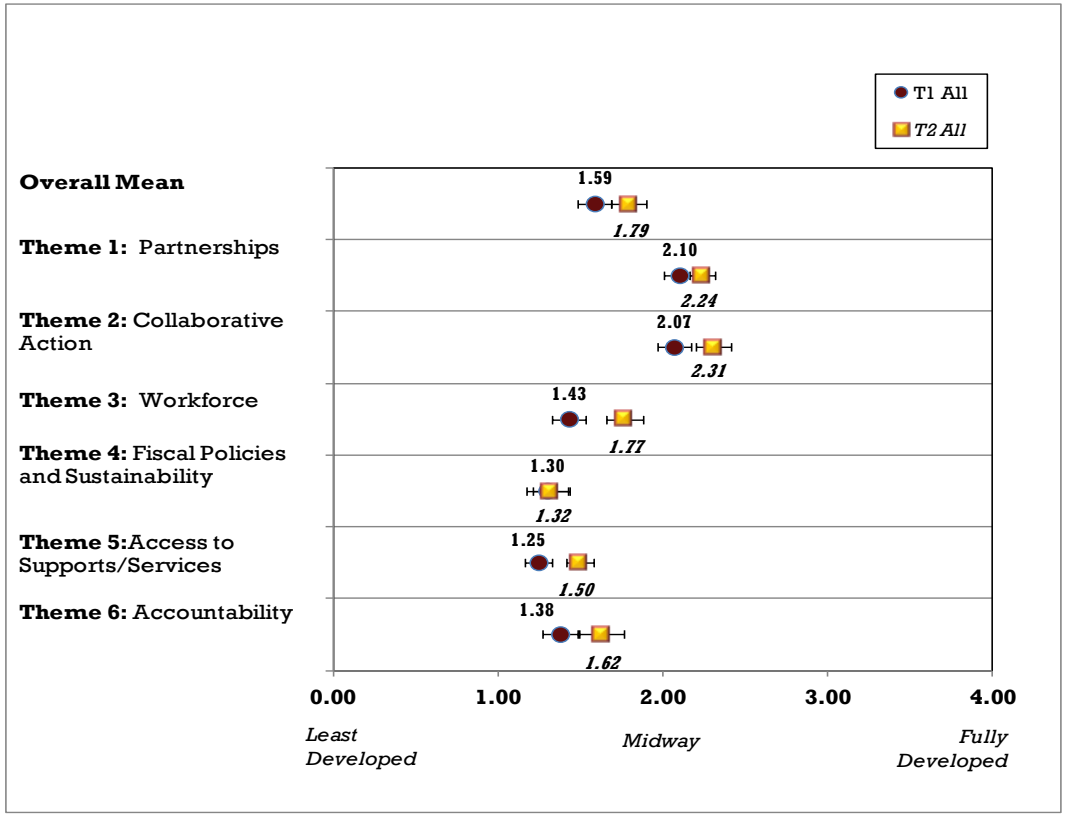
Findings

- The mean for T1 is printed above the symbols, and the mean for T2 is printed below.
- The “error bars” to each side indicate a statistical confidence interval for the score.
- When the error bars *do not* overlap, then the difference between the two scores is statistically significant.

Findings From Healthy Transition Initiative-- CSTI



Findings from Health Transition Initiative SSTI



Analytic Design

- Multiple imputations performed to handle missing data
- Chronbach's alpha for overall score and theme scores
- Confirmatory factor analysis to confirm factor structure
- Multilevel models to examine effect of individual and grantee level variables
  - Covariates (e.g. role, race, time)
  - Intercepts and slopes for time calculated for total and subscales

Healthy Transitions Evaluation Contact Information

NITT_HT@rti.org