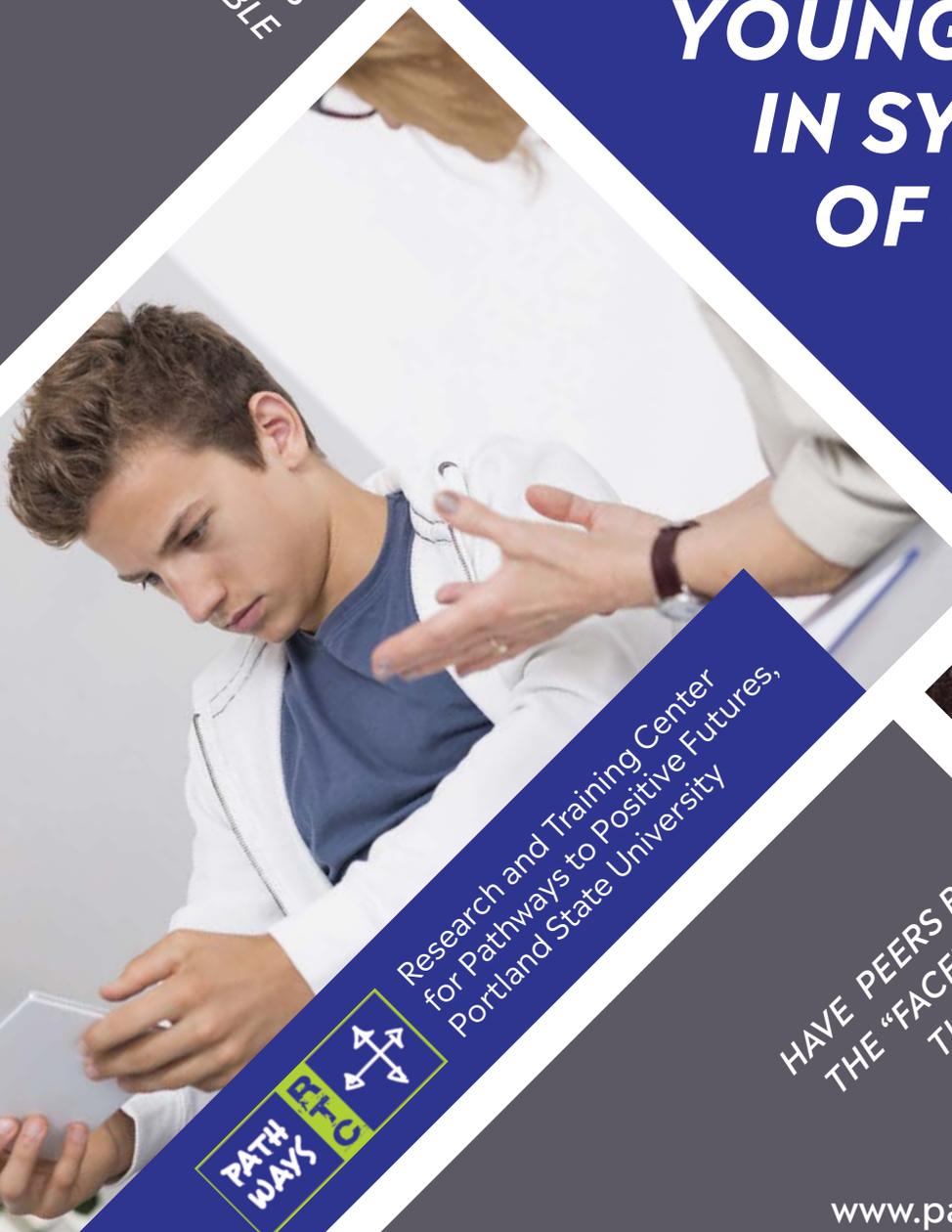




CREATE A
WELCOMING
SPACE



EMERGING STRATEGIES FOR ENGAGING YOUNG PEOPLE IN SYSTEMS OF CARE

MAKE FORMAL
SERVICES
ACCESSIBLE



Research and Training Center
for Pathways to Positive Futures,
Portland State University



HAVE PEERS BE
THE "FACE" OF
THE SOC

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EMERGING STRATEGIES FOR ENGAGING YOUNG PEOPLE IN SYSTEMS OF CARE

Produced by staff from the
Research and Training Center for
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Purpose

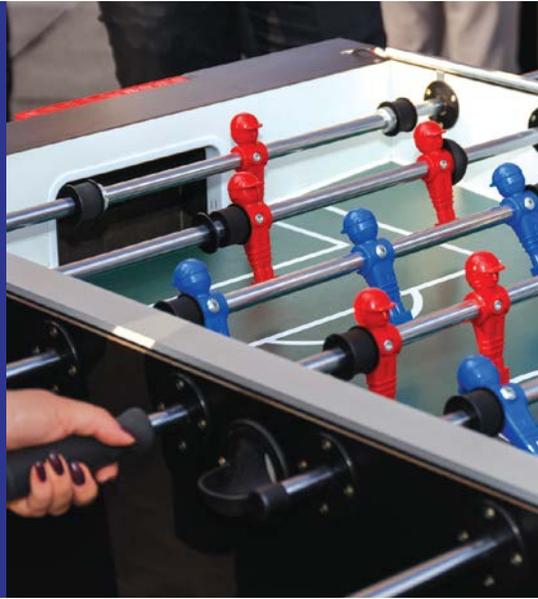
Systems of care are increasingly serving older youth and young adults up to age 24, and in our research and training work with providers, we hear about the challenges of engaging young people in typical services. Many providers are responding to the unique developmental needs of this population by adapting the design and delivery of their services to better engage and retain young people in system of care supports. Overall, strategies include expansion of drop-in center programming, adaptations to practice models like Wraparound, and new outreach efforts using social media and other technologies. Our purpose here is to share some of these emerging engagement strategies more broadly so that other providers and other stakeholders can benefit from these recent successes and lessons learned.

Process

We set out to learn more about this topic through a qualitative exploration of system of care providers' perspectives of how they are increasing and maintaining engagement in their work with older youth and young adults. To do this, we sought out programs and initiatives from across the nation that serve substantial numbers of young people over the age of 18. From these programs, we interviewed program staff, including clinicians and peer support providers, as well as managers involved in direct service to older youth and young adults. In all, we spoke with 26 people in programs in eight states. The interviews were recorded, transcribed, and uploaded into a web-based qualitative data analysis platform. Shared themes and ideas were extracted from the interviews.

1

Create a welcoming space that attracts young people in



Offer low-barrier informal support, concrete resources, and community connections. To do this, use peer group activities to build community, provide concrete resources, develop community partnerships to support transition goals, and provide low-barrier access to peer support staff.

Provide low-barrier access to informal support (drop-in centers, wellness groups, brief screening process) with intentional exposure to more formal services (e.g., co-locating clinicians at drop-in centers) and barrier-busting strategies (insurance-blind services, updated rules, rural access).

2

Make formal services accessible following informal engagement



Innovative providers are using peers in service outreach efforts (in person, as part of videos and presentations, and to design materials), partnering with peer-led spaces for online outreach, and having peer specialists respond to service referrals (to develop rapport first, before introducing new providers).

3

Have peers be the “face” of the system of care

Strategy 1

Create a welcoming space that attracts young people in, and offer low-barrier informal support, concrete resources, and community connections.



Providers are expanding on familiar strategies to attract older youth and young adults into supportive and service-connected environments, with **drop-in centers** driving innovation in this area. Drop-in centers (aka drop-ins) provide an informal environment for young people, with a youth-friendly climate and a low-barrier ethos of “meeting them where they’re at.” By simply offering a **fun and welcoming space**, drop-ins allow young people to engage naturally with supportive peers and adults. Multiple interviewees described drop-ins as providing the following:

- Video gaming systems, pool tables, computer stations, art supplies, and socialization areas
- A regular activity schedule, including movie nights, dances, video game nights, comedy shows, open-mic nights, events like Super Bowl parties, and outings like laser tag
- Computers young people can use, spaces that provide access to kitchens stocked with snacks, laundry facilities, showers, and phones

Importantly, multiple providers accessed youth and youth adult advisory groups to inform decisions about the design of these spaces, to ensure that they reflect youth climate and culture, or as one program manager described it:

Making sure they see specialized programming and activities and groups for young people, and they’re not using the same stuff that the 50-year-old uses.

Seeing other young people engaging in activities can make new attendees feel more comfortable, especially when it’s time to take the next step toward engaging in services they might want to access. Providers are strategically using regular *peer group activities* focused on **projects, advocacy, and community-building**, and specifically mentioned having regular LGBTQ groups, social justice discussions, cooking nights, youth and young adult advisory and leadership groups, and similar gatherings.

Some group activities do address mental health (for example, recovery-oriented events and speakers, or groups exploring identity and emotion through art), but with a developmentally appropriate focus on well-being and supportive connections. For example, one program has a weekly “connection community” where young adults can “find their tribe.” The first half of the meeting is a creative wellness activity, such as designing T-shirts or vision boards, and the second half is a confidential community check-in:

You really are getting a blend of both doing something, getting involved, and really sharing what’s going on, what’s relevant. And I would say for some young adults that would’ve been their first experience at support. And you’ll actually see a big problem, which is a great problem in some ways, is that when the group is over after

an hour, young adults just want to hang out. ... It’s definitely a different norm from most groups.

Other providers described similar engagement success with connection-oriented groups for young people, noting that the consistency allows young people a chance to engage on their own terms:

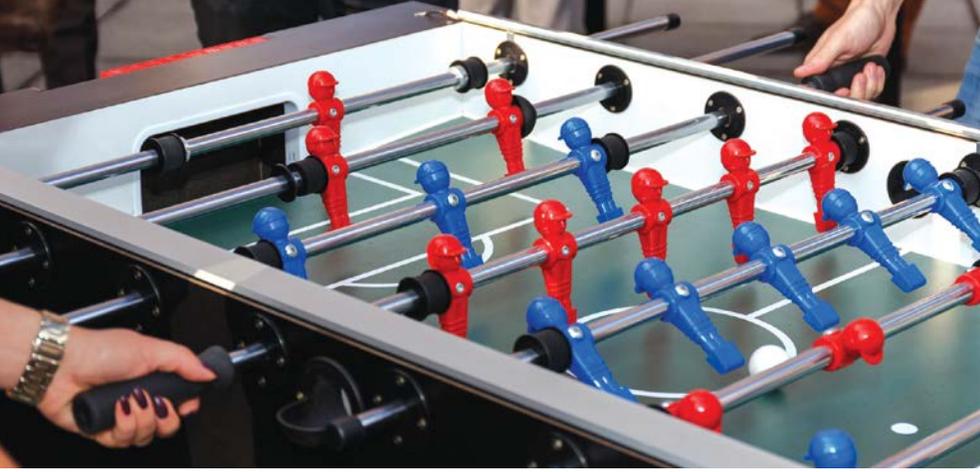
These open safe spaces of youth groups where they can go and learn, be around peers, do some activities, get engaged regularly ... you already have a good rapport, got good trust with them, and had some fun.

A lot of the folks that go to the group, at first they don’t really want to hold onto services. They’ve had bad experiences with it or they don’t see the need for it, so I think they [try out the groups] on Wednesday and a couple of nights on Friday and really form relationships.

“...They’re not using the same stuff that the 50-year-old uses.”

They were able to just get involved on their own accord, like no one was on the other side telling them, ‘You gotta go here,’ or we weren’t on the other side telling them, ‘Hey, we got these programs happening. If you want to be a part of them, you gotta come every day.’ We weren’t doing that. We were making it available to them and we were being consistent with it by having it on our calendar available as much as possible.





Another engagement strategy is to **focus on basic needs and typical transition goals**, which provide structure for ongoing informal engagement in settings such as drop-ins. Multiple sites described giving young people an initial tour and introducing the available resources and the guidelines for using the space and accessing support, and then revisiting these after youth have attended a few times:

From there, they get to pick and choose pretty much what they came to visit the center for. If it's employment, we give them employment information; we have direct contacts, direct links with the employers. If it's housing, we give them the housing resources. So like I said, it depends on what they actually come in for, but when they first come in, that's how we get them engaged.

Some sites offer regular, hands-on life skills classes (cooking, getting a job, résumé-writing, renting apartments, etc.), which also

provide opportunities for peer engagement. To do this, providers develop community partner relationships so they can be ready to **offer relevant resources to young people** who access the site. For example, one site meets youth job-seeking needs by bringing in employers to teach interview skills, and also partners with employers who are hiring young people:

So anything that you can think of, any individual need to become self-sufficient, we reach out to those organizations, because we're not the master of everything. So we reach out to those organizations who have mastered those areas and we bring those individuals in and we give that resource directly from that entity to our youth.

However, multiple sites describe identifying goals around providing resources to help youth meet basic needs as a way to get young people connected to regular informal support, if not formal services:

Even if it's socially to get out of the house, to get away from the norm, to get off the street for the day, maybe just to come sit around, use the phone, to play a video game, to shoot pool, even that's a resource in itself because like I said, it's bringing out the social aspect. But every young individual that comes through here comes for some type of resource.

Although the strength of drop-in settings is the informal approach to engaging young people in the supportive environment, drop-ins we spoke with do consistently ask young people (especially those who are working with peer support staff) to formalize their engagement somewhat by focusing on self-identified goals. For example, multiple providers said that many of the young people they see are focused on getting a job, finishing high school, finding stable housing, or similar priorities:

It's just really whatever the young person identifies as being important to them. And how the peer support engages them is after the youth has been coming to the drop-in for a while and has gotten to know the space, gotten to know the staff, they've already been introduced to the concept of [setting self-identified goals] when they first came in, knowing that's an expectation ... we try to keep it pretty

youth-driven. In the first meeting, I kind of talk about, ‘Well, what is it that I can do to support you in that?’ and have the youth identify what they need from the peer support specialist ... what’s going to be helpful for them, and then what are the barriers in the way, how can we help you get around this.

Lastly, informal service settings like drop-ins successfully engage young people by **not requiring formal service engagement**, beyond some structured goal-setting activities with peer support specialists. This was mentioned by multiple drop-in providers as being the minimum level of engagement for ongoing use of the drop-in, with the clear distinction that such informal, transition-related goal-setting can accommodate shifting priorities and periods of less active engagement on the part of the young person. As different providers described, young people accessing informal support is the baseline engagement goal:

They’ll still have peer mentor support ... but they don’t necessarily have to have any formal supports. They can just come here and access any resources that they would need. We have a laundry, we have a shower, we have computers, but if they do need that one-on-one support without the formalized process, then they can just come in and do that.

There’s a lot of youth in here who have pretty valid reasons for not wanting to connect with other services and have had bad experiences. So I think it’s just meeting them where they’re at, like leave it for now, continue to provide peer support, and maybe check in in a little while, and continue to offer options. But yeah, meet them where they’re at now.

Overall, informal settings such as drop-ins describe successful engagement when they have young people coming back, even if they are only coming to use the space for an hour, or simply connecting with

supportive peers. Here, promoting engagement in services may consist of providing a safe and welcoming space with access to informal peer support focused on youth-driven goals, and if needed, access to more formal services. For sites developing such spaces, consider the following:

So I think of a spectrum, anything from just having something interesting in your waiting room, whether it be a game system or magazines or something, all the way to having a drop-in center or a space inside your building where young people can be, whether that would be just for group activities or would actually be a drop-in center location, all the way to investing in a drop-in center outside of the clinic.



“Every young individual that comes through here comes for some type of resource.”

Strategy 2

Make formal services accessible following informal engagement.



Providers described a range of strategies designed to help young people quickly and easily access more formal services when they are ready to engage in them. Often young people are initially engaged through low-barrier access to informal mental health supports, such as through drop-in centers, optional peer wellness groups, and brief screening prior to accessing supports. Informal supports can be co-located or co-staffed with more formal services to provide young people with exposure and access when and if they're ready to engage. Further, systems can implement new strategies to resolve known barriers to service access, including reducing bureaucratic barriers introduced by insurance requirements and outdated policies for serving young people, and finding solutions to address limited resources in rural areas.

Multiple providers have shifted to **low-barrier screenings** that don't require young people to complete extensive intake packets or demonstrate specific diagnoses before accessing initial support or services:

A lot of it can be self-reported. So let's say they're struggling with homelessness or they have had some type of trauma in their lives, or have anxiety or depression, we just check in with those basic answers, but as well as if there's referrals from the schools or any other clinicians or any other services or agencies. And we know they had mental health concerns, let's say if they had a therapeutic mentor or a clinician ... or the school identifies some type of concern, then we'll go based off of that, but we don't need necessarily the diagnosis or big intake packets.

So it will be [ages] 16-25, young adults with mental health or substance abuse problems that will qualify for the services. They have a diagnosis or symptoms of a diagnosis, then they'll be eligible further for our program. Sometimes they tell us that they had past experiences with doctors or a therapist, but not necessarily. If they say that



they're presenting symptoms of depression or anxiety or psychological issues, they also qualify for the program.

Multiple providers described the benefits of **co-location of informal and formal services**. In some cases, daily physical co-location is effective, simply because drop-in support staff can ask a provider to come speak to a young person who may be ready for more formal or intensive services in the moment when they are expressing interest. Some mental health clinics may not be used to providing resources without billing for services right away and may have to adjust to informal drop-in spaces as an engagement tool, which may be the only “service” that some young people ever access:

You have to allow young people to come in and not get a chart open, not immediately say, ‘Well, first you see an intake person, then you’re going to have to see a therapist once a week.’ ... Allow them to come in,

identify their goals and then decide which services they want to help them reach that goal. ... They would still meet with the youth peer support specialist to update on their goal progress, but they might not have any [other] service.

A related strategy is **co-staffing by clinicians** and other formal service providers at drop-in sites and similar informal engagement settings. Other agencies make a consistent effort to have clinical staff at the drop-in center on particular days, to give young people a chance to become familiar with the range of agency services that are available for them to choose from:

So a clinician may be over there on Tuesday and Thursday, a

case manager may be there on Tuesdays and Wednesdays, a supported employment specialist may be there Thursdays. We’ve got a couple [drop-ins] where they have a prescriber there once a week. Some others may have substance use groups going on there. So we want to see the community mental health center invest in providing staff that are available to the drop-in center.

Other providers have standing days of the week for **informal outreach** to young people in other service settings. For example, a Wraparound provider might attend a resource hub for homeless youth once a week to briefly present on the service and informally engage with the young people there:

[One young man was having trouble submitting a job application] and so I sat down and walked him through that process, and especially after you do something like that with them, they are much more open to doing services with you, because they see, ‘Well, that’s what I’m going to get from you.’ A lot of it is just coming in there and hanging out and talking to

“...We don’t need, necessarily, the diagnosis or big intake packets.”

them and getting them comfortable, so you don't seem like just another social worker.

One statewide initiative encourages drop-in centers to increase traffic by having community partners presenting information about available resources on a regular basis and also by becoming a hub for **community partner meetings**. For example, mandated court diversion classes normally held at an imposing courthouse could be held at a youth-friendly drop-in center instead. Similarly, youth engagement in service team meetings might increase in a more comfortable drop-in environment.

Providers discussed strategies for the **transition to more formal services**, if needed. One common strategy is to encourage young people who are engaged in peer services and/or informal support groups to consider adding more formal case management or clinical services. Multiple drop-in programs require that, after a handful of visits to the setting, young people at least participate (if not fully engage) in goal identification to guide peer support staff efforts. For example, one agency specifically trains drop-in staff in motivational interviewing, to reduce stress on peer specialists who are struggling to engage a young person in goal-setting after a few drop-in visits. As



trust is built through these less formal peer support relationships, many young people are more comfortable having conversations that may lead to formal service engagement:

They are invited to come in a more formal way because we are a helping place. ... There will be a conversation about [a dream] or a goal, what can we help you work on? What you would think is that by the third session ... if [requiring them to set some goals] was going to be a barrier, they would drop out, they wouldn't continue to come, and that's not been the case.

A lot of times they'll present with something like [finding a job or getting a driver's license], and then as trusting relationships build, they're open to potentially exploring clinical services, if that's their need. ... We just allow the young adults

to be in the driver's seat and let them gently explore what their needs are as time passes and they accomplish their initial goals.

Multiple providers described success in simply focusing on the goals the young person has prioritized — when they are engaged in services they have asked for, give them time to expand on that, if needed:

When we have a family or young adult who's enrolled in our services and maybe resistant to other care services, I really like to put a face to the name and have them meet with maybe a potential service provider. ... It normally goes really well, and some people engage, some people don't. ... We've had cases where in the moment they said no, but then they'll come back a couple months later. So it's just leaving it on the table for them.

What I really think is important in those first engagement meetings is to be checking with them about their basic needs being met. ... We have had a lot more success with the young adults where you're meeting their needs and taking them to a food bank or to get a birth certificate or getting them into housing, while you're on that trip, you're building rapport.

Interviewees from statewide initiatives described “teasing out” strategies to **resolve bureaucratic barriers** to engaging young people quickly and easily in the services they are asking for. Solutions include rethinking potentially unnecessary waiting periods, reducing eligibility restrictions based on specific types of diagnosis or insurance, and not requiring young people to receive certain services before being referred to others they are requesting:

If they do want to connect with a therapist or a case manager

or supported employment specialist, they're able to do that with minimal hassle, paperwork, jumping through ten hoops, having to see five other people before you get that service. ... [Provider agencies] are used to 'Well, they have to call this number and they have to see the intake person, and then they see a therapist for six months, and then they're referred to that other service.'

If a young person comes in and they just want a job and they just want support in employment, then just give them that. Yes, your therapist is still going to have to probably check in with them briefly once a month and sign off on the chart, but there's no reason to see a therapist every week for an hour to get the supported employment service.

One system was able to clarify restrictions around, for example, whether a particular support service was available only

“Your agency, maybe for some good reason, had developed this way of doing things, but it's not working for young people, so let's change it.”





“...Technology for us ... has been a great way to make connections.”

to clients with serious mental illness (as opposed to being available to young people with any mental health diagnosis). Another policy required attending six months of therapy before being referred for medication management. In both cases, there was no administrative rule in place at the state level and no restrictions related to insurance, so an email from someone at the state mental health agency was sufficient to clarify that the agency's policies were unnecessarily restrictive:

[We say], ‘Well, that’s not working with young people, that’s where you’re losing them. If they just came in and wanted to get back on their medication and you’re making them go through this long, drawn-out process with the service that they didn’t ask for.’ It’s just getting them to change their rules. ... You’re allowed, it’s just your agency, maybe for some good reason, had developed this way of doing things, but it’s not working for young people, so let’s change it.

Lastly, providers mentioned **transportation and technology solutions** to the barrier of rural populations not having equitable access to informal and formal services:

We have highly utilized technology such as iPads as a way of communicating and keeping our young people engaged. We have a provider ... that utilizes iPads as a part of services when they have individuals that are coming from higher levels of care or individuals that appear to be in crisis. ... They have wellness apps on the iPads as well as a face-to-face option on the iPad so that the person can contact an actual licensed clinician that’s on call and available 24/7. ... If you have a young person that goes into crisis at 2 o’clock in the morning, they have somebody, they have a way to connect. And then the wellness app also is utilized for them — you know these young people are tech-savvy. So technology for us ... has been a great way to make connections.

They don’t have public transportation, so we have a lot of centers that go out and pick up the young people. So they’ll go to the school after school with the van, pick them all up, and at the end of the day they’re driving that van and taking them all home. And that to me is part of engagement and a big piece is if young people can’t access the center because of transportation, you have to think about it rather than just, ‘Yeah, it’s hard, transportation is a barrier.’ Like, what can you do about it? How can you help them get to and from the center?

The successful expansion of peer support providers to enhance services has demonstrated that young people often more easily engage through the mechanism of “peer-ness.” Recognizing this, innovative providers are widely using peers in service outreach efforts (for example, in videos and presentations, and to design materials), partnering with peer-led organizations for technological outreach, and having peer specialists regularly be the service team members to initially respond to incoming service referrals.

Multiple providers described having **peer specialists respond to referrals** as an engagement strategy to build initial rapport, before introducing young people to new adult service providers. This includes peer Wraparound team members initiating care coordination with young people, or peer staff generally being the initial response to referrals for young adult transition services. The peer specialist reaches out to the young person to explain available services and determine the young person’s needs:

[As a peer specialist responding to referral], I try to meet with them, do a one-on-one ... getting to know them as an individual. Setting up these [meetings], going and making them more personal is a great tactic in order to reach these young adults that are still minors, because once they see us, we are younger, we are a little bit more down to earth ... that skepticism of ‘It’s just another adult trying to come and tell me what to do’ kind of goes away a little bit.

[The peer mentors] just meeting them and talking to them is a big engagement strategy. Let’s say if we get an invite or referral from a school, we’ll have a peer mentor or facilitator meet them at the school or wherever they’re at and talk about the services, talk about whatever the drop-in center offers ... and leave it up to them to choose based off of that.

Strategy 3

Have peers be the “face” of the system of care.





Provider agencies also are using **peers for community outreach efforts** to introduce services as a resource. This includes having young people do direct outreach to higher-risk populations. Providers mentioned going to settings such as homeless shelters, teen parent programs, community parks, libraries, and campuses to distribute information.

Having that young person be the one that goes out into the community and into areas where young people are known to congregate ... and begin those initial conversations and make that initial engagement has been really helpful. We joked because at one of our agencies, they had been struggling with hiring a young person, so the peer that they had hired was an older man and he said, 'I feel like when I go out, everyone thinks I'm a cop and they kind of all scatter.'

Agencies also are using video testimonials from young people about their service experiences;

having young people design marketing and outreach materials for other young people; having peer staff manage social media and website design and traffic; and having peer staff train adults on how young people use social media and texting (“It’s a big part of youth culture which would be helpful for workers to understand”):

We also have some videos ... where young people that had been engaged in services were telling their stories of lived experience and then also talking about what their experience was coming into services. It sort of demystified a lot of what it might be like to be engaged ... letting them know that the services can be tailored to them so they wouldn't necessarily be having to come in.

We always have our youth peer support [develop outreach materials]. ... They're the ones that know what's going to be eye-catching or what's going to draw them in ... so we always have a youth peer support

head that up since they have that knowledge and that relatability.

Other agencies discussed **partnering with peer-led online resources**. One initiative partners with a low-barrier, youth-friendly online forum for mental health outreach and support, which can engage young people who are taking “baby steps” toward potential services and are not ready for face-to-face engagement. The site is overseen by peer staff at a regional health organization (with additional oversight and crisis response by an executive director), and they also collaborate with the service agency on in-person community events and trainings:

That really is your one-stop shop virtually to get connected ... a confidential, peer-run forum moderated by young adults, and many are in recovery. There's a place to upload media, share your story. The highlight of the website is that you really get to read everyone's stories ... to see other people, that yes, you aren't alone.

There's resources and questionnaires built in. ... There really is the blend of storytelling, information, and access, really all in a neat little package. And I know they have really cool user-submitted videos ... so it's really a great hub.

You can tell that this is definitely run by young people, and I love the emphasis on 'peer-ness' that it has.... I feel like a lot of the time you go to some of these websites that are specific to mental health for young people and you'll get a lot of hotline numbers and things like that, but the peer element isn't necessarily as highlighted. This is all peer stuff.

Another region partners with the local 211 community helpline to **include peer staff in the coordinated response to incoming calls or texts** related to young adult transition and mental health. First, the region widely advertises the helpline as a resource for transition-age young people, including a very successful campaign advertising it on local buses and at bus stations. Then incoming calls and texts from eligible young people are referred to a peer support specialist for response, and the peer 211 coordinator helps young people connect to potential supports and services:

[After the initial 211 call or text], that 211 coordinator follows up with them: 'Hey, I know last night you were going to sleep in your car because you didn't find a shelter that accepted your pet. I'm just texting you this morning to check in on you.... I know you were worried about the test in college that you had to take, just checking in to see how you're doing.' You're able to respond to them and also intervene if there's a crisis situation, but they continually keep in touch with them and [offer] what the program provides and check on their well-being.

Additionally, there is a texting platform for young people who are not ready to engage beyond texting, including referrals to community resources for those who don't meet criteria for more intensive mental health services, and a regular wellness messaging and crisis response for anyone opting in to the platform:

I look at it like there's no wrong door, that we're meeting them

“I look at it like there's no wrong door... we're meeting them where they are.”

where they are. ... For those who may not be ready for services, as long as they don't opt out, we still have them on that [texting] platform. We can send wellness messages to them during the holidays: 'Sometimes it can be a sad time, and make sure that you maintain contact with your friends and loved ones and check on someone that you love. And if you need us, we're here. We're available 24 hours a day.'





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