Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
Engaging Youth and Young Adults in Effective Evaluation Planning, Implementation, and Findings Dissemination

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Youth Guidance is the Key
to Effectively Evaluating Youth-Serving Systems

“Youth guided” in mental health systems of care:

“... young people have the right to be empowered, educated, and given a decision-making role in the care of their own lives as well as the policies and procedures governing the care of all youth in the community, state, and nation.”

(Sheila A. Pires (2010). *Building Systems of Care: A Primer*, 2nd Ed. National Technical Assistance Center for Children’s Mental Health/Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (SAMHSA), p. 11).
Adults view youth as important contributors to instrument design, implementation, analysis, and the presentation of findings, from the very beginning.
The evaluation is structured and carried out based on the understanding that both young people and adults bring strengths, abilities, and expertise to the table.
Young people are supported in becoming involved in all aspects of the evaluation, by

1) providing financial remuneration;

2) scheduling meetings, calls, and other activities at times and places when and where young people are able to attend;

3) providing training and mentoring regarding evaluation and the program; and

4) using language that is understandable and relevant to the young people involved.
Young people and adults share power and are **equal partners** in decision-making, and in initiating and directing evaluation activities.
How...?

...can young people be effectively engaged in study design and the development of research questions?

- Young adult representation on the evaluation team
- Focus groups to obtain young adult guidance and feedback

- What else?
What roles...?

...can young people play in implementing evaluation structures, protocols, and data collection and analysis?

- Collecting data
- Being trained to do primary analysis of study data
- What else?
How can the “youth voice” ...?

...be integrated into instrument design, interview protocols, and the development and articulation of study outcomes?

• Reviewing instruments and providing feedback

• Co-authoring reports and articles

• What else?
How can issues of parental consent and confidentiality...?

...be addressed when integrating young people into evaluation teams and activities?

• Parent consent forms for participation in evaluation process

• Peer-training on confidentiality and informed consent

• What else?
What unique challenges...?

...need to be addressed when engaging young people in child welfare research and evaluation studies?

• Schedule meetings when and where young adults can attend

• Avoid jargon

• What else?
**Children’s Mental Health Initiative (CMHI) Youth Involvement Efforts**

- **Youth Advisors Driving Action (YADA)** – Youth advisory group to the CMHI national evaluation team
  - Reviews Instruments
  - Attends Committee Meetings
  - Offers youth and adult-oriented workshops and training on the importance of youth involvement in evaluation and using data to drive youth involvement
  - Secondary analysis of national evaluation data

- **Evaluating Youth Work Group** – Collaborative effort with program partners and system of care communities (including youth) to develop ways to measure youth involvement in evaluation at the local level
  - Currently reviewing instruments, literature, and existing descriptive data
The Chafee National Youth in Transition Database (NYTD) is a federally mandated data collection effort in which states are required to survey young adults who “age out” of the foster care system at three points in time over a four year period.

This one example of where the lessons learned from the CMHI national evaluation can be applied in child welfare evaluation efforts.
The Chafee National Youth in Transition Database (NYTD): A Child Welfare Example

- **Age of Young People to be Surveyed** – 17-21 years old, and are or were in the foster care system when she/he became 18 years old

- **Outcomes to be Measured** – 1) financial self-sufficiency; 2) experience with homelessness; 3) educational attainment; 4) positive connections with adults; 5) high risk behavior; 6) access to health insurance

- **Consent Form and Instrument** – Developed by State

- **Data Collection Protocols** – Surveyed at age 17, 19, and 21 years (2 years between data collection points)

- **Data Analysis, Reporting?**
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