

LESSONS LEARNED

○ **How have you partnered with TAYF during the planning phase?**

The Communities In Schools (CIS) Collaborative was formed in response to the Hogg Foundation for Mental Health's request for an initiative to address the need for Transition Age Youth (TAY) services. The CIS TAY Collaborative included from the onset two TAY caregiver members and one person with lived experience as a paid advisor as well as a paid TAY social work graduate intern. Two additional TAY caregivers joined the collaborative in March. One of the caregivers attended all meetings and phone conferences as did the TAY advisor. Two of the caregivers organized and led focus groups for National Alliance on Mental Illness (NAMI) as did the TAY Graduate Student Intern and the TAY advisor.

Eleven focus groups with a total of 80 participants, 15 TAY parents and 65 TAY were conducted in school settings and community settings by members of the collaborative, with assistance from Family Services of Greater Houston. The community settings involved youth and caregivers with NAMI; homeless youth at Covenant House; young adults in treatment with the Houston Council on Alcohol and Drugs; young adults from a Depression Bipolar Support Alliance group; and Gay, Lesbian, Bisexual, and Transgender TAY involved with the Montrose Center. School setting programs involved teen parents from the CIS program at Davis High School; young adults at Lone Star Community College; and TAY with lived experience of mental illness and learning problems at Lamar and Spring Woods high schools. Individual interviews were conducted with several TAY who were unable to attend the focus groups and with TAYF at several NAMI and other caregiver functions.

There was a high level of participation in each of the groups and an overwhelmingly positive response to having been invited to provide input and to be given a voice. The majority indicated a desire to receive information on the findings and willingness to participate in future events.

The findings of the focus groups and a draft of this proposal were sent to CIS project managers at several school sites with the request that these be reviewed for input with TAY. Additionally, a draft overview of this proposal was distributed to all collaborative members for review as well as, reviewed by TAY caregivers and their suggestions incorporated prior to submission.

○ **What did you learn about TAYF involvement during the planning phase, including successes and challenges what processes did you use to gather that information?**

DePelchin Children's Center's Department of Program Development, Evaluation and Quality Improvement led by Dr. Luis Velez dedicated a highly skilled team of researchers to this project. They developed the format for the focus groups and Key Informant interviews. Dr. Velez provided a two-hour training to members of The CIS TAY Collaborative on theory and rationale of focus groups and skills for conducting and recording information. DePelchin researchers attended the focus groups as recorders and facilitators, and assembled the data in a report that they presented to the CIS TAY Collaborative. This report was shared for comment from the organizers of each of the focus groups who were asked to review with the participant TAY and families.

In addition, Key Informant interviews were conducted with the following: Mary Green of the Hay Center, Dr. Bill Schnapp, Executive Assistant to Harris County Judge Ed. Emmett for mental health policy, Susan Fordice, Executive Director for Mental Health America Houston, Gwen Emmett, citizen and advocate for child and adolescent mental health and member of numerous boards of directors for Houston and Harris County non-profit organizations, Dr. Cheryl Amarusio, Director for DisAbilities, University of Houston, and TAY caregivers and advocates, Eileen Chappelle, Julie Bourne, Chosaik Yaeo.

- **Through your process, what did TAYF express as necessary services and resources for a successful transition to adulthood?**

Regarding **services needed**, a significant finding was that there were three distinct clusters of TAY who need services and programs targeted to their specific developmental level:

- High school youth, 16 to 18 years old, were confused about their diagnosis and overwhelmed with trying to understand what that meant for them. They were generally in family settings and their needs were for more supportive introductory services and less for connections to community resources. Likewise, their parents needed more support and information on diagnosis and symptoms and on how to support their children as they individuate.
- The second group, ages 18 to early twenties, was characterized as ready to move from high school and/or newly in college or work settings. This group was aging out and needed to solve immediate problems of new service providers, insurance and medication provider changes, employment needs and independent living skills.
- The third group of older TAY in their mid to late twenties, generally felt better about themselves. They had been managing much of their lives independently for a while, had clearer career and life goals and were very articulate about their need for counseling, medication support, peer advocacy and services linkage.

In response to questions about services needed: youth and young adults expressed a need for services that:

- Understand who they are and what their needs are
- Are interactive
- Communicate with them more effectively and bi-directionally
- Accept their individual characteristics, such as sexual orientation, cultural beliefs, etc.
- Are empathic toward their feelings, emotions, fears and uncertainties
- Work with them to find choices around their priorities, needs, aspirations and abilities
- Are individualized, as opposed to standardized one-size-fits-all

In terms of **participation in service planning**, youth expressed difficulties communicating with service staff and often do not feel understood. Their mental health needs are rarely well communicated by doctors to the educational system or other services. They report they are often faced with frequent staff rotation and new hires sometimes do not appear to be well-trained to address their needs. In addition, youth are required to start all over and continuity of service is disrupted. Disconnected communication between service providers was reflected in the discussions.

Good experiences were reported with agencies, specifically CIS and the Houston Council, where youth felt included, respected and understood, found treatment to be more relevant. The following were perceived as central to the services they received from these providers:

- Navigation to services and case management
- Empathy
- Support services
- Youth participation in service plan
- Confidentiality
- Listening
- Availability of group interaction
- Coping skills
- Non-judgmental and unbiased interaction
- Help with both personal and school needs

In regard to **obtaining services**, participants mentioned many services that are available, though not necessarily accessible. Lack of access is particularly important for those in outlying parts of the city. Many are afraid of talking to providers on the phone, discouraged by red tape and by documentation requirements. Overall, TAY did not feel prepared to access services they need like insurance, housing, job training and even mental health services. However, when the family was involved, youth felt they had more help.

Some participants noted that a good way to strengthen their service plan and obtain access to the services they need is to be hospitalized. When hospitalized, the young adults noted that their needs get registered and there was active case management.

Youth feel that teachers are not trained or not aware of mental health issues. Housing was less an issue than expected because the majority of the TAY still lived with family members even if in their twenties. Independent housing is a challenge for the group of older TAY.

There is little awareness of legal services available to them. In general, younger participants reported more difficulties articulating their needs. They are being asked to prepare for what they cannot anticipate and what they still would like to see their mental health condition disappearing from their lives.

Regarding communication and conflict management, many mentioned difficulties establishing and keeping interpersonal relationships. Youth recognize that their interactions with service providers during a crisis are often problematic but it is at these times they need services most urgently.

Stigma appears to have two different dimensions. One is the youth's own awareness and acceptance of having mental health problems and the other is the prevalent perceptions about mental health in the community. High school youth compare themselves negatively with their school peers who are more popular and successful in school. When they get in trouble they feel everyone is judging them negatively rather than providing them with the support they need to overcome the problem.

We asked about their **expectations for success** and what success meant to them; their responses included:

- Having peace of mind
- Being happy where you are
- Having consistency in their lives
- Being able to keep a friendship, relationships, having someone to understand
- Being independent as possible
- Being in college or vocational training, learning and having a stable job
- Being helpful to family
- Helping others; giving back

Parent Needs were expressed in different ways. Parents desire to have guidance about their children's needs and the types of services available. Navigating the system is not easy. Parents mention that they do not know what to do in many situations. Parents are challenged by having to serve multiple roles; they must advocate, research and learn information about their child's mental health needs, effective treatments, programs and services. They are case managers, nurses monitoring medication and counselors. Parents expressed the lack of resources to prepare for all of these challenges. They are in desperate need of coping skills. They reported that the type of parental peer support and information provided by NAMI is essential.

Hispanic and undocumented youth are concerned with their ability to help their family financially as they feel it is expected of them. Undocumented youth face significantly more stressors related to their future, lack of opportunity and fear of deportation.

In regards to **TAY and TAYF involvement**, we included a young adult with lived experience as our TAY advisor who with our TAY Graduate Student Intern and two TAY caregivers were members of the CIS TAYF Collaborative from its beginning and part of the proposal writing team. Two of the caregivers have professional expertise in mental health programs and grant writing. They participated in grantee meetings and phone conferences and attended the Alternatives Conference. They organized the NAMI focus groups and met individually with parents to get input on the initiative.

- **What did you learn about how to better collaborate with partners around addressing the mental health needs of TAY and their families? What did you learn about duplication of services, gaps in resources and about what other peers are doing? How will that information shape your service implementation plan?**

We learned that it is most beneficial to continue our practice of collaboration with partners to address the mental health needs of TAY and their families. This involves working together from the beginning to pool knowledge and resources. The members of the CIS TAY Collaborative have a long history of working together on various projects related to mental health and positive youth development. Some of the partnerships between organizations and among the persons representing these organizations extend over thirty years.

Following the Hogg Foundation introductory seminar on the TIP model and TAY service needs, there was excitement about targeting this population. We look forward to expanding the current partnerships and gaining expertise in this cutting edge movement. The Alternatives Conference was eye-opening for those who were able to attend. The CIS TAY Collaborative expanded after the conference to include additional organizations and the TAY advisor, TAY Graduate Student Intern and TAY caregivers. Key informant interviews expanded awareness of TAYF needs and other Hogg grantees.

In regard to duplication of efforts, we learned from our collaborative partners, key informants and other Hogg grantees about current efforts in Houston that will contribute greatly to the TAY Initiative. Peer support and peer navigator programs and training are available from several agencies. There are a number of stigma reduction and general education trainings about mental health issues across the city.

We did not find a great deal of service duplication. However, many are unaware of the services, and services are not linked among agencies. A number of agencies target services to specific populations as opposed to the broader population. The issue is more of accessibility than availability. Most services are offered within the urban center and not easily accessed by many Houstonians. Few services are provided in schools where students are. The TAY population in public schools does not have insurance, economic means or transportation to access services in the community. Their parents do not have sufficient time to meet all the demands.

Notable gaps in resources include services that are tailored for TAY and their families. The most significant gap is coordination among agencies, access to those services, and a significant deficit of public services. TAYF expressed frustration with long wait periods for services and travel distances for a brief medication consult with someone who had not previously worked with them. They were frustrated at having to tell their story over and over.

Case management tailored to TAY, services linkage, peer to peer navigation and support efforts are not available or known to be available. Services need to meet TAYF where they are in the schools and need to be developmentally, financially and logistically accessible.

The service plan was shaped by the experience of the CIS TAY Collaborative membership, as well as the training, resources and meetings provided during the planning period. Youth and young adults with lived experience, their caregivers and the members of the CIS TAY Collaborative are passionate about the needs of TAY and their families. We do not want more of the same lack of individualized

coordination and disregard for personal aspirations and feelings. For members of the Collaborative, a meaningful and lasting result for the Hogg Foundation investment in Houston is essential. We want things to be different in four years. We want a safety net for this vulnerable population. We want to have skills for working effectively with TAY.

Our proposal includes mental health case management. It also includes a TIP Informed service plan for each of the three identified groups of TAY, opportunities for professional development, paid experience for TAY as Peer Navigators and for TAY caregivers as Parent Navigators. The plan includes a strategy for sustainability by providing training and learning for professionals from multiple organizations, including other grantees. It includes ongoing opportunities for learning and training, project monitoring and leadership for TAYF.

GOALS

- **List three to four goals for your service implementation program that directly address:**
 - **Increased TAYF involvement**
 - **Increased collaboration with TAYF service providers**
 - **Resources and desired services and resources identified by TAYF.**
- 1. Increase the involvement of TAYF in the ongoing planning and development, training, implementation and review of TIP informed and TAYF guided services.
- 2. Assure a successful transition to adulthood for TAY by coordinating services and desired resources identified by TAYF in the provision of TIP Informed comprehensive mental health case management and support services.
- 3. Develop and implement a Peer Navigation program based on best practices that employ TAY as a member of the CIS comprehensive mental health case management team at the target sites. Improve outcomes for TAY and increase TAYF involvement by providing their parents and caregivers with the information, support and advocacy they need to help TAY move into adulthood.
- 4. Sustain the goals of the initiative in Houston/Harris County and increase collaboration with TAYF service providers by developing and implementing a training program for TAYF, Peer Navigators, CIS staff, Collaborative Partners and other grantees that effectively disseminates skills and knowledge.

PROGRAM DESCRIPTION

Describe your plans for achieving these goals as outlined below:

1. **Describe the proposed population of TAYF with mental health conditions to be served. Include the age range of the youth served and the ethnic/racial composition and languages spoken for the proposed service area.**

The proposed youth and young adult populations to be served fall into the clusters of TAY based on needs identified in the focus groups:

- High school youth ages 16 and older who are trying to cope with how their symptoms and/or diagnosis affect their self-image and family interpersonal relationships.
- Emerging young adults graduating from high school, beginning college or work, ages 18 to early twenties who are faced with issues related to schooling, employment and possibly housing. They do not seem to anticipate a crisis, but to an important degree are living in crisis mode.
- Post high school TAY, ages mid to late twenties, have often experienced severe crisis. They have a better understanding of their needs and face difficulties finding and accessing the resources they require to manage their lives. A small subset of these young adults may be experiencing the first signs of mental illness and require support in coming to terms with their experience.
- Families and caregivers face multiple challenges advocating for their children's needs. They must research and learn about mental health and effective treatments, programs and services. They express a lack of resources to prepare for these challenges.

Participants will be CIS high school students, community college students, former students and their families. Their ethnicity and socioeconomic status mirror that of the target school or community college population served. FY13 data from CIS and the Texas Education Agency are used to describe the demographic. Given the ages of the students, English is spoken by the majority of the TAY. For a significant number of their families, Spanish is their first language.

2. **Describe the specific geographic areas of Houston/Harris County in which services are to be provided. Specify the zip codes and neighborhoods to be served.**

The geographic areas of Houston/Harris County in which services are to be provided are:

YEARS 1 – 4

- Lamar Senior High School
 - **School district:** Houston
 - **Total enrollment:** 3,253 students
 - **Zip codes served:** 77024, 77027, 77019, 77098, 77046, 77076, 77030, 77005, 77002, 77054, 77030
 - **Ethnic distribution:** 37.4% Hispanic, 28.6% African American 28% White and 3% Asian and other

- **Special school characteristics:** A number of students attending Lamar are transfer students who are predominantly from the Third Ward area of Houston. Lamar draws from one of the most affluent areas of the city as well as from areas of economic need. Lamar is a Title One school with 46.6% of the students eligible for free and reduced lunch.
- **CIS impact:** In FY13, 135 students received mental health support services and 87 of those students received comprehensive case management support from CIS.

- Northbrook High School
 - **School district:** Spring Branch
 - **Total enrollment:** 2,145 students
 - **Zip codes served:** 77055, 77080 and 77092
 - **Ethnic distribution:** 88.7 % Hispanic, 5% African American, 3.8% White and 2.4% Asian and other
 - **Special school characteristics:** Northbrook is a Title One school with 84.4% of its students on free and reduced lunch. Northbrook partners with Houston Community College – Spring Branch through a bridge program between high school and college.
 - **CIS impact:** In FY13, 146 students received mental health support services, 88 of whom received case management support from CIS.

- Houston Community College (HCC) – Spring Branch
 - **College system:** Houston Community College
 - **Total enrollment:** 8,528 students
 - **Ethnic distribution:** 23.7% African American, 33.4% Hispanic, 23% White, 15.9% Asian and 4% unknown
 - **Special school characteristics:** Sixty-nine percent of students receive financial aid. HCC-Spring Branch partners with Northbrook High School for the Summer Bridge Program that reduces what is referred to as the “summer melt” when low-income students plan to attend college “melt” over the summer between high school graduation and their first college semester. The Summer Bridge Program gives students an opportunity to complete six college credit hours, participate in tutoring and financial planning seminars and attend college campus tours.
 - **CIS impact:** Between August 1 and April 14, a total of 50 students received mental health services and 40 students were provided with comprehensive case management.

- Lone Star College (LSC) – Victory
 - **College system:** Lone Star College System
 - **Total enrollment:** 1,352
 - **Ethnic distribution:** 49% African American, 36% Hispanic, 5% White, 2% Asian, 2% Multiple, 5% Unknown
 - **Special school characteristics:** 69.23 percent of the students receive financial aid
 - **CIS impact:** Between August 1 and April 14, a total of 94 students received mental health services and 33 students were provided with comprehensive case management.

3 Identify and describe the level of need for mental health resources in the community of focus, citing relevant data (if available). What were the determining factors in selecting this population for the services/supports being proposed?

For adolescents, the first signs of mental illness or emotional problems may be displayed in the school environment. It is well documented that mental health issues such as anxiety, depression, and family problems are often the root causes of poor academic performance, disciplinary issues, truancy, and dropping out of school. Research shows that emotional and behavioral health issues present significant barriers to learning and academic achievement (Substance Abuse and Mental Health Services Administration [SAMHSA], 2009). This same research shows that mental health interventions are effective and can significantly improve academic performance scores.

School district personnel and CIS staff annually report an increase in the number of children and youth who are severely depressed, suicidal or experience other acute mental health issues. While CIS' ultimate goal is that students graduate from high school, our first priority is to provide a safety net for at-risk students. A successful learning environment is not attainable without consistent mental health support.

The majority of students referred to CIS for behavioral problems often grapple with severe issues, such as depression, grief and loss, abuse, and neglect. In FY 2013 CIS mental health professionals provided over **29,000** hours of mental and behavioral health support services to **5,177** Houston area students. This is a significant increase in the number of students and services tracked in previous years. CIS coordinated services for community mental health providers, whereby **403** students received MH services. Those contract services provided over **1,600** individual mental health counseling sessions and completed over **900** consultations with parents/caregivers and school/CIS staff members at **20** elementary, middle and high school campuses.

Regarding the mental health needs of post high school TAY, an issues white paper published in 2013 by NAMI reports that the following mental health issues are prevalent on college campuses

- 75% of lifetime cases of mental health conditions begin by age 24
- One in four young adults between the ages of 18 and 24 have a diagnosable mental illness
- More than 40 percent of college students have felt more than an average amount of stress with in the past 12 months
- Almost 73% of students living with a mental health condition experienced a mental health crisis on their campus, yet half reported that their college did not know about their crisis

The determining factors for selecting the population are based on the number of students involved in CIS programs at school sites who received mental health services and exhibited a need for continuing services beyond high school. Lamar High School was selected after completing a successful two year pilot, funded in part by the Harris Health Foundation. This initiative placed an additional part time licensed mental health professional on the CIS team to work with junior and senior students with persistent behavioral and mental health problems. Mental health case

management, transition services, support groups for students and parents, teacher education, and follow-up for TAY after high school were provided.

Lamar High School staff participated in the planning phase of the TAY grant. Strong administrative support from the school and the presence of licensed mental health professionals as part of the CIS team were key to the success of the program. Important program components include the *Leaving Lamar* transition group, NAMI groups for teachers, parents and students, DBSA and Montrose Center support groups, and individual counseling from DePelchin.

This proposal provides for continuation of the program at Lamar High School and replication in one high school and two community college sites that have good administrative support, a team that includes licensed CIS staff and mental health services partnerships with community providers.

Our community college programs are an exciting addition to our CIS Pre-K through grade 12 programs. We initiated our community college partnerships in 2012 at Lone Star Victory and Houston Community College Spring Branch campus. We extended to three additional Lone Star campuses in the past year. Community college sites were selected because many college students are in settings where there are few supports beyond the CIS office. These older TAY often do not have the continued support of their families in navigating the adult systems. Many are living on their own, have children or partners, juggling school and work, as well as managing their behavioral and mental health needs.

4 Describe what type(s) of services and supports are being proposed for the four-year grant period. If the services and supports will be provided using TIP values describe which ones and how.

CIS Mental Health Case Management using TIP values

The mission of CIS is to surround students with a community of support, empowering them to stay in school and achieve in life. CIS is based on the belief that programs don't change people---relationships do! CIS believes that every child deserves and needs the Five Basics to succeed academically and beyond:

- A one on one relationship with a caring adult
- A safe place to learn and grow
- A healthy start and future
- A marketable skill upon graduation
- A chance to give back to peers and the community

TIP Guiding Principles of Engagement, Tailoring of services, Empowerment and Partnering align with the CIS values.

CIS places a full-time social service professional on the school campus to deliver services and connect students and their families with community resources tailored to fit their needs. CIS implements a case management model of service delivery that is a student-centered, goal-oriented,

solution-focused process for assessing a student's needs. Students demonstrating the greatest need are described as "caseload students" and receive intensive case management and support services. Many more students than those identified for caseload are served at each CIS site. CIS staff assist in all crisis situations and provide assistance when a student is suicidal, has been hospitalized, is homeless or may have been abused. These students are followed by the CIS staff and are provided services that are documented in our data management system.

Services designed in collaboration with the student, may include any or all of the following six core components: Supportive Guidance and Counseling, Health and Human Services linkages and referrals, Parent Involvement and Education, Cultural Enrichment activities, Academic Enhancement, and Career and College Awareness. CIS conducts a full assessment of students and the school's needs annually. This needs assessment drives service provision around outcomes in the following areas: attendance, behavior, academic achievement, promotion, graduation and dropout. An annual campus operations plan is developed to provide whole school services and individual case management services. On CIS campuses that do not have a CIS mental health professional, CIS contracts with mental health community service providers.

CIS staff, contract mental health agency staff and the principal of the school receiving mental health services meet to review the goals and objectives of the project, protocols, consent forms, data management, and other issues. CIS administration and the partner agency administrators are in regular communication monitoring the implementation of this program.

We propose a TIP informed comprehensive mental health case management program for TAY that enhances the Lamar pilot program. Each site is described with a sampling of the services that have been provided by partners in the past and may be selected by the CIS and school staff as needed for TAYF at their site. The services are describe more fully later in the Behavioral and Mental Health Services section.

YEAR 1-4

Lamar HS

- CIS mental health case management by half-time CIS licensed mental health professional – caseload 30 students
- CIS Peer Navigator – Half-time position with case load of 15 students and post high school TAY. The case load will build and fluctuate over the course of the year, having some students added and others exiting services
- NAMI Parent Navigator services
- TAY Leadership Group
- Partner agency in-kind services
 - Depression and Bipolar Support Alliance support group
 - Montrose Center support group
 - Baylor Adolescent Health referrals for counseling
 - Family Services of Greater Houston counseling referrals

- Easter Seals case management referrals
- Disability Rights trainings
- Partner agency contract services
 - NAMI Peer to Peer and Connections courses
 - Project GRAD College Success
 - Houston Galveston Institute “Launching Is Not Leaving” parent program
 - NAMI “Ending the Silence” presentations
 - Planned Parenthood “Real Life Real Talk” for parents”

Northbrook HS

- CIS mental health case management – Half-time position by a CIS licensed mental health professional that is shared with Houston Community College – Spring Branch. Provides services that create a bridge for students between high school and college – shared case load 30.
- CIS Peer Navigator – A shared half-time position with Houston Community College – Spring Branch, with a shared caseload of 15 seniors and post high school TAY. The case load will build and fluctuate over the course of the year, having some students added and others exiting service.
- NAMI Parent Navigator Services
- TAY Leadership Group
- Partner agency in-kind services
 - Depression and Bipolar Support Alliance support group
 - Montrose Center support groups
 - Baylor Adolescent Health referrals for counseling
 - Disability Rights trainings
 - Family Services of Greater Houston at Spring Branch Community Education Center
 - Easter Seals referrals for case management
- Partner agency contract services
 - Project GRAD College Success
 - Houston Galveston Institute “Launching Is Not Leaving” parent program
 - Council on Alcohol and Drugs Houston counseling for high risk TAY
 - NAMI “Ending the Silence” presentations
 - NAMI Peer to Peer and Connections courses
 - Planned Parenthood “Real Life Real Talk” for parents

HCC Spring Branch

- CIS mental health case management – Shared half-time CIS licensed mental health professional with Northbrook High School –Shared case load of 30
- CIS Peer Navigator – Shared half-time with Northbrook High School with a shared caseload of 15 TAY. The case load will build and fluctuate over the course of the year, having some students added and others exiting service
- NAMI Parent Navigator services
- TAY Leadership Group
- Partner agency in-kind services

- Family Services at Spring Branch Community Education Center counseling and case management
- Disability Rights trainings
- Partner agency contract services
 - Depression and Bipolar Support Alliance young adult group
 - NAMI “Ending the Silence” presentations
 - NAMI “Peer to Peer” and Connections courses
 - Montrose Center young adult group
 - Project GRAD College Success
 - Council on Alcohol and Drugs Houston counseling

Lone Star College – Victory

- CIS mental health case management by full-time CIS licensed mental health professional – caseload 30
- CIS Peer Navigator - Half time with a case load of 15 TAY. The case load will build and fluctuate over the course of the year, having some students added and others exiting services
- NAMI Parent Navigator services
- TAY Leadership Group
- Partner agency in-kind services
 - METRO
 - ARK for College
 - North Harris Women’s Resource
 - Houston Furniture Bank
 - Vision USA
 - Family Services of Greater Houston for counseling and case management
 - Disability Rights trainings
- Partner agency contract services
 - Depression and Bipolar Support Alliance young adult group
 - Montrose Center support group and individual therapy
 - Project GRAD College Success
 - NAMI Peer to Peer and Connections Courses
 - Council on Alcohol and Drugs Houston counseling
 - NAMI “Ending the Silence” presentations
 - Houston Galveston Institute for individual adult and couples counseling

Behavioral and Mental Health Support Services provided by collaborating partners extend the work of the CIS staff and are a key component of this proposal. These agency partners have shown commitment to this initiative by participating in planning meetings, trainings, conducting focus groups and by proposing TIP informed support services. The proposals for services from the collaborating partners are offered as a menu and may be appropriate for one or more of the service clusters in the CIS TAY Collaborative, for TAYF, for other grantee program support and for staff development/professional education and training. The partners have indicated their eagerness to be included in training offered by the grant as it relates to developing a TIP informed practice that

significantly expands the scope of the TAY Initiative to a large number of TAYF serving agencies and insures lasting impact from the Hogg Foundations' investment in Houston

Council on Alcohol and Drugs Houston is a non-profit organization serving Houston for over 65 years. The Council provides prevention, intervention, outpatient treatment and aftercare, education and outreach for alcoholism, addiction, drug dependency and other compulsive behaviors. The Council provides a number of group prevention programs in CIS elementary and middle and high schools. For the post high school TAY, they are offering assessments and counseling for high risk youth, parent support and training. The Council's programs are evidence based.

DePelchin Children's Center is one of the largest providers of mental health, foster care and adoption services in Texas, providing a full continuum of care including psychiatric services, residential treatment, programs for at risk youth, parent education, foster care and adoption. DePelchin is a not for profit organization that has partnered with CIS for many years. DePelchin Children's Centers department of Program Development, Evaluation and Quality Improvement designed the focus group process, trained collaborative members to conduct groups and produced a document of findings used to develop this proposal. They have agreed to assist in the development of survey instruments, and data analysis related to the TAYF initiative. In addition, DePelchin has offered assistance with housing in their newly opened apartments for TAY. Finally, DePelchin is also interested in providing individual and group counseling services to high school TAY.

Depression and Bipolar Support Alliance of Greater Houston is a not for profit organization that provides education and referral, patient-led support groups for adults and masters therapist led support groups for adolescents. For the past four years, DBSA has provided support groups in CIS high schools at no cost and will continue to provide this service to the high schools targeted by this application. DBSA assisted with the TAYF needs assessment and have offered continuing services to the TAYF targeted by this project. DBSA proposes ongoing 90-minute weekly peer support groups for individuals 18 and older as well as their family, friends and other impacted. Trained facilitators will lead the peer process groups that are professionally supervised, monitored and managed by licensed mental health professionals.

The Dibble Institute is a non-profit organization that provides curricula and resources to equip young people with skills for developing healthy relationships. The Dibble Institute has proposed to train facilitators from CIS schools, the members of the CIS TAY Collaborative and Grantee organizations and any of their partners to implement the programs *Money Habitudes: How to be Rich in Life and Love* and *Love Notes*, an adaptation of two evidence based programs endorsed by SAMSHA. *Money Habitudes* allows TAY to examine the powerful symbolism of money and how to build success in setting and attaining personal goals. *Love Notes* offers high risk TAY lessons in making wise choices about partners, sex, relationships, pregnancy and more.

Family Services of Greater Houston, a long time CIS partner, provides individuals and families with the counseling and guidance they need to strengthen themselves and their relationships. Family Services is dedicated to collaborating with community stakeholders to reduce fragmented and

duplicated services and to increase TAYF driven services. As a fellow grantee, Family Services is offering counseling and case management for TAYF at two sites convenient to the CIS target areas. In addition, Family Services, a United Way agency, is a THRIVE provider offering family case management services to improve financial skills and stability.

Houston Galveston Institute has a 35 year history providing service for at risk children, youth and families with innovative and collaborative therapy, training and research. HGI recently opened the city's first walk-in counseling center located near Lamar High School. They also provide services to homeless TAY at Covenant House and conducted focus groups with TAY for this project. HGI would like to provide individual, family and couples counseling on site or at the target schools. They are offering parenting classes, *Launching is not Letting Go* for TAY parents and training and supervision for mental health providers on an evidence based counseling outcome management system, Partners for Change Outcome Management System to interested grantee and partner organizations.

Mental Health America Houston, the city's leading advocacy and education resource for mental health issues and those who care about them would like to offer an adaption of *Mental Health First Aid*, a public education program designed to improve participant's knowledge and modify attitudes and perceptions (i.e., stigma) about mental health and related issues. *Youth Mental Health First Aid* is designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human service workers and other caring citizens how to help an adolescent who is experiencing a mental health or addictions challenge or is in crisis. MHA would like to provide this training to CIS staff, teachers and employers of TAY.

Montrose Center is a not for profit agency working to empower the community, primarily gay, lesbian, bisexual and transgender individuals and their families to enjoy healthier and more fulfilling lives. The Center conducted focus groups with the TAY they serve. The Center has provided Safe Zones support groups and counseling at many CIS high schools over the past five years. In addition to Safe Zones, the Center can provide two one-hour support groups for LGBT TAY, one for mental health issues, as well as support linking participants to other providers. The second group format will focus on employment issues, including job search, managing stress/mental health issues and on how to conduct oneself in an interview. The Montrose Center could also provide individual therapy at the center or in the schools as needed.

National Alliance on Mental Illness works to improve the lives of all persons affected by mental illness through support, education and advocacy based programs. NAMI has been a strong partner within the collaborative assisting with focus groups for TAY and TAYF. NAMI has agreed to contract with the CIS TAY Collaborative and support one part-time Parent Navigator to conduct individualized client assessments in order to provide guidance and assistance in linking family members and caregivers to medical, social, community, legal, financial, and other needed services on behalf of their child living with a mental illness. This component is described in more detail under Parent Services. In addition, NAMI can provide training for Peer Navigators, a ten-week *Peer to Peer* course for TAY, a *Connections Recovery Support Group*, and *Ending the Silence* presentations to groups.

Planned Parenthood Gulf Coast works to ensure the rights and ability of all individuals to manage their sexual and reproductive health by providing health care, education and advocacy. Planned Parenthood brings sexual health and healthy relationships education for TAY and their parents and the professionals serving TAYF. They propose to offer three programs to CIS staff, members of the collaborative, other grantees and their partners, to integrate sexual and reproductive emotional and physical health information into existing and new programs. *Life Skills and Sexuality for Youth*, is a program for youth can be offered to high school students. The curricula is designed to reduce the risk of unintended pregnancy, sexually transmitted infections by negotiating safe and consensual sexual behaviors, identifying exploitation, and health and unhealthy relationships. *Real Life Real Talk for Parents* can be offered on the school campus or through NAMI. This program empowers parents with communications skills about sexuality, love and relationships with emphasis on issues relating to TAY with mental and behavioral health challenges.

Project GRAD Houston works to build hope and provide resources to low income communities to deliver support during high school and in college in order to ensure students are ready for and ultimately succeed in earning college degrees. A long term partner of CIS, GRAD will assist with college access and offers their College Success Program services that include guidance and support for students pursuing post-secondary goals. They provide face-to-face guidance, and iMentoring programs for TAY from the CIS schools and other grantee partner TAY clients.

Peer Navigator Program

A major finding from the focus groups for the CIS TAY Collaborative, as well as for the other grantees, was the need for Peer to Peer mentoring, services linkages and navigation. There is data to suggest that a Behavioral Health Peer Navigator supports the recovery process. Mental Health America encourages the development of peer support programs that provide an opportunity for consumers who have achieved significant recovery to assist others in their recovery journeys. Peer specialists model recovery, teach life skills and offer support to help people experiencing mental health challenges lead meaningful lives in the community.

SAMHSA describes the service as a set of non-clinical activities that engage, educate and offer support to individuals, family members and caregivers in order to successfully connect them to culturally relevant health services, including prevention, diagnosis, timely treatment, recovery management and follow-up. This service includes working with TAYF to develop and implement an individualized action plan that may include:

- Coordinating physician visits and other medical appointments
- Arranging transportation
- Accessing and maintaining insurance coverage
- Providing education about medical conditions and recovery strategies
- Facilitating communication with health care providers
- Motivating and educating about preventive services
- Assistance completing medical, financial and other forms
- Arranging for translation services where needed

- Providing emotional support to alleviate fears of and barriers to accessing health care and employment, housing, and other life goals

We met with NAMI, MHMRA Peer Navigation Program and Livestrong Navigation and Emotional Support program staff to learn more about designing and implementing a Peer Navigation program that employs TAY as a member of the campus-based CIS team to serve as a peer mentor, advocate and transition coach for a caseload of TAY.

The design of this component requires further research on successful models and on the resources available through NAMI, MHMRA and the Houston Community College program for the Community Health Worker state certification. We propose to spend the first three months of the grant period in developing the model and training program, creating the position description, recruiting, interviewing and hiring TAY to fulfill the position.

Training for the Peer Navigators would begin in September, 2014, with assignment to a CIS site under the supervision and guidance of the CIS Project Manager. Training will include pre-services personnel orientation regarding agency policies, record keeping, client confidentiality, mandated reporting of abuse and ethical issues. Pre-service training may include the TIP model, NAMI Peer to Peer and Connections training and the state certification for Community Health Workers.

Parent Navigator Program

NAMI Greater Houston has agreed to contract with the CIS TAY Collaborative and support one part-time Parent Navigator. The Parent Navigator will conduct individualized client assessments, and provide guidance and assistance in linking family members and caregivers to medical, social, community, legal, financial and other needed services.

The Parent Navigator will be employed by NAMI Greater Houston. The Parent Navigator will manage a caseload of no more than 25 parents. Cases will remain active for up to 180 days and will be reviewed by the NAMI supervisor once every 30 days. NAMI will provide individual supervision for the Parent Navigator. Supervision includes one-to-one consultation, discussion of gaps in services or barriers to services, intervention strategies and caseload assessments.

Training Program to promote collaboration and TIP Informed Services for TAYF among Houston Harris County education service providers

Within the first six months of the grant period, we will develop a scope and sequence for training that effectively transmits the values of TIP Informed service provision. The purpose is to develop skills and knowledge for CIS staff (to include CIS high school staff from over 20 non-targeted high schools) and staff from the collaborating partners and grantee organizations. The topics to be included will be tailored to the audience, TAYF, caregivers, teachers, CIS staff, Peer Navigators, community partners serving TAYF. Training opportunities will include those offered by the Hogg Foundation TAY Initiative to grantees as well as those proposed by the CIS TAY Collaborative partners as described in the partner services section.

5 If the proposed service(s) is an evidence-based or promising practice, please define. Explain the research or practice evidence, if any, for the service intervention.

Evidence Base for the CIS Case Management Model

The CIS comprehensive mental health case management model was adopted from the Brandies University Case Management model. For CIS purposes, case management is defined as a student-centered, goal oriented, systemic problem solving process for assessing a student's need for particular services and assisting the student in obtaining those services that will lead to success.

The CIS program was evaluated by ICF International in a five year study that cites proof that the CIS model of integrated student services decreases dropout and increases graduation rates when implemented with fidelity. CIS intensive case management services (one on one tailored services for students at risk) produce the strongest reduction in dropout rates of any existing fully-scaled dropout prevention program compared to those that have been evaluated and screened by the Department of Education's What Works Clearinghouse.

CIS is currently working with Edvance to evaluate our mental health case management program funded by AT&T Aspire and implemented at Northbrook High School with the Summer Bridge Program to Houston Community College Spring Branch. Informal findings suggest that the program has been effective in meeting its objectives for academic, attendance and behavior improvements, stay in school and graduation success, and satisfaction with the behavior and mental health supports. These supports have led to improved peer and adult relations, satisfaction with school and home life and a more positive view of the future.

The Lamar Behavioral Health Program has met the same goals with the students served by CIS. In addition, data show that there were fewer suicide attempts, reduced number of crisis situations for students in the program and report improved functioning overall. While neither the AT&T program nor the Lamar program have been subjected to rigorous evaluation, the data do support the efficacy of the model.

Evidence base for Family and Youth Peer Support

Family and youth peer support providers and consumers stress that these services are an essential enhancement to formal services to promote the health and well-being of children and families. Though evidence of their effectiveness is still emerging, the existing research suggests positive outcomes for those receiving the services. The literature also emphasizes the need for more in-depth research on this topic. A summary of the research was published by the Center for Health Care Strategies, Inc. produced under a grant from the US Department of Health and Human Services in 2013. The benefits cited include:

- Peer support provides benefits of experiential learning and helps to connect families with each other.

- Peer support programs help parents who have children with special needs find and become reliable allies for each other.
- Parent to parent support programs are valued by parents and may improve the emotional functioning of parents who have children with disabilities and help them improve their coping skills.
- The self-efficacy and empowerment of families can be enhanced by providing family support. This has been associated with a variety of improved outcomes such as service initiation and completion, increased knowledge about the youth's condition and relevant services and youth functioning at discharge.

6 Describe TAYF involvement in the development and implementation of the program. Other than a possible recipient of services, describe how TAYF will be involved in the implementation of the program.

TAYF involvement in development of the program

TAYF were members of the collaborative grant planning committee and participated in developing and reviewing the proposal. TAYF organized and led three focus groups as did the TAY advisor and TAY Graduate Student Intern. As noted earlier, several caregivers and the TAY advisor attended planning meetings. Eighty TAYF participated in the focus groups. This proposal was provided to several CIS project managers and has been reviewed with TAYF.

TAYF involvement in implementation of the program

TAYF will continue to participate in the ongoing oversight providing guidance, seeking input from other TAYF on the plan of work and the progress and reports of the program. The management process for CIS is highly collaborative with a cluster meeting concept to provide the overall administration and guidance to direct service staff. TAY Peer Navigators will be a member of the CIS team on each of the program sites and will attend all CIS TAY Initiative cluster meetings and trainings, as will the Parent Navigator. Additionally, each site will have a TAY Leadership group that will meet at least bi monthly to address transition issues and for leadership development. The campus TAY Leadership groups will be co-facilitated by the CIS TAY counselor and CIS Peer Navigator. Each group will be asked to ask one or two TAYF to represent them on the Advisory Group.

Each of the collaborating partners has agreed to participate in an Advisory Group for the CIS TAY Collaborative TAY Initiative. We envision continuing the collaborative meetings on a bi-monthly basis and TAY Caregivers, the TAY advisor and TAY Graduate Student Intern will continue to be a part of that advising and coordinating group as would the Peer Navigators and TAYF representative from the four target sites. Membership in the collaborative is egalitarian and all members are provided with all information and are asked for input on ideas, proposals and issues. One area of consideration as we develop the scope and sequence for the Training Program is the skills needed by TAYF to participate fully in such meetings.

TAYF input will be incorporated

This proposal is the result of the input we received from the TAYF we interviewed in the focus groups and the TAYF interviewed by the other grantee organizations captured in the reports. TAYF input has been incorporated and this will continue. The premise of CIS is that relationships change people; relationships and mutually identified goals are the basis of our work.

7 Describe the steps to be taken to ensure that the services will be provided in a culturally and linguistically competent manner. Describe any cultural adaptations that will be made to the proposed intervention to improve service delivery.

CIS services are culturally and linguistically competent for the three predominant ethnic groups represented: Hispanic, African American and White. CIS staff reflect the populations they serve in the school settings. Many staff are bilingual and bicultural. The community colleges data show a significant number of Asian students, in cases where language and culture are a major factor, we reach out to one of our CIS partner agencies such as The Chinese Community Center, Asian American Family Services, Catholic Charities Refugee Services or Interfaith Ministries for assistance.

8 Describe the process by which youth will be identified as eligible for the program

In the public school sites, CIS serves students who meet one or more of the conditions described by the Texas Education Code as being “at risk” for dropping out of school. The criteria address retention and being overage for grade placement, failure in grades or course exams or unsuccessful performance on state assessment instruments. In addition to academic criteria, conditions such as family conflict, behavioral or mental health problems, pregnancy, substance use and being in foster care, on probation, homeless or a member of a family receiving state aid or eligible for free and reduced lunch are also included.

CIS students will be identified as eligible for the program who have one or more of the “at-risk” conditions and, are experiencing a mental health related crisis, or have persistent behavioral mental health problems, school personnel, parents and students make referrals to CIS. In the community college sites, academic advisors and professors refer but the greatest referral source are the students themselves. Recent graduates of the high schools with mental health needs who are known to the CIS staff will be contacted about the program and services.

9 In addition, if a screening strategy is proposed, what approach will be used? If a screening instrument is to be used, provide references for the instrument and describe it, including the languages in which the instruments are available and has been validated. Indicate the reading level of the tool.

While no formal screening instrument is proposed, upon referral, the TAY meets with the CIS staff in a one-on-one session to complete an assessment that examines barriers to the personal goals the TAY wants to meet, and together they identify services that will help the TAY achieve those goals.

The CIS Assessment is a standardized document that gathers information in partnership with the student.

10 Identify any gaps in resources or services that the proposed program will fill.

Gaps in resources and services were identified by TAYF in focus groups conducted by the CIS TAY Collaborative and by the other grantees. Key informant interviews with researchers, providers, advocates, parents, college personnel, policy makers and other grantees were conducted and are source of information. The presentations by TAYF at the Texas Network of Youth Services (TNOYS) events were consistent with other findings. The gaps include: more TAYF involvement in planning and decision making, peer mentoring, advocacy, and navigation for both youth and parents, personalized case management services, better communication between services providers and services linkages and continuity, counseling, support groups, education and training on a host of issues related to life skills as well as mental health issues and stigma elimination for TAYF and providers. The program of services proposed by the CIS TAY Collaborative addresses these gaps in resources and services.

- TAYF involvement in planning and decision making
This gap is addressed by the continued involvement of the TAYF who are active members of the CIS TAY Collaborative. This gap is addressed by the TIP Informed CIS mental health case management process by which TAY identify the goals that are meaningful to them and approve their own service plan. The Peer Navigator and Parent Navigator positions are paid and they are equal members of the service team working with their own case loads of TAYF. Finally, the TAY Leadership groups proposed for each site provide ongoing involvement in planning and decision making.
- Peer to Peer mentoring, advocacy, and navigation for youth and caregivers
This gap is addressed by the Peer Navigator and Parent Navigator positions whose duties involve case management, service linkage, mentoring, advocacy and navigation for TAYF. Ongoing participation in the campus TAY Leadership groups and TAYF participation on the CIS TAY Collaborative Advisory group further address this need.
- Personalized Case management services, better communication between services providers and services linkages and continuity
The CIS case management model is a collaboration with the student in service planning implementation and is based on CIS core values of empathy, respect, genuine listening and supportive challenge. CIS staff are trained to understand that youth is the main focus of the relationship and their role is to facilitate learning and growth, creating opportunities for planning and setting goals and learning new skills. Continuity is addressed by maintaining the relationship and services support to TAY after high school graduation when transitioning into the community in work or college settings. CIS partners with over 200 community organizations that provide a wide array of resources, and linking to these partners is well established. New

linkages have been formed in the grant planning process this collaboration and resource development will continue to address needs.

- Counseling and Support Groups

This gap is addressed by the comprehensive mental health case management services provided to TAY by the CIS program staff and a host of dedicated community partners as described in the Partner Services section of this proposal. We have commitments from current partners such as DBSA, Montrose Center, DePelchin, HGI, Family Services, the Houston Council and most recently, MHMRA to continue to provide pro bono or contracted counseling and support groups. Baylor, Easter Seals and the Hay Center, fellow grantees, are good referral sources for TAYF who fit their criteria.

- Education and Training for TAYF and providers for life skills, mental health information and stigma elimination

This gap is addressed in the services offered by the collaborating community partners described in the Services section of this proposal. Training and education for TAYF and service providers, educators and the general public in areas such as college and career planning, financial management, healthy relationships and sexuality, stigma elimination, peer mentoring, parent resources and supports, substance use prevention and intervention. In addition, grantees have included education and training for TAYF and providers in areas related to legal rights such as disability issues, employment, housing, and immigration and in peer to peer mentoring, motivational interviewing, homeless TAY and youth aging out of foster care.

11 Describe training & technical assistance you will require to implement your service plan.

The service plan described in this proposal will require training and technical assistance in the following areas:

- TIP informed practice that will further align TIP values and domains with CIS values and core services.
- Peer Navigator and Parent Navigator positions include the expectations of effective partnering in service delivery and successful assimilation in the organization and on campus teams. Training and supports are needed. We would like assistance from TNOYS, Ashley Montondon from MHMRA, NAMI, Via Hope and the Hogg Foundation.
- Information and resources on housing and employment, legal issues, the adult mental health system and other adult services.
- Adapting the CIS satisfaction surveys for TAYF related to the needs expressed and goals of this grant. We have provided for this with contracted services from DePelchin's Program Development, Evaluation and Quality Improvement Department.

12 Identify the key individuals who will be responsible for program implementation, including program oversight and evaluation. Describe the use of consultants, if any, in developing and

implementing the program. Provide resumes of any staff and/or contractors assigned to the service implementation project.

CIS-TAY Initiative Manager – The position will include oversight of the Hogg-TAY grant implementation of service delivery, data collection and reporting. The position requires a mental health professional license and experience with CIS case management.

CIS-TAY Counselor – Work with TAY students to provide on-site mental health service, case management, transition services and linkage to services. The position requires a mental health professional license.

CIS Peer Navigator – Work with TAY students and the CIS-TAY counselor on-site and in the community, providing a peer-to-peer prospective and assistance with linkage to services. The position will be filled by a person with first-hand experience with mental health challenges (referred to as lived experience).

CIS TAY Graduate Student Intern to assist the project manager and work closely with the CIS Peer Navigators. This is a part time assignment with stipend.

Consultants:

DePelchin Program Improvement, Development and Quality Improvement Department is led by Dr. Luis Velez, M.D., PhD. who has extensive experience in biostatistics and epidemiology and holds faculty positions at UT School of Public Health and The University of Houston. Dr. Velez is a parent of a teen-aged son with Autism Spectrum disorder and is personally committed to the TAY Initiative.

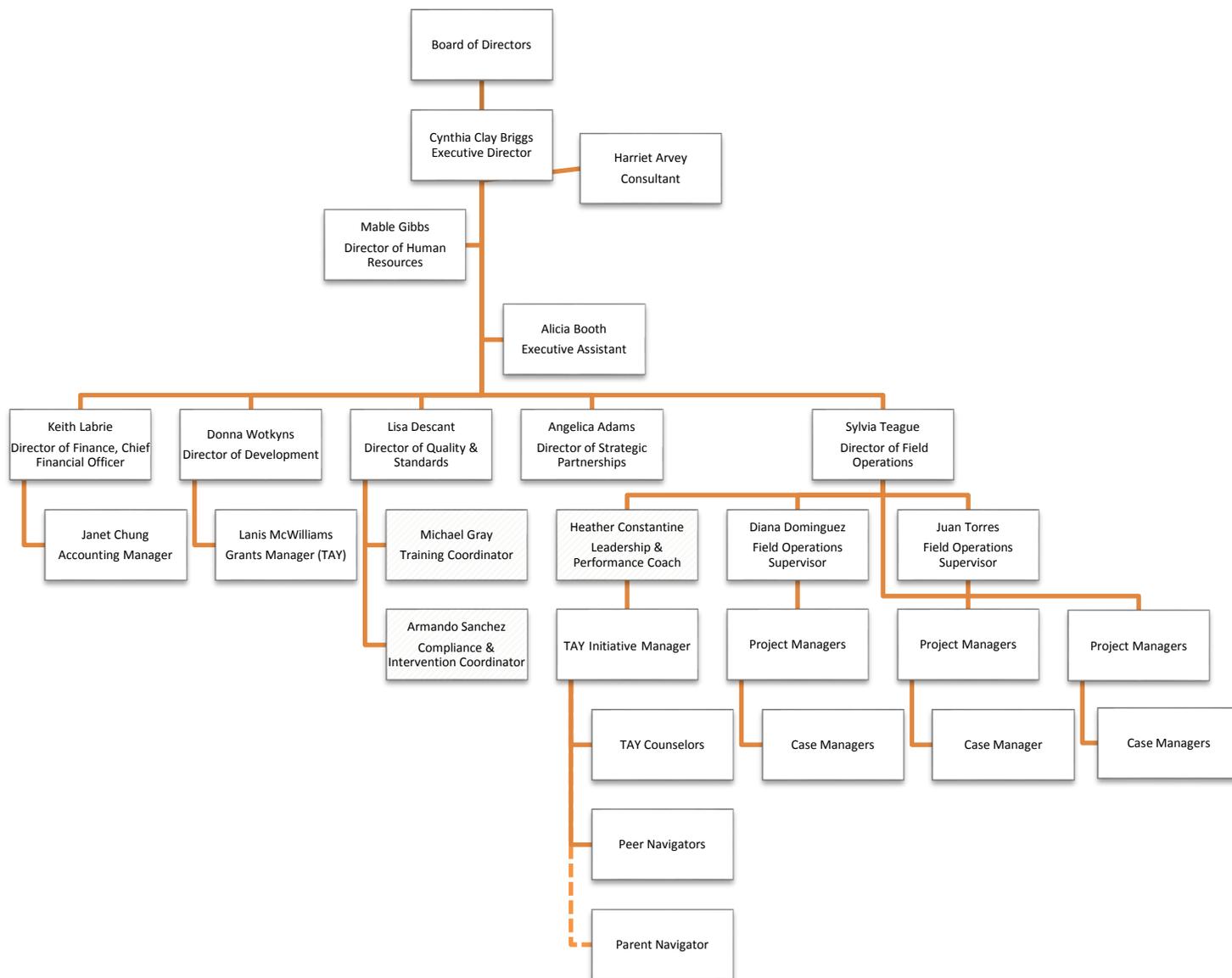
Dr. Harriet Arvey is a licensed psychologist with over 35 years' experience designing and managing mental health and health related collaborative school and community based grants and programs. She was Assistant Superintendent for Student Support Services in the Houston Independent School District for 26 years and joined CIS Houston as a consultant in 2004 where she has been responsible for developing the CIS Mental Health Initiative. She will continue to provide technical support to the TAY Initiative and serve a mentor to staff.

CIS TAY Initiative Manager - Resume

CIS Leadership & Performance Coach - Resume

CIS Training Coordinator CIS - Resume

CIS Quality and Standards, Compliance & Intervention Coordinator - Resume



OUTCOMES /EVALUATION

Outcomes should address: *“How would we know that this project worked or was successful?” What change will occur?”*

- *Identify the mental health outcomes expected as a result of the services.*

Mental health outcomes were identified by the TAYF participants in the eight grantee focus groups, individual interviews and TAYF presentations to the grantees. The outcomes desired by TAYF will be reviewed and included in the survey instruments that will be completed as appropriate by relevant stakeholders, i.e. TAYF, CIS staff serving TAY in this initiative, to include the Peer Navigators, TAY parents and school staff familiar with the TAY served.

Outcomes related to services and resources may include:

- I know more about resources and services
- I understand how to connect to services
- I communicate better with my service providers
- I feel my individual characteristics were accepted by my service providers
- My feelings, emotions and fears were understood by my service provider
- I was given choices by my service provider that fit my needs abilities and wishes
- I am better able to obtain the services I need
- I felt that my ideas were accepted by my service providers

Outcomes related to the individual may include:

- I have a better understanding of my symptoms and/or diagnosis
 - I felt that my ideas were accepted
 - I was able to contribute to others
 - I have the medication that is working for me
 - I have felt more in control of my life
 - I have had fewer times that I felt I was in crisis
 - I feel happier
 - My relationships with my parents have improved
 - My relationships with my teachers or professors have improved
 - My relationships with my peers have improved
- Keep in mind your individual program outcomes should be related to the key goals of the initiative:
1. Increased TAYF involvement
 2. Increased collaboration with TAYF, service providers and resources
 3. Desired services and resources identified by TAYF
1. There will be an increase in involvement of TAYF in the ongoing planning and development, training, implementation and review of TIP informed and TAYF guided services of 100% using as baseline the number of TAYF (6) who had an active role in the planning and development of this proposal as measured by sign in sheets, CIS campus based reports and by participant responses to surveys.
 2. There will be success for TAY by coordinating services and resources identified by TAYF in the provision of TIP Informed comprehensive mental health case management and support services as evidenced by improved functioning in: 1. academics, 2. behavior, 3. attendance, 4. persistence in school, 5. graduation or certificate program completion as measured by the CIS data collection and management system and participant responses to surveys.
 3. Develop and implement a Peer Navigation program based on best practices that employ TAY as a member of the CIS comprehensive mental health case management team at the target sites. Implement a Parent Navigator program to give information, support and advocacy to help TAY

move into adulthood. Success will be measured by CIS outcomes and survey responses from the Parent and Peer Navigators related to their feelings of acceptance and life satisfaction.

4. Sustain the goals of the Initiative in Houston/Harris County, and increase collaboration with TAYF service providers and resources by developing and implementing a training program for TAYF, Peer Navigators, CIS staff, Collaborative Partners and other grantees that effectively disseminate skills and knowledge. Success will be measured by participant satisfaction ratings of trainings and key informant interviews.

- **Please specify how participants in your project will improve as a result of your programs.**
- 70% of TAY will self-report improved functioning as evidenced by responses to CIS survey.
- 70% of high school TAY will improve functioning as evidenced by improved academics, attendance or behavior.
- 70% of high school TAY will stay in school
- 70% of college TAY will persist in school from term to term
- 70 % of eligible 12th grade students will graduate as evidenced by school data
- 70% of TAY parents surveyed will report improved functioning for their child as evidenced by results of survey
- Peer Navigators and Parent Navigator will report positive acceptance in the organization and their roles and life satisfaction as measured by confidential interviews conducted by a third party.
- **Outcomes should fall under the mission of your organization.**

Outcome measures of improvement for TAY participants in the CIS TAY Collaborative programs fall under the mission of CIS:

The mission of CIS is to surround students with a community of support empowering them to stay in school and achieve in life. CIS has a comprehensive data collection and management system with individual student services data as well as broad program data. Report cards are the primary indicator used to measure student's success. Additionally, CIS utilizes student surveys to assess changes in attitudes, including the ability to make decisions and plan for the future, the ability to manage anger and peacefully resolve conflicts, an interest in learning and higher education, and the setting of long term, career and life goals.

Teachers, administrators and service providers complete progress surveys for case load students to indicate improvement in the areas of academics, attendance or behavior. The goal of CIS is to keep at risk students in school, learning and achieving through graduation with a plan for the next stage of their life.

Staff collects demographics and conducts formal assessments of all caseload students using school data. They consult with school faculty and interview students and family members. Forms are completed daily to document individual, group and family services. Data is entered into a centralized database and checks and balances are in place to ensure accuracy. Data is analyzed and organized in reporting formats. Progress is tracked throughout the year through report cards, monitoring grades and attendance, consulting with school faculty and feedback from the student or family members.

- **Include an emerging plan for how your organization will contribute to the larger evaluation of the initiative, including data collection for your site on identified outcomes and youth served. Explain how data collected will contribute to the larger evaluation. Include any areas where you will need additional support for your evaluation efforts (for example, data analysis, etc.)**

CIS will contribute to the larger evaluation of the TAY Initiative by providing data collected by CIS. The data will contribute to the larger evaluation by providing evidence related to the desired outcomes identified by the TAYF participants during the planning period.

Information collected by the CIS TAY Collaborative as related to the Peer Navigator and Parent Navigator program components will be of value to the larger evaluation. The qualitative and quantitative data collected by the CIS TAY Collaborative on the various support services and training activities proposed will be of value to the larger evaluation and will identify needs, strengths and barriers to service delivery and training that will help to guide the initiative over the four year grant period.

We will need additional support for our evaluation efforts in modifying current survey instruments to align with the TIP Informed goals of the TAY Initiative. We have asked the DePelchin's Program Development, Evaluation and Quality Improvement Department to assist with this. We need technical assistance and support in data analysis and assistance interpreting findings so that we can make timely and effective modifications to the program.

Please see Logic Model in supporting documents.

SUSTAINABILITY/COMMUNITY RESOURCES

- **Describe your plans for sustaining the program after the grant funds are no longer available.**

The design of the CIS TAY Collaborative program sustains the goals of the TAY Initiative in Houston and Harris County by: 1. increasing collaboration with TAYF service providers and resources, 2. developing and implementing a training program for TAY Peer and Parent Navigators, 3. Assigning the CIS staff to high school and community college sites in the Alief, Houston, Aldine and Spring Branch ISD's and in Houston Community College and Lone Star College. In addition, training is offered to TAY Initiative grantees, their partners and to CIS TAY Collaborative staff. These groups represent a significant proportion of the youth serving agencies in the Houston metropolitan area.

CIS has a long history of successful fundraising. CIS is a cost effective program with a strong, diversified financial base including state, federal, foundation, corporate and individual support. Adequate private funding is critical to our ability to provide services, and unrestricted funds help keep our programming

and organizational infrastructure stable. The sustainability plan for the CIS Mental Health Initiative includes the following:

- Increasing awareness of the need for TIP Informed services for TAYF and school-based mental health counseling among funders to increase donor support.
- Participating in efforts to receive expanded state funding for school-based case management and mental health counseling components with emphasis on raising awareness about the unique needs of TAYF.
- Collaborating with mental health community providers and school districts to expand TIP informed services to TAYF at CIS schools.
- Partnering with other TAY Initiative grantees and mental health community providers on funding applications to pursue mental health support for TIP informed services for TAYF.
- **Describe the community's ability to support the program. Identify strengths and resources within the community of focus upon which the program will build.**

As described above and throughout the CIS TAY Collaborative proposal, there is strong evidence that collaboration has a long history in this community. The active support of the members of the Collaborative and work of the grantees during the planning period of this grant are testimony to the community's strengths and willingness to work together for TAYF. Many of the agencies and their representatives have been working together in Houston for 20 to 30 years. They have designed and been awarded many grants for collaborative programs from both public and private funding sources. The major public supporters of CIS are the school districts and community colleges that support the program by paying between 50 and 100 percent of the costs of the program.

- **Describe any resources currently available to assist in achieving the goals (For example: community-based resources, other non-profits, financial resources)**

Resources currently available to assist in achieving the goals include the in-kind funds that support the CIS case management program in 110 school sites, the significant in-kind services provided by the collaborating partners and the funding from foundations and public grants that support the CIS Mental Health Initiative.

TIMELINE

Please include a reasonable four-year timeline of your project design to include TAYF involvement and other ongoing collaborative efforts.

Please see timeline attachment.

BUDGET

Include a budget for each of the four years of the grant program

- **Include Budget template and budget narrative**

Please see budget and budget narrative attachment.