

ATTACHMENT 12: *Grantee Visit In-Person Interview and Focus Group Guides*

Youth Coordinator In-Person Interview Guide

Provider In-Person Interview Guide

Other Stakeholder In-Person Interview Guide

Young Adult Focus Group Guide and Information Sheet

Family/Adult Ally Focus Group and Information Sheet

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Youth Coordinator In-Person Interview Guide

PART I. Personal Information Module

Name: [FILL]

Name of organization/program: [FILL]

Brief description of type of organization/program: [FILL]

Job title: [FILL]

Brief description of the job/responsibilities: [FILL]

Brief description of their job/responsibilities related to youth and young adults if not apparent from above: [FILL]

Main geographic location of work site [if not working from office/clinic, what is the geographic location of the work they do]: [FILL]

List certifications [provide examples relevant to locality derived from personnel section of application]:

How many years of experience do you have in _____? [Fill in appropriate role based on type of instrument being administered]

___ 0-6 months ___ > 6-12 months ___ > 1 to 3 years ___ > 3 to 5 years ___ > 5 years

How long have you been at your present job?

___ 0-6 months ___ > 6-12 months ___ > 1 to 3 years ___ > 3 to 5 years ___ > 5 years

1. **Gender:** Female ___ Male ___ Other ___ **8. Age:** _____

Race/ethnicity Note: Please answer BOTH Questions 9 & 10 about Hispanic Origin and Race. For this questionnaire, origins are not races:

2. **Hispanic Origin:** [select one]

Is this person Hispanic, Latino or of Spanish origin?

___ Yes ___ No

3. **Race:** What is the person's race [Select one or more]

___ Black/African American ___ Asian
___ Native American/Indigenous ___ Pacific Islander
___ White/Caucasian ___ Mixed-Racial- Specify: _____
___ Other Race- Specify: _____

4. **Highest Degree Status:** [select one]

___ No high school diploma or equivalent ___ Bachelor's degree
___ High School diploma or equivalent ___ Master's degree
___ Some college, but no degree ___ Doctoral degree
___ Associate's degree ___ Other degree (specify): _____

5. **Do you work in an educational, behavioral health, or human service profession?** Y ___ N ___

6. **Discipline/Profession** [select all that apply]:

___ Addictions Counseling ___ Social Work ___ Nurse Practitioner
___ Other Counseling ___ Physician's Assistant ___ Administration
___ Education ___ Medicine: Primary Care ___ Unemployed
___ Vocational Rehabilitation ___ Medicine: Psychiatry ___ Student
___ Criminal Justice ___ Medicine: Other ___ Other (specify)
___ Psychology ___ Nurse _____

7. How many **years of experience** do you have in _____? [Fill in appropriate role based on type of instrument being administered]

___ 0-6 months ___ > 6-12 months ___ > 1 to 3 years ___ > 3 to 5 years ___ > 5 years

8. How long have you been at your **present job**?

___ 0-6 months ___ > 6-12 months ___ > 1 to 3 years ___ > 3 to 5 years ___ > 5 years

PART II. Core Interview [In the 1st column the focus of each part of the interview is described. In the 2nd column are the specific topics to explore within the focus area. In the 3rd column are possible prompts to facilitate the youth coordinator responses that will allow you to fully explore the topic area. These are only possible prompts, you should use prompts that follow what the youth coordinator has said (or not said), in language that parallels theirs but is comfortable for you, that allows you to fully explore the topic. Thus, you may use some or none of the possible prompts listed]

AREA	TOPIC	Possible Prompts
OPENING	<ul style="list-style-type: none"> Facilitators of young adult success. 	<ul style="list-style-type: none"> In your experiences as in your role as Youth Coordinator or otherwise in any other experience with this program or system, what are the most important things you see young adults needing to be successful? In what ways are these needs different for young adults with mental health conditions from those of same-age peers without mental health conditions? In what ways are they the same? In what ways are they different from those of adults with mental health conditions? Which of these needs should transition programs look to address?
ROLE	<ul style="list-style-type: none"> Training, background. Training not addressed in PIM. Desirable experience & qualifications. Minimal, desirable. 	<p>Training, Background</p> <ul style="list-style-type: none"> Other than the training that you've mentioned so far, what training did you receive (or continue to receive) for your position? Who has provided that training? What do you think has helped you the most in your training experience? What hasn't been helpful? What kind of training would be helpful that you haven't had yet? <p>Desirable Qualities & Experience</p> <ul style="list-style-type: none"> What qualities or experiences are most helpful for someone in your job/at your role?

		<ul style="list-style-type: none"> • In many places there are people who are the “decision makers” – do you have some at your work? What’s your relationship like with them? • How much time do you spend with other staff? Which staff do you tend to spend more time with? Professionals, peers? Doing what? How would you describe your relationships with staff? • Do you spend time with young adults with mental health conditions? Doing what? • What is your relationship like with the young adults in the program? In what ways is your relationship with them the strongest? The most challenging? What are the ways in which you wish your relationship was better with young adults?
DESCRIPTION OF CORE SERVICES [focused on youth coordinator role]	<ul style="list-style-type: none"> • YC functions. Review YC activities in application. 	<ul style="list-style-type: none"> • Review list of youth coordinator functions from application; which are relevant? How do you divide time between these?
PROJECT HISTORY	<ul style="list-style-type: none"> • Personal History on Project. Hiring, involvement in early phases of project [IF RELEVANT] 	<p>Personal History on Project</p> <ul style="list-style-type: none"> • How did you find this job and why did you decide to apply for it? • Were you involved in the project <i>prior</i> to being hired? In what ways? • Did your involvement include involvement in advisory committees <i>in early phases of the project</i> [FILL IN NAMES OF ADVISORY COMMITTEES FOR SITE AT LOCAL AND STATE LEVELS]? Which ones? Did you attend regularly? Contribute regularly/how did you participate? <ul style="list-style-type: none"> ○ Did your voice have an influence? If so, what was different as result? Did your influence change what was decided?
COMPOSITION/FUNCTIONING OF ADVISORY GROUP [Youth Coordinator participation]	<ul style="list-style-type: none"> • Advisory committee involvement 	<ul style="list-style-type: none"> • Advisory committee involvement. <ul style="list-style-type: none"> ○ Have you completed the web-based survey form [if says no, check record, and have complete on hand or arrange to complete] ○ Have you been involved in any of the advisory committees for your NITT-HT project? How? Do you feel you have a “say” and influence in this/these forum/s?
STATE/LOCAL PARTNERSHIP/COORDINATION	<ul style="list-style-type: none"> • Coordination of Youth engagement. 	<p>Coordination of Youth engagement</p> <ul style="list-style-type: none"> • In your experience, how do you see different sites/programs working together in making

		<p>services more engaging for youth and young adults?</p> <ul style="list-style-type: none"> How are these activities supported by: a) local staff; b) staff, advisory, steering, governing groups [which ones? How?]
<p>OTHER CONTEXTUAL POLITICAL/LEADERSHIP ISSUES/STRATEGIES</p>	<ul style="list-style-type: none"> Attitudes of programs, local communities Social marketing plan. Other 	<p>Attitudes of programs, local communities toward TAYYA.</p> <ul style="list-style-type: none"> How would you describe the attitudes of programs/adult staff/administrators toward youth and young adults with mental health conditions? Examples of the attitudes? How would you describe the attitudes of local communities toward youth and young adults with mental health conditions? Examples? <p>Social marketing plan</p> <ul style="list-style-type: none"> Were there any social media strategies used to engage youth and young adults? What was planned? Goals of these? Were you involved in developing original or new plan? How? How much of what you suggested was used in making the plan? To what degree have these been implemented (how far along is this program in these plans?) How are these used? How interactive are they? How could it be made more so? <p>Other</p> <ul style="list-style-type: none"> Any other ways in which this initiative tries to change local and state attitudes and receptivity toward youth with mental health conditions?
<p>Youth and Family Voice/SYSTEMS LEVEL</p>	<ul style="list-style-type: none"> Young adult voice. specific strategies for “hearing” young adult voice. Young adult influence. Ways in which young adult voice has been influential in project. Facilitators & barriers. 	<p>Hearing young adult voice.</p> <ul style="list-style-type: none"> Aside from your own experience with your voice, how is young adult voice heard and supported? e.g., selection and recruitment; advocacy, leadership training; preparation prior to specific meetings; “partnering” with adults.) Do you feel like your voice is being heard? Do you have a say in making decisions? Other than ways described previously, how are you involved in these efforts? Have you had a role in shaping them? <p>Young adult influence</p> <ul style="list-style-type: none"> In what ways has young adult voice influenced this _____[HT]project. How has

	<p>Facilitators & barriers to voice and influence.</p> <ul style="list-style-type: none"> • Relationship between youth & family voice. areas of complementarity or conflict. • Plans to ensure continued influence (sustainability). • Leadership development. 	<p>young adult voice been influential in the initiative thus far?</p> <ul style="list-style-type: none"> • Describe something about the demonstration that is different than it would otherwise have been as a result of young adult involvement and voice. <p>Facilitators & barriers.</p> <ul style="list-style-type: none"> • Describe facilitators & barriers to voice, influence. What gets in the way? • Describe resources for overcoming challenges in promoting youth voice and influence. <p>Relationship between youth & family voice.</p> <ul style="list-style-type: none"> • What is family voice like in the _____(HT project)? • What is the relationship between youth and family voice in the _____(HT project)? How does youth and family voice work in a complementary way? Are there areas of tension or conflict? <p>Plans to ensure continued influence.</p> <ul style="list-style-type: none"> • Are there plans moving forward to ensure continued influence of youth, family? If yes, can you describe these plans? • Are there plans to further enhance voice and influence of youth and family? If yes, can you describe these plans? • <i>Your ideas?</i> <p>Leadership development</p> <ul style="list-style-type: none"> • In what ways would you describe yourself as a leader in NITT-HT? What ways not? • How have you shared your lived experience to advance your work?
<p>WORKFORCE DEVELOPMENT</p>	<ul style="list-style-type: none"> • Making workforce more youth friendly. • Trainings. Role w/overall WF training. 	<p>Making workforce/practice more youth friendly.</p> <ul style="list-style-type: none"> • Have you had a role in designing guidelines to make practices more youth friendly? [PROVIDE DEFINITION OF PRACTICE GUIDELINES AND GIVE EXAMPLES]. • How? Were you influential and how? Did the discussion differ as result of your involvement or were different decisions made? <p>Trainings of workforce overall</p> <ul style="list-style-type: none"> • Have you had a role in designing or modifying staff TRAININGS specific to “the project” to make them more youth friendly? WHO is trained? Are there any who should participate who don’t? Describe strengths and weaknesses of this training from your

	<ul style="list-style-type: none"> • Training/selection of YC, mentor role. Training & selection of these roles. 	<p>perspective.</p> <ul style="list-style-type: none"> • If there are weaknesses, have you tried to make changes to address these? How? How were these efforts received? Who heard them? What was response of listeners such as supervisor, advisory committees? In what ways have your efforts been successful or unsuccessful? • Describe approach to recruiting and selecting peer mentors. What do you see as strengths and weaknesses in these approaches? What are barriers and facilitators of these approaches? How could these processes be improved? <p>Training/selection of Youth Coordinator and Other Peer Mentors</p> <ul style="list-style-type: none"> • [IF RELEVANT]: Describe the approach to training peer mentors; specific components. Was a specific curriculum used? How was it developed? Did you have influence in its development? Is there a certification process? If there are multiple types of training and certification, describe these. What do you see as the strengths and weaknesses of certification/ curriculum? • Describe approach to recruiting and selecting peer mentors, strengths and weaknesses, barriers and facilitators; and how these processes could be improved.
<p>QUALITY ASSURANCE; OTHER IMPLEMENTATION DRIVERS</p>	<ul style="list-style-type: none"> • Feedback • Other strategies. 	<p>Feedback</p> <ul style="list-style-type: none"> • Who supervises your work? How does that person provide feedback on your performance? Is any of that feedback based on data collected about your activities? In what way is this supervision helpful? In what ways could it be better? <p>Other strategies</p> <ul style="list-style-type: none"> • What other strategies are used to ensure that youth coordination is effective? • [read some of the specific responsibilities] Are ways that the _____ - [HT initiative] knows these are successful, or ways in which there are struggles?

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- In-Person Interview Guide (Quantitative and Qualitative Components)

Provider Interview: Quantitative Component

NOTE: Information for #1 & #2 is taken from Services & Supports Inventory and then confirmed by these items

1. **Name of provider's organization:** _____

2. **Name of provider's program [if different]:**

a. **Program name same as Organization name**

b. **Program name different from Organization name:**

3. ***The following are some basic characteristics about*** [State name of program and summarize characterization of program in Services & Supports Inventory]:

Does this description sound right to you? __Y __N

4. ***Is there anything you would like to add or change about way in which I have described this program?*** [Record any suggested changes]

5. **Confirm evidence-base model used nominated in Services and Supports interview.**

a) *Is _____ provided?* [insert the name of intervention for which Provider was nominated as key informant] __Y __N

[If YES, skip to #6. If NO, continue.]

[*NOTE: it is possible in some cases that multiple practices will be identified for the same provider. The interview is designed to focus on **ONE** practice, these questions need to be repeated when there are multiple practices.*]

b) [Ask about practices delivered at agency and what they are called. Through questioning of provider, identify which of these is most similar to Services & Supports Inventory nominated

practice. Insert what the provider calls the practice that is the intervention in question]
 _____ [use this name to refer to “the practice” below]

c) [Ask whether the practice is manualized according to following definition:

Manualized refers to any intervention that has specific guidelines and/or components that are outlined in a manual and/or that are to be followed in a structured or predetermined way. *NOTE: further follow up may be necessary to clarify this definition*]

Response: __Y __N

[If YES, continue. If NO, repeat b) and c) for other similar practices named by Provider until similar practice acknowledged as manualized is named. If no similar practices are identified as manualized, discontinue survey.]

Attitudes toward Evidence-based and Promising Practices

Instructions:

For the items below, *Manualized* refers to any intervention that has specific guidelines and/or components that are outlined in a manual and/or that are to be followed in a structured or predetermined way.

Evidence-based interventions are specific types of interventions, usually described in a manual, *that have been shown to be helpful to clients in scientific research*. Only count interventions that you are **certain** are evidence based.]

[List Interventions meeting criteria]:

Name of service	Used w HT youth?	% Served*	% Served that are HT	Caseload**
a.	__Y __N			
b.	__Y __N			
c.	__Y __N			
d.	__Y __N			
e.	__Y __N			

[* % of served refers to the % of all of those in the program who receive this intervention, %HT refers to all of those in the program who receive this intervention and are considered HT youth

** Caseload=# of clients served per staff member]

6. **Other than youth from _____** [insert name of HT initiative] **please tell me which clients are primarily served by each service identified above? By primarily I mean Please provide the APPROXIMATE %s of those in each of these groups who receive the service.** [for each additional group that is served, record the % served. For other TAYYA, explore how they differ from the HT group] [this question should repeat for each service listed above]

a. Other youth and young adults	__Y __N _____%
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(ages 16-25)?	Briefly describe differences of this group from NITT-HT group [include referral sources]: _____ _____
b. Adults (> 25)	__Y __N _____%
c. Younger adolescents (< 16)	__Y __N _____%

Organizational Capacity: Please rate whether each item below describes your organizational capacity – the resources of your program and its staff (not necessarily a specific practice) -- by selecting a number from “0” (Strongly disagree) to “4” (Strongly agree). Please answer questions about youth and young adults only in regards to those in the NITT-HT program.

	Disagree strongly	Disagree	Uncertain	Agree	Agree strongly
1. There are enough staff here to meet the needs of TAYYA in this program.	0	1	2	3	4
2. Frequent staff turnover is a problem in this program.	0	1	2	3	4
3. Counselors here are able to spend enough time with their TAYYA clients	0	1	2	3	4
4. A larger support staff is needed to help meet program needs (e.g., records, secretarial, maintenance, security, other).	0	1	2	3	4
5. More computers are needed in this program for staff to use.	0	1	2	3	4
6. Staff have computers in their personal spaces at work.	0	1	2	3	4
7. Staff have easy access to the internet.	0	1	2	3	4
8. Staff are under too many pressures to do their jobs effectively.	0	1	2	3	4
9. Staff often show signs of stress or strain.	0	1	2	3	4
10. The heavy workload of staff reduces their effectiveness.	0	1	2	3	4
11. Staff frustration is common here.	0	1	2	3	4
12. Novel ideas for how to help youth are discouraged.	0	1	2	3	4
13. It is easy to change procedures here to meet new conditions.	0	1	2	3	4
14. You frequently hear good staff ideas for improving the practice or program.	0	1	2	3	4
15. You are encouraged here to try new and different techniques for the practice	0	1	2	3	4

16. Facilities here are adequate for carrying out the practice	0	1	2	3	4
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LEARNING ORGANIZATION (Evidence-based practices attitudes scale; Aarons, 2004)

Attitudes toward New Practices: *The following questions ask about your feelings about using new types of interventions in your program. "intervention" here refers to any research-based technique or strategy for providing services that has specific guidelines and/or components outlined in a treatment manual. Indicate the extent to which you agree on each item by circling a number from "0" ("Not at all") through "4" ("To a very great extent").*

	Not at all	To a slight extent	To a moderate extent	To a great extent	To a very great extent
1. I like to use new types of interventions to help clients.	0	1	2	3	4
2. I am willing to try new types of interventions even if I have to follow a manual.	0	1	2	3	4
3. I know better than academic researchers how to care for the clients in my program.	0	1	2	3	4
4. I am willing to use new and different types of interventions developed by researchers.	0	1	2	3	4
5. Research-based interventions are not useful.	0	1	2	3	4
6. Experience is more important than using manualized therapy/interventions.	0	1	2	3	4
7. I would try a new intervention even if it were very different from what I am used to doing.	0	1	2	3	4

Implementation Driver Questions

[Following questions should be answered about every EBP nominated in the Services and Supports inventory and subsequently confirmed by Provider Interview respondent. #5 from Section 1]

Practice: _____

Is a manual used? • Yes • No **[If YES] What is the manual called** [formal title, usually stated on title page]?

Is any screening used for this practice? • Yes • No

[If YES, have the provider describe the screening process, including any specific inclusion or exclusion criteria used].

Inclusion Criteria: _____

Exclusion criteria: _____

Any other important information regarding screening: _____

For each statement I read to you please indicate how much you agree with that statement.

The response options are:

1 = Strongly Disagree; 2 = Disagree; 3 = Somewhat Disagree; 4 = Neither Agree nor Disagree; 5 = Somewhat Agree; 6 = Agree; 7 = Strongly Agree

You can also respond that the statement is about something that Doesn't Exist in your Organization [8], or that you Don't Know [9].

1. Staff are required to lead this type of practice.
2. Manuals provide all the necessary information for staff to implement the practice well AND are thoroughly reviewed by staff.
3. Initial didactic (classroom-based) training in the practice is provided to clinicians
4. In training, skills needed to lead the practice are demonstrated, either through live presentation or on videotape.
5. During training, opportunities are provided to practice and receive feedback on skills
6. Staff get ongoing training (e.g., "boosters") for practitioners to reinforce application of the practice
7. Ongoing on site supervision for practitioners from supervisors, coaches, or outside consultants is available to support the practice
8. Periodically, supervisors or others directly observe the practice (or watch the group on videotape) to ensure that it is being run correctly.
9. Questionnaires or forms are regularly used to judge staff performance.
10. Youth and young adult specific outcome data are used by practitioners to support clinical decision making and treatment planning
11. Staff have access to everything they need for the practice.
12. Administrators and supervisors in my organization go out of their way to make sure the practice goes well.
13. Steps are taken to ensure that individuals referred to the practice are appropriate.
14. Staff have adequate outside time to prepare using the practice (e.g., doing outside paperwork or reviewing homework assignments, planning meetings).
15. Our program has a written plan that fully describes how to run the practice in a consistent way.
16 Staff have colleagues with whom to discuss how to handle feedback.
17. Overall, the practice is done in the way it was designed.

18. Overall, I think the practice improves outcomes for youth and young adults.

The next section focuses on the use of documentation materials for the changed work practice. Depending on the type of care process, some forms of documentation materials or manuals will be important. There are many kinds of documentation materials in service provision. For this reason, we define documentation materials as all (written) resources used for reference or instruction for the changed work practice, such as: protocols, information brochures, books, instructions, user manuals for instruments, and so on.

Institutionalization of Practice Documentation & Materials

1. Practices Documentation is (check ALL that apply):

- always kept in a special place
- easily replaced when lost
- used frequently
- regularly updated following new developments in transition-age youth care or services
- used for updating training

2. Practices materials are (check ALL that apply)

- almost always available
- never in the same place
- well-stocked when needed

3. Responsibility for the Healthy Transitions Practices materials is assigned to designated staff __Y
__N

Provider Interview: Qualitative Component

1) Provider Background

- Formal training related work experience
- Other training, including training provided by agency?

2) Role & Team

- Position description & Core responsibilities [example: position title? Responsibilities, including but not limited to the practice?]
- Qualifications, Credentials relevant to role.
- Other than training that you've mentioned so far, what training did you receive (or continue to receive) for your position?

3) Supervision

NOTE: Section may not be relevant where the "provider" actually provides the practice rather than supervising (as might occur in small programs or programs with many geographically dispersed sites)

- Describe supervisees, their roles, qualifications, credentials
- Types of supervision provided, how much contact, use observation, reviews of their documentation, and any other assessment, feedback on these other supports?
 - Has this changed over time? How? For the better?
- Who supervises YOU. Describe the support YOU receive in your responsibilities, who provides it, what?
 - Is it "enough?" What else would be helpful?
- Other than supervisors, who do you work with on a regular basis? Describe their roles and how each contributes to the program. How do you work with them? (what do you work on together and how).

4) Collaboration

- **Describe how you work with other HT providers, not delivering this practice.**
 - Coordination of Training; QA
 - Collaboration, coordination of other resources across sites.
- **Describe how sites work with other agencies, sectors in the community**
 - What other programs and practices, if any, are relevant to successful delivery of this practice?

5) Drift

- How has the program changed over time; for better, for worse?
- What "should" you be doing that you are not? Why?

6) General and specific Challenges

- When this practice is “at its best” with young adults, factors that contribute to this “best” performance.
- Barriers, adaptations to address barriers
- What would change about the practice to make it more successful with the population? How?

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Other Stakeholder In-Person Interview Guide

For introducing interview:

- You were nominated by the project leadership team to participate in this interview because they see you as serving an important Part in the Now-is-the-Time Healthy Transitions project (NITT-HT) for your state and area [FILL IN NAME OF PROJECT]. This may be because you serve as a representative of a certain group or organization important to the the NITT-HT initiative, because you are involved in making decisions that impact the population, or otherwise represent an important stakeholder group in the community (e.g., faith community, civic/advocacy organizations, corporate board).
- This the role that the project leadership has described you as serving in the project [Paraphrase description]. Does this seem an accurate to you? Y ___ N ___. Any ways in which you would change or improve upon this description?

PART I. Personal Information Module

Name: [FILL]

Name of organization/program: [FILL]

Brief description of type of organization/program: [FILL]

Job title: [FILL]

Brief description of the job/responsibilities: [FILL]

Brief description of their job/responsibilities related to youth and young adults if not apparent from above:
[FILL]

Main geographic location of work site [if not working from office/clinic, what is the geographic location of the work they do]: [FILL]

List certifications [provide examples relevant to locality derived from personnel section of application]:

How many years of experience do you have in _____? [Fill in appropriate role based on type of instrument being administered]

___ 0-6 months ___ > 6-12 months ___ > 1 to 3 years ___ > 3 to 5 years ___ > 5 years

How long have you been at your present job?

___ 0-6 months ___ > 6-12 months ___ > 1 to 3 years ___ > 3 to 5 years ___ > 5 years

1. Gender: Female ___ **Male** ___ **Other** ___ **8. Age:** _____

Race/ethnicity Note: Please answer BOTH Questions 9 & 10 about Hispanic Origin and Race. For this questionnaire, origins are not races:

2. Hispanic Origin: [select one]

Is this person Hispanic, Latino or of Spanish origin?

___ Yes ___ No

3. Race: What is the person's race [Select one or more]

___ Black/African American ___ Asian
___ Native American/Indigenous ___ Pacific Islander
___ White/Caucasian ___ Mixed-Racial- Specify: _____
___ Other Race- Specify: _____

4. Highest Degree Status: [select one]

___ No high school diploma or equivalent ___ Bachelor's degree
___ High School diploma or equivalent ___ Master's degree
___ Some college, but no degree ___ Doctoral degree
___ Associate's degree ___ Other degree (specify): _____

5. Do you work in an educational, behavioral health, or human service profession? Y ___ N ___

6. Discipline/Profession [select all that apply]:

- | | | |
|--|---|---|
| <input type="checkbox"/> Addictions Counseling | <input type="checkbox"/> Social Work | <input type="checkbox"/> Nurse Practitioner |
| <input type="checkbox"/> Other Counseling | <input type="checkbox"/> Physician's Assistant | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Education | <input type="checkbox"/> Medicine: Primary Care | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Vocational Rehabilitation | <input type="checkbox"/> Medicine: Psychiatry | <input type="checkbox"/> Student |
| <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Medicine: Other | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Psychology | <input type="checkbox"/> Nurse | _____ |

7. How many years of experience do you have in _____? [Fill in appropriate role based on type of instrument being administered]

0-6 months > 6-12 months > 1 to 3 years > 3 to 5 years > 5 years

8. How long have you been at your present job?

0-6 months > 6-12 months > 1 to 3 years > 3 to 5 years > 5 years

PART II. Core Interview.

INSTRUCTIONS: In the 1st column the focus of each part of the interview is described. In the 2nd column are the specific topics to explore within the focus area. In the 3rd column are possible prompts to facilitate the youth coordinator responses that will allow you to fully explore the topic area. These are only possible prompts, you should use prompts that follow what the respondent has said (or not said), in language that parallels theirs but is comfortable for you, that allows you to fully explore the topic.

AREA	TOPIC	Possible Prompts
OPENING	<ul style="list-style-type: none"> • Facilitators of young adult success. 	<ul style="list-style-type: none"> • In your experience, what are the most important things you see young adults needing to be successful? In what ways are these needs different for young adults with mental health needs from those of same-age peers without mental health needs? In what ways are they the same? In what ways are they different from those of adults with mental health needs? In what ways are they the same? • Which of these needs should transition programs look to address?
ROLE	<ul style="list-style-type: none"> • Training, background. Training not addressed in Personal Information Module. • Responsibilities. Core responsibilities & expectations for position. • Changes in responsibilities/development of role • Relationships 	<p>Training, Background</p> <ul style="list-style-type: none"> • Other than the training that you've mentioned so far, do you have any other training related to mental health services, services for young adults, etc. that helps you contribute to the initiative? • What do you think has helped you the most in your training experience? <p>Responsibilities</p> <ul style="list-style-type: none"> • You were identified to be interviewed because the Project leadership felt that you played an important role in the NITT-HT initiative that falls outside of typical confines of professional service provider or consumer. Please describe your role and specific contributions to the initiative. Include "informal" as well as formal responsibilities (e.g., anything you do on a regular or even "ad hoc" volunteer basis). <ul style="list-style-type: none"> ○ Organization [if person is interviewed because they represent an important organization, private sector, nonprofit, grassroots, etc., and the topic of their organization has not been discussed] : How

		<p>would you describe the organization you represent and its interests in the NITT-HT project? What has your <i>organization</i> contributed to the project (i.e., resources beyond your own time and other contributions, such as funding, other representatives helping the NITT-HT Initiative, etc.)?</p> <p>Changes in responsibilities/development of role</p> <ul style="list-style-type: none"> • How did you first become involved in the NITT-HT initiative? How did you come to play your current role? • Has this role developed or changed since you first became involved with the initiative? <p>Relationships</p> <ul style="list-style-type: none"> • Tell me a little about your relationships with the folks you work with on the _____[HT team/HT staff]. Who do you work with, how? • Is there anyone at work that you spend more time with than others? What's that relationship like? • In many places there are people who are the "decision makers" – do you have some at your work? What's your relationship like with them? Do you feel like you have a voice in things you work on with these individuals? • Do you spend time with young adults? Doing what? <ul style="list-style-type: none"> ○ What are your relationships like with the young adults in the program? • [IF RELEVANT] Is there anyone you supervise in responsibilities related to the initiative? Who? Doing what? How?
<p>COMPOSITION/FUNCTIONING OF ADVISORY GROUP [Youth Coordinator participation]</p>	<ul style="list-style-type: none"> • Advisory committee involvement 	<p>Advisory committee involvement [IF RELEVANT]</p> <ul style="list-style-type: none"> • Which advisory teams do you participate in, and what roles do you play on them? Have you been able to contribute to the project through the advisory team? Do you see the advisory team as being effective (e.g., work together well, well led, gets things done?) In what ways yes or not? Why or why not? What are you proudest of in your advisory team work?

		<p>What do you wish had gone differently with the advisory team.</p> <ul style="list-style-type: none"> Do you feel like your voice is being heard? Do you have a say in making decisions?
STATE/LOCAL PARTNERSHIP/COORDINATION	<ul style="list-style-type: none"> Coordination. how learning laboratories/state work together 	<ul style="list-style-type: none"> In your role with the initiative, have you had contact with more than one learning laboratory? In your experience, how do you see these different sites/programs working together in making services more engaging for youth? How are these activities supported by: a) local staff; b) staff level staff; advisory, steering, governing groups [which ones? How?]
OTHER CONTEXTUAL POLITICAL/LEADERSHIP ISSUES/STRATEGIES	<ul style="list-style-type: none"> Attitudes of programs, local communities Social marketing plan. 	<p>Attitudes of programs, local communities toward TAYYA.</p> <ul style="list-style-type: none"> How would you describe the attitudes of programs/adult staff/administrators toward youth and young adults with mental health conditions? Examples of the attitudes? How would you describe the attitudes of local communities toward youth and young adults with mental health conditions? Examples? <p>Social marketing plan [if relevant]</p> <ul style="list-style-type: none"> Were there any social media strategies used to engage youth and young adults? What was planned? Objectives of these? Were you involved in developing original or new plan? How? How much of what you suggested was used in making the plan? To what degree have these been implemented (how far along is this program in these plans?) How interactive are they? How could they be made more so?
Youth and Family Voice	<ul style="list-style-type: none"> Hearing Young adult voice. Strategies. Young adult influence. Ways in which young adult voice has been influential in project. 	<p>Hearing young adult voice.</p> <ul style="list-style-type: none"> How is young adult voice heard and supported? (e.g., selection and recruitment; advocacy, leadership training; preparation prior to specific meetings; “partnering” with adults.) Other than ways described previously, how are you involved in these efforts? Have you had a role in shaping them? <p>Young adult influence, barriers and facilitators</p> <ul style="list-style-type: none"> In what ways has young adult voice

	<ul style="list-style-type: none"> • Barriers. Facilitators & barriers to voice and influence. 	<p>influenced this _____ [NITT-HT] project thus far?</p> <ul style="list-style-type: none"> • Describe something about the demonstration that is different than it would otherwise have been as a result of young adult involvement and voice. <p>Barriers</p> <ul style="list-style-type: none"> • Are there challenges for young adults in being heard or hearing their voices? Describe challenges, barriers to voice, influence. What gets in the way? Resources for overcoming these challenges.
WORKFORCE DEVELOPMENT , QUALITY ASSURANCE , IMPLEMENTATION DRIVERS	<ul style="list-style-type: none"> • Making workforce more effective and youth friendly. 	<p>Making workforce/practice more youth friendly</p> <ul style="list-style-type: none"> • Based on your experience, what are ways that you think the workforce in programs for youth and young adults could be more effective? More youth friendly? • Are there other things programs or the NITT-HT initiative could do that would be helpful?
WRAP-UP		<ul style="list-style-type: none"> • What do you think has been most valuable about the NITT-HT project in supporting Y & YAs? • What do you think might help you to be more effective in helping young adults through your role? • Are there any other ways in which you think the project could be made better/even more effective at supporting youth transition?

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-xxxx. Public reporting burden for this collection of information is estimated to average 105 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 2-1057, Rockville, Maryland, 20857.

Young Adult Focus Group Guide and Information Sheet

Information Sheet (completed just prior to participation in young adult focus group)

1. Brief description of type of organization/program:
2. Are you currently employed at _____ program? (if yes, go to #5, if no go to #5a)
3. What is your job title? (i.e. youth coordinator, council member):

4. Do you have a formal volunteer role at _____ program? (if yes, get title):

5. Brief description of their role/responsibilities:

6. Gender: F: ____ M: ____ Other ____
7. Age (in years): _____

Race/ethnicity Note: Please answer BOTH Questions 10 & 11 about Hispanic Origin and Race. For this questionnaire, origins are not races:

7. Hispanic Origin: [select one]

Is this person Hispanic, Latino or of Spanish origin?

____ Yes

____ No

8. Race: What is the person's race [Select one or more]

____ Black/African American

____ Asian

____ Native American/Indigenous

____ Pacific Islander

_____ White/Caucasian

_____ Mixed Racial- Specify:

_____ Other Race- Specify: _____

9. Highest Degree Status: [select one]

_____ 9th Grade

_____ some college, but no degree

_____ 10th Grade

_____ Associate's degree

_____ 11th Grade

_____ Bachelor's degree

_____ High School Grad or equivalent

_____ Master's degree

_____ Other degree (specify): _____

10. How many years of experience do you have in _____? [Fill in appropriate role based on type of instrument being administered]

_____ 0-6 months _____ > 6-12 months _____ > 1 to 3 years _____ > 3 to 5 years _____ > 5 years

These last four questions ask about your own experiences with mental health including experiences with using treatment.

11. Do you have a mental health condition?

[Mental health conditions can be things like anxiety, depression, eating disorders, post-traumatic stress disorder (PTSD), schizophrenia or other mental health conditions. Or you may think you have a mental health condition if you've been feeling depressed, anxious, manic, had thoughts that were hard to control, or have had other mental health symptoms.]

_____ Yes _____ No _____ I'm not sure _____ prefer not to say

12. Are you currently taking prescribed psychiatric medications?

_____ Yes _____ No _____ I'm not sure _____ prefer not to say

13. Have you ever been hospitalized for a psychiatric or emotional problem?

_____ Yes _____ No _____ I'm not sure _____ prefer not to say

14. Have you ever received outpatient mental health services (i.e. individual or group therapy, medication management, etc.)?

_____ Yes _____ No _____ I'm not sure _____ prefer not to say

Young Adult Focus Group Probes

Purpose of today's activity: To gather information about the NITT program and how it helps young adults.

Who are we?:

- The group leaders today, X and X, are team members with NITT-HT National Evaluation from the Transitions Research and Training Center, or "Transitions RTC", University of Massachusetts Medical School.

What is this "focus group" about?:

- A focus group consists of people with similar experiences. Focus group members talk about their feelings and thoughts related to these experiences.
- In this focus group, we'd like to talk with you about your experiences with receiving services through the NITT grant.
- We will ask the group questions, and we want the group to have a discussion about each question. We hope to keep things light and comfortable, and give everyone an opportunity to share.
- The information that you provide will help us understand how young adults feel about services they have received as part of the NITT grant.
- The information you share today will not be tied to you in any way. We will summarize the thoughts and feelings of all of the young adults we talk to so that no one is identified or singled out.
- We will not share any information about you personally, other than the experiences in the program you choose to share with us. *If you share anything that you would like us to keep to ourselves, please let us know.*
- Your participation in this group is totally voluntary and you can discontinue involvement it at any time.

*****Please let us know if you have any questions or concerns at any point! We are happy to clear up anything that is confusing!*****

Youth/Young Adult Focus Group 1: Individual/Services-Level Probes

Focus Group 1: Youth Voice at the Client Level	
TOPICS TO BE DISCUSSED	SAMPLE PROBING QUESTIONS
Icebreaker	
What do young adults need to be successful in unlocking potential and reaching goals?	<ul style="list-style-type: none"> • What do you <i>personally</i> need in order to reach your goals?
Model	
<p><i>Initial engagement.</i> What services did youth first get involved with through the NITT HT program (or <u>insert name of specific program here</u>)</p> <p><i>Ex:</i> How did youth first get involved in X service? What caught their eye/made them decide that they wanted to participate?</p>	<ul style="list-style-type: none"> • What was the process of signing up for the program like? What did you like about it? How could it be made better? • What did you like about your program that made you want to come back? What <u>keeps</u> you coming back? • Have you received services in other programs in the past? What set this program apart? • What would be important for providers <i>in general</i> to understand about engaging young adults in services?
<p><i>Enrollment process.</i> What were the steps taken to get youth enrolled into the program? For instance, what happened first, second, etc?</p>	<ul style="list-style-type: none"> • Was there a formal “enrollment” or “intake” process? If yes, what did it look like? How did it go? What went well? What was hard? What would have helped? • If no, what kind of role did you play (if any)? • <i>For both yes and no:</i> What got in the way of “being in the driver’s seat”? What would help you “drive” the decisions about your services or treatment?
<p><i>Goal Development.</i> How did youth come up with their goals?</p>	<ul style="list-style-type: none"> • Was there a specific way setting your goals? • Was this process described to you in advance or formally (i.e. on paper, with training) at any point? • Who came up with your goals? Do you feel you directed the process? Was there a partnership between you and program staff in identifying goals?
<p><i>Goal implementation.</i> What was it like for youth working with the program to achieve</p>	<ul style="list-style-type: none"> • Have you been successful in achieving any of

<p>their goals?</p>	<p>your goals?</p> <ul style="list-style-type: none"> • If you were successful in achieving goals, what did the program do to help? • In what goals were you less successful? What do you think got in the way? What could you or the program have done differently to be more successful in achieving your goals? • Did you ever have the opportunity to change your goals as your interests changed? What did that process look like?
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Ongoing Evaluation and Transition

<p><i>Transition.</i> How will youth/did youth know when they were “done” with the program?</p>	<ul style="list-style-type: none"> • What has the program told you about what it will look like when you end services? • What do you expect to have accomplished when you leave this program? • Has the program helped you plan to transition out of this service? If so, how? Any referrals to community resources? Formal “transition plan”?
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<p><i>Ongoing engagement.</i> What things are important for service providers to understand in order to keep youth engaged?</p>	<ul style="list-style-type: none"> • What keeps you coming back? <p>Prompts: Environment? Staff? Youth friendly culture?</p>
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<p><i>Support System:</i> How have the people in the young adult’s life that they care most about been involved in this service (i.e. family/friends/sig. other)?</p>	<ul style="list-style-type: none"> • What has that experience looked like? What do you wish it looked like? • Did you ask for/want family/friends to be involved in your support? • If not involved- how could the program better involve your loved ones in supporting you (if you want them involved)?
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Wrap Up

<p><i>AI question.</i> What does this program do best?</p>	<ul style="list-style-type: none"> • What is a “highlight” or highlights for you with this program? Your best memory of being involved in the program? • How could this program or others like it help more young adults like you have a similar experience? • What is a struggle you’ve had while at this program?
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	<ul style="list-style-type: none">• How can programs prevent other young adults from struggling in this way?
<i>Anything else?</i>	<ul style="list-style-type: none">• Is there anything else that is important for this program <i>or programs like it</i> to know?

Youth/Young Adult Focus Group 2: Systems-Level Probes

Focus Group 2: Youth Voice at the Systems Level	
TOPIC TO BE DISCUSSED	SAMPLE PROBING QUESTIONS
Icebreaker	
What do young adults need to be successful in unlocking potential and reaching goals?	<ul style="list-style-type: none"> • What do you <i>personally</i> need in order to reach your goals?
Model	
<i>Initial engagement.</i> What activities did youth first get involved with through the NITT HT grant/Evaluation? How did they first hear about NITT-HT?	<ul style="list-style-type: none"> • Help me understand your program a little bit, and what your role is in this program. • What did the process of getting involved in NITT-HT grant/evaluation activities look like? • What does a typical day look like for you in your role as _____(insert role title)? • What do you like about the work that you do that keeps you coming back?
<i>Personal Engagement.</i> What is the youth’s role as part of the NITT-HT Team? Do they have a formal title?	<ul style="list-style-type: none"> • What activities do you work on in that role? • Did anyone formally prepare you for this role? If so, how? Formal job description/responsibilities? On-site trainings? • What would have made it easier for you to be involved in your role? What would you change about your role to make it better for the next young adult? • How are you involved in the larger NITT-HT Team? Do you attend any group meetings? Do you collaborate with other staff to complete activities?
<i>Youth Involvement.</i> What types of roles exist on HT teams that are specified for young adults? (ex: Council Member, Outreach Worker, Social Media)	<ul style="list-style-type: none"> • Do you and the youth in these roles collaborate on any activities? If so, how/what? • How have you been involved in “outreach” activities to engage young adults in your HT site? What did it look like? Was it successful? Who came up with the activities? What worked well? What could have been improved (ask same question for “Grant design activities” and “local evaluation activities”) • Have you had an opportunity to share your thoughts as a young adult expert on the work

	being done by NITT-HT? Both by you and by the larger team?
<i>Service Improvement:</i> What do youth think are important ways to improve services in their site to make them better for other youth?	<ul style="list-style-type: none"> • Have you had an opportunity to share these ideas with your NITT-HT team? • How has your team used these ideas to change the way they provide services? • What should your NITT-HT grant be doing that to improve their services?
<i>Youth/Family Engagement in Services</i>	<ul style="list-style-type: none"> • How has your site engaged l,youth in services and supports? Has this been successful? If so, how? • If not successful, what could be done differently? • How have family members been engaged in the work being done at your NITT-HT site? Has this been successful? If so, how? • If not successful, what could be done differently to better engage family members in this work?
Wrap Up	
<i>AI question.</i> What does this program do best?	<ul style="list-style-type: none"> • What is a “highlight” or highlights for you with this program? Your best memory of being involved in the program? • How could this program or others like it help more young adults like you have a similar experience? • What is a struggle you’ve had while at this program? • How can programs prevent other young adults from struggling in this way?
<i>Anything else?</i>	<ul style="list-style-type: none"> • Is there anything else that is important for this program <i>or programs like it</i> to know?

Family/Adult Ally Focus Group and Information Sheet

Family/Adult Ally Focus Group Informational Sheet (completed just prior to focus group participation)

1. Name of organization/program:
2. Brief description of type of organization/program:
3. Are you employed through _____program? (if yes, go to #5, if no go to #5a)
4. What is your job title? (i.e. family advisory council member):

5. Do you have a formal volunteer role? If yes, what is the formal title?

6. Please provide a brief description of your role/responsibilities: _____

7. Gender: Female _____ Male _____ Other _____ 8. Age: _____

Race/ethnicity Note: Please answer BOTH Questions 9 & 10 about Hispanic Origin and Race. For this questionnaire, origins are not races:

8. **Hispanic Origin:** [select one]

Is this person Hispanic, Latino or of Spanish origin?

_____ Yes _____ No

9. **Race:** What is the person's race [Select one or more]

- | | |
|----------------------------------|------------------------------------|
| _____ Black/African American | _____ Asian |
| _____ Native American/Indigenous | _____ Pacific Islander |
| _____ White/Caucasian | _____ Mixed-Racial- Specify: _____ |
| _____ Other Race- Specify: _____ | |

10. **Highest Degree Status:** [select one]

- | | |
|--|-------------------------|
| _____ No high school diploma or equivalent | _____ Bachelor's degree |
| _____ High School diploma or equivalent | _____ Master's degree |

___ Some college, but no degree

___ Doctoral degree

___ Associate's degree

___ Other degree (specify): _____

Do you work in an educational, behavioral health, or human service profession? Y ___ N ___

Discipline/Profession [select all that apply]:

___ Addictions Counseling

___ Social Work

___ Nurse Practitioner

___ Other Counseling

___ Physician's Assistant

___ Administration

___ Education

___ Medicine: Primary Care

___ Unemployed

___ Vocational Rehabilitation

___ Medicine: Psychiatry

___ Student

___ Criminal Justice

___ Medicine: Other

___ Other (specify)

___ Psychology

___ Nurse

11. How many years of experience do you have in _____? [Fill in appropriate role based on type of instrument being administered]

___ 0-6 months ___ > 6-12 months ___ > 1 to 3 years ___ > 3 to 5 years ___ > 5 years

12. How long have you been at your present job?

___ 0-6 months ___ > 6-12 months ___ > 1 to 3 years ___ > 3 to 5 years ___ > 5 years

These last four questions ask about your relationship with your youth and your youth's experiences with mental health including their experiences with using treatment.

13. What is your relationship with your youth? [select one]

_____ Biological Parent

_____ Adoptive Parent

_____ Foster Parent

_____ Legal Guardian

_____ Other- please specify: _____

14. Does your youth have a mental health condition?

[Mental health conditions can be things like anxiety, depression, eating disorders, post-traumatic stress disorder (PTSD), schizophrenia or other mental health conditions. Or you may think your youth has a mental health condition if they've been feeling depressed, anxious, manic, had thoughts that were hard to control, or have had other mental health symptoms.]

_____ Yes

_____ No

_____ I'm not sure

15. Is your youth currently taking prescribed psychiatric medications?

_____ Yes

_____ No

_____ I'm not sure

_____ Don't want to say

16. Has your youth ever been hospitalized for a psychiatric or emotional problem?

_____ Yes _____ No _____ I'm not sure _____ Don't want to say

17. Has your youth ever received outpatient mental health services (i.e. individual or group therapy, medication management, etc.)?

_____ Yes _____ No _____ I'm not sure _____ Don't want to say

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Family/Adult Ally Focus Group Probes

INTRODUCTION

Purpose of today's activity: To gather information about the NITT-HT program and how programs support youth and families.

Who are we?: Who are we?:

- The group leaders today, X and X, are team members with NITT-HT National Evaluation from the Transitions Research and Training Center, or "Transitions RTC", University of Massachusetts Medical School.

What is this "focus group" about?:

- A focus group consists of people with similar experiences. Focus group members talk about their feelings and thoughts related to these experiences.
- In this focus group, we'd like to talk with you about your experiences as a parent of a young adult receiving services through the NITT-HT Program/as a parent working to change the system through the NITT-HT Program
- We will ask the group questions, and we want the group to have a discussion about each question. We hope to keep things light and comfortable, and give everyone an opportunity to share.
- The information that you provide will help us understand how families feel about the services their children have received as part of the NITT grant/their involvement with NITT-HT grant activities.
- The information you share today will not be tied to you in any way. We will summarize the thoughts and feelings of all of the family members/allies we talk to so that no one is identified or singled out.
- We will not share any information about you personally, other than the experiences in the program you choose to share with us. *If you share anything that you would like us to keep to ourselves, please let us know.*
- Your participation in this group is totally voluntary and you can discontinue involvement it at any time.

*****Please let us know if you have any questions or concerns at any point! We are happy to clear up anything that is confusing!*****

Family/Adult Ally Focus Group 1: Client-Level (individual/services) Probes

Focus Group 1: Family Members with youth involved at Client Level	
TOPIC TO BE DISCUSSED	SAMPLE PROBING QUESTIONS
Icebreaker	
What do young adults need to be successful?	What do young adults need from services in order to be successful
Model	
What did enrollment into the program look like from the perspective of the family?	<ul style="list-style-type: none"> • What information were you given about the services your child would receive when they were first enrolled? • Where did you get this information (who/mode of information i.e. e-mail, call, in person meeting)? • How were you involved in your child's enrollment into services?
<p><i>Ongoing communication.</i> How are family members included in their child's care?</p> <p><i>Ex:</i> How are you kept in the loop regarding your child's ongoing progress in services?</p>	<ul style="list-style-type: none"> • When you make suggestions about your child's care, how do providers seem to respond? Do you feel your voice is heard? • How do you hear about your child's progress/struggles in their service? From who? How often? • What problems have you encountered when trying to get information about your child's progress? Legal barriers? Prevention on child's end?
<p><i>Balance of Involvement.</i> What does family involvement in young adult's care look like?</p> <p><i>Ex:</i> How did your involvement impact your child's services?</p>	<ul style="list-style-type: none"> • Were you involved in your child's care plan? In the development? • When you made suggestions about changes to your child's care, what did that look like? How did your child's provider respond? How did your child respond? • Who was making most of the decisions about your child's care (parent/provider/child)? • How were goals developed for your child's care

	plan?
<i>Family Support:</i> What supports were families provided by the NITT-HT program?	<ul style="list-style-type: none"> • What has that experience looked like? What do you wish it looked like? • Did you ask for/want family/friends to be involved in your support? • If not involved- how could the program better involve your loved ones in supporting you (if you want them involved)?
<i>Barriers to involvement.</i> What challenges do parents face as they try to become involved in their child’s care?	<ul style="list-style-type: none"> • What types of barriers exist for parents (lack of communication, transportation, child disinterest, cultural, etc.) • What did the NITT-HT program do to address these barriers? • What should programs do to address barriers families face? • What resources/supports would make the biggest difference in increasing family involvement?
Ongoing Engagement & Transition	
<i>Ongoing engagement.</i> What things are important for service providers to understand in order to support families who have children in care?	<ul style="list-style-type: none"> • What would success look like for your young adult? • How would you like to see your young adult successfully transition out of the program?

Family/Adult Ally Focus Group 2: Systems-Level Probes

Focus Group 2: Family Member/Ally involvement at Systems Level	
TOPICS TO BE DISCUSSED	SAMPLE PROBING QUESTIONS
Icebreaker	
What do young adults need to be successful in unlocking potential and reaching goals?	<ul style="list-style-type: none"> • What do parents need from services to help their young adults be successful?
Model	
<i>Role in Systems Change.</i> What role do family members play in the NITT-HT grant activities?	<ul style="list-style-type: none"> • Help me understand your program a little bit, and what your role is at in this program • What does a typical day look like in your role? • What do you do that is unique to your role (that no one else does at your program)? • If you had to hire someone to take over your role, what would you put in the job description?
<i>Initial engagement.</i> What activities did you first get involved with through the NITT HT grant/Evaluation? How did you first hear about NITT-HT?	<ul style="list-style-type: none"> • What did the process of getting involved look like? • What do you like about the work that you do that keeps you coming back? • How does this work help young adults succeed?
<i>Personal Engagement.</i> How are family members formally engaged in NITT-HT activities/systems change?	<ul style="list-style-type: none"> • What activities do you work on in that role? • Did anyone formally prepare you for this role? If so, how? Formal job description/responsibilities? On-site trainings? • What would have made it easier for you to be involved in your role? What would you change about your role to make it better for the next family member/ally • How do you collaborate with other members of your NITT-HT Team? Do you attend any group meetings? Do you work with other staff involved in NITT-HT work to complete larger activities?
<i>Family Engagement in Services</i>	<ul style="list-style-type: none"> • How has your site engaged family in developing services and supports for young adults? Has this been successful? If so, how? • If not successful, what could be done differently?

	<ul style="list-style-type: none"> • If not successful, what could be done differently to better engage family members in this work?
<p><i>Service Improvement:</i> What changes should be implemented to better support family voice in systems change activities?</p>	<ul style="list-style-type: none"> • How can parents have a stronger voice in the work being done at the NITT-HT program? • Do you feel you are listened to in the work you do? By whom, and what gave you the sense that they were taking your feedback seriously? • How has your team used the ideas you came up with to change the way they provide services? • What should your NITT-HT grant be doing that to support family voice?
<p>What has young adult involvement looked like in NITT-HT Systems change from the perspective of family members?</p>	<ul style="list-style-type: none"> • How have young adults been engaged in the work being done at your NITT-HT site? What has that looked like? • Has this been successful? If so, how? • If not successful, what could be done differently?
<p>Wrap-Up</p>	
<p>What does this program do best to engage families?</p>	<ul style="list-style-type: none"> • What is your best memory of being involved in NITT-HT system change? • (using language from best memory of involvement response) How can sites do more of (what they did in best memory) overall?
<p><i>Anything else?</i></p>	<ul style="list-style-type: none"> • Is there anything else that is important for programs who want to involve family voice in their work to know?