

welcome to those who continue the path
helped create the route,
thank you to those who
leave an imprint, we take

TARRANT COUNTY REACHING TEENS PILOT



WHAT YOU DO MATTERS

PATHWAYS TO BUILDING RESILIENCE IN YOUTH



September 2017

Dear Fellow Advocates for Youth:

On behalf of the Board of Directors and members of Mental Health Connection of Tarrant County (MHC), we are pleased to provide this report to others in our community and beyond who will potentially benefit from our experiences. MHC has long been working toward becoming a trauma-informed community. Learning to build resilience seemed to be the perfect next step.

When Dr. Kenneth Ginsburg asked our collaboration to pilot *Reaching Teens* across our community, we readily agreed. Our pilot created the opportunity to work with the American Academy of Pediatrics. We found *Reaching Teens* to be a valuable conduit to achieving our overarching goal that wherever a teenager enters any system or agency in our community, he or she will be treated in the same strengths-based, trauma-informed ways. *Reaching Teens* has helped us support this value and has enhanced this culture.

Because we value outcomes and learning from our collaborative experiences, we contracted with the University of North Texas Health Science Center to design an evaluation of our pilot. While we knew we would not be able to measure impact on youth in these early stages, we wanted to track the processes that were used as we implemented this program across multiple diverse systems. We also wanted to measure institutional and individual changes as much as possible. The results are published here. Using qualitative and quantitative methods, we believe we have accomplished our goal.

Reaching Teens provided us an opportunity to maximize our collective wisdom to create quality services, transform systems, provide training across systems and disciplines, and to create a common language as we work with our Tarrant County adolescents. The Continuing Education Units provided by AAP were an added bonus.

We hope you will find this document helpful as you work to build resilience in the youth you serve.

Sincerely,

Handwritten signature of Todd A. Landry in blue ink.

Todd A. Landry
Chief Executive Officer
Lena Pope
Co-Chair
Resilience Committee

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Virginia Hoft
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Patsy Thomas, President
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July 3, 2017

Dear Patsy, Resilience Committee, Friends and Colleagues,

What a joy and honor it has been collaborating with you over the last three years in the implementation of The Reaching Teens curriculum! In November of 2013, I presented "Resilience in Action: Supporting Youth to THRIVE Even in the Context of Stress and Trauma." an all-day seminar to over 800 youth serving professionals in your community. I had given a similar talk in many communities throughout America, but there was something qualitatively different about your commitment to actively address the needs of young people. Your vision and commitment led me to ask whether Ft Worth, Texas and Tarrant County would consider being the pilot region for the implementation of "Reaching Teens: Strength-based Communication Strategies to Support Healthy Development and Build Resilience." Three years later, I see that as one of the best decisions I have ever made. I have learned so much from you and genuinely hold you as a national model for community organization and collaboration.

I have tried to describe to colleagues the "secret sauce" that makes Tarrant County such a special place for young people. The most important ingredient youth need to thrive are adults who care about them deeply and who hold them to high expectations – in terms of becoming their best selves. In Tarrant County, you have adults who genuinely care about kids and who know that only when we come out of our silos can we create seamless services to meet the needs of ALL youth. Such a utopian vision – the removal of silos – is nearly impossible to achieve. We can however, strive to come closer only with leadership that is committed to collaboration, and that genuinely understands that we are all stronger when we dismiss our territorial restraints to arrive at a common vision for a society in which each young person is held to the standards that will allow them to reach their potential. Such collaboration can only be achieved with strong, stable leadership that can clearly frame the goal and consistently remind participants why they must keep their collective eyes on the ball, especially during temporary setbacks.

I could not be more genuine when I tell you that Mental Health Connection is a model for the nation. Your commitment to having the adults who work with youth in a variety of different contexts share a unified – or at least synergistic – vision and approach simply must be replicated. I am deeply appreciative of the leadership role you have already taken in mentoring other communities from Maine, to California, to El Paso, Texas.

I am thrilled that you chose "Reaching Teens" as a strategy to reach your goals. I sincerely believe that its commitment to seeing the best in youth and its inclusion of trauma-informed practices offers meaningful content to build skills in youth-serving professionals. Trauma-informed practices can be summarized with three key principles. First, "Knowing what is about you and what is not about you" allows us to understand undesired behavior stems from past trauma and is not a reflection on us. This prevents the defensiveness that undermines our ability to continue to serve in a loving way. It also prevents the self-doubt that is the first step towards burnout. The second principle, borrowed from the Sanctuary Model is "Changing your lens from 'What's wrong with you!?' to 'What happened to you?'" This supports the empathetic stance at the root of healing. The third principle, "Giving control back to people from whom control has been taken away," is central to counseling strategies that help teens understand they are respected – and capable of driving their decision-making and self-healing practices.

However, it must be stated that "Reaching Teens" is not the key to the success of Ft. Worth's efforts to transform the landscape for its youth. You have succeeded because of the shared vision of the adults and the willingness of diverse agencies to formally come together on a regular basis to discuss creating a youth-focused community. I genuinely hope that "Reaching Teens" continues to be a unifying focus for the city, but no matter what, never stop your collaborative commitments- they are what make the biggest difference.

Next steps: Moving beyond healing from trauma and building a city-wide commitment to create the landscape where ALL youth, regardless of life circumstances, will bring their very best selves to the future. This involves expanding the circle of supportive adults in young people's lives, including the business (hiring!) community. When adults are both trauma-informed and committed to positive youth development, youth will thrive and our communities will flourish now and far into the future. I hope to continue to stand alongside you for years to come as Ft Worth continues to build its rightful place as a model for the nation.

Most Respectfully and with Deep Affection,

Kenneth R. Ginsburg, M.D., MsEd.
Professor of Pediatrics
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Dear Members of the Fort Worth/Tarrant County Mental Health Connection:

On behalf of the American Academy of Pediatrics, I want to thank you for your commitment to the youth of Fort Worth and Tarrant County through your participation in the *Reaching Teens* program. Your integration of this valuable program will enable all of your supporting agencies to speak to the youth of the Tarrant County with a confident and unified voice, allowing you to provide support and guidance to those who need you.

Reaching Teens, by Drs. Ken Ginsburg and Sara Kinsman is a unique instructional resource for any and all professionals who work with youth. Through your efforts over the past three years, in large group meetings and individual study, you have learned strength-based communication strategies to support healthy adolescent development and help youth build resilience. The impact that this will allow you to make on your community's youth is immeasurable.

The mission of the American Academy of Pediatrics (AAP) is to attain optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults. We believe in the inherent worth of all children as they are our most enduring and vulnerable legacy. Your commitment to the *Reaching Teens* program demonstrates the importance that you place on our future generations.

It has been our great pleasure to work with you over the last three years, and we are proud to be your partners in this endeavor.

We thank you for your commitment to *Reaching Teens*, and wish you great success in the future.

Sincerely,

Mary Lou S. White
Senior Vice President, Member Engagement, Marketing and Sales



SPECIAL ACKNOWLEDGMENTS

In Appreciation to

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Champions

These individuals were the liaisons between their agencies and the Resilience Committee, which provided oversight of the pilot project.

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Amon G. Carter Foundation

The Rees-Jones Foundation



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MENTAL HEALTH CONNECTION OF TARRANT COUNTY: OUR *REACHING TEENS* STORY



REACHING TEENS

Opportunity

Mental Health Connection of Tarrant County (MHC) is a strong partnership of human service providers working to transform the community's response to mental health. With participation from over 30 partner organizations, MHC's efforts have spanned 17 years. During the last decade, MHC has implemented deliberate strategies to promote resiliency and recovery from trauma. As part of these efforts, MHC was invited to engage in a new opportunity to promote community-wide resiliency of youth.

Reaching Teens, by Drs. Kenneth Ginsburg and Sara Kinsman, offers human service providers tools to address adolescent development by promoting resilience and offering productive communication strategies. While intervention models found in *Reaching Teens* are not new, they represent an innovative way of packaging and presenting methods of effectively working with teenagers, including evidence-based strategies. A county-wide training day focusing on teen trauma and resilience in November 2013 facilitated by Dr. Ginsburg had nearly 800 professionals in attendance. Dr. Ginsburg recognized the high level of organization and commitment by those in attendance and he invited MHC to participate in a pilot-test assessment of using *Reaching Teens* at a community-wide level.

“What was really different [about Tarrant County] was the glue that was the Mental Health Connection. The timing was right because I had this toolkit that was coming out [that would] do trauma-informed practice in a way that was different than other programs ... [MHC] grabbed the idea...”

— Dr. Ken Ginsburg

Getting on the same page

The decision to pursue a community-wide implementation of *Reaching Teens* was made out of the desire to provide a common language among diverse professional groups that serve youth and their families. With a system-wide coordinated effort, it was envisioned that regardless of what part of the human service sector teens interacted, they would be met with a strengths-based and trauma-informed response. Additionally, by offering Continuing Education Credits, human service providers of all types (health care, counseling, behavioral health, etc.) could meet their professional development expectations in a synchronized manner. This alignment of knowledge and competencies would synergistically reinforce a community culture that promotes resilience.

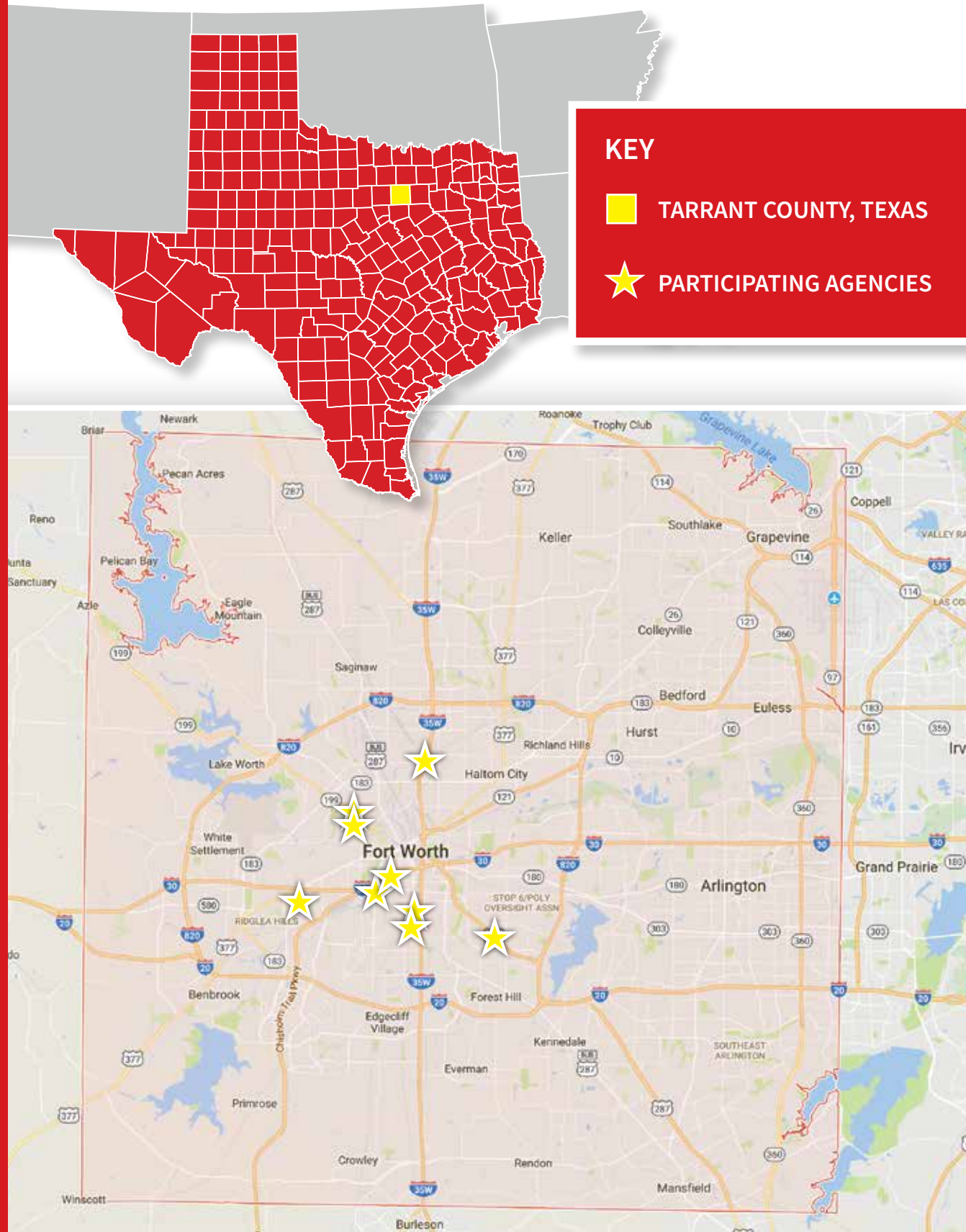
“We did this as a community”- Leadership Team Member

Mental Health Connection partnered with the American Academy of Pediatrics (publisher of *Reaching Teens*) to provide the professional community with the *Reaching Teens* toolkit, which included online and paper versions of the book, videos, chapter assessments, and continuing education credits. Initially, 14 MHC partner organizations made a commitment to participate as a *Reaching Teens* pilot community.



The Region

Tarrant County is located in North Central Texas and includes 41 municipalities, with Fort Worth being the largest with more than 850,000 people out of over 2 million in the county (2016, United States Census Bureau)



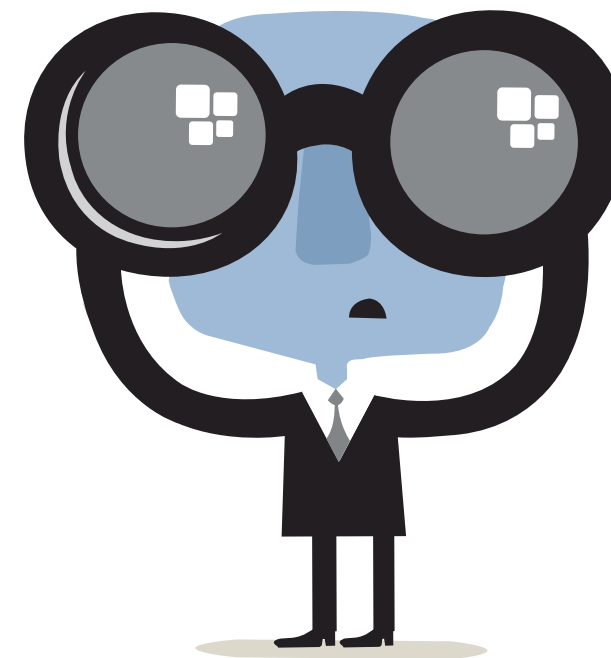
Maximizing the Opportunity

Past experiences frame how communities and organizations respond to new opportunities. With a history of successful community initiatives, MHC’s leadership inspired confidence with both outside investors and partnering agencies. Many communities find large-scale change difficult to pursue for a variety of reasons, from a lack of momentum and vision among the group, to not having the resources to achieve a goal. As a result of MHC’s capacity to overcome these challenges, Dr. Ginsburg believed that, “all the ingredients were in place,” for a community-wide implementation of *Reaching Teens*. During agency interviews, one champion stated, “If MHC does something, get on board or get left behind.” MHC offered partners the opportunity to be a part of the project and then required a firm commitment from those who wanted to participate.

Through careful consideration, a leadership team to guide the *Reaching Teens* implementation was established by MHC. Patsy Thomas, President of MHC, Todd Landry, Chief Executive Officer of Lena Pope, and Virginia Hoft, Executive Director of Santa Fe Youth Services, agreed to facilitate the overall effort.

“[Leadership]...just like parenting, can be all about creativity and happiness and lead permissive[ly], or they can be all about obedience and rules. They can both be well-meaning, but there’s an enormous amount of research that says kids are going to be best served when they have the balance of rules, monitoring, and lots of love and warmth, which is the Reaching Teens way. Youth serving professionals are the same. You have good youth serving professionals from both angles and Reaching Teens teaches you the balance that is going to make people more likely to succeed.”

—Dr Ken Ginsburg



Though believed to be beneficial for the participating organizations and the community as a whole, commitment to join the initiative was not taken lightly. The leadership team recognized that a coordinated and sustained inter-organizational effort would require the development of formal agreements. In order to strike a balance between consistency and flexibility, each organization developed a “pathway” which identified how they would implement the *Reaching Teens* toolkit. Each organization also identified a “champion,” to take the lead on the implementation and reporting of their own efforts. The leadership team and champions then collaborated on the selection of seven *Reaching Teens* chapters to form a consistent “core” in the pathways of all participating organizations.

Memoranda of Understanding (MOU) were established with interested organizations in the spring of 2014. The MOU’s included the following expectations of each organization:

- Attend community-wide presentations and workshops delivered by Dr. Ginsburg
- Participate in organizational consulting with Dr. Ginsburg
- Assign “champions” to represent organizations in monthly coordination meetings
- Provide online and face-to-face reviews of *Reaching Teens* resource materials (text, videos, assessments)
- Develop agency “pathways” that show the chronology of chapter review progression
- Participate in an external evaluation of *Reaching Teens*

The organizations signing MOU's included:

ACH Child and Family Services	Alliance For Children & Child Protective Services
Camp Fire First Texas	Cook Children's Medical Center
Fort Worth Independent School District	Lena Pope
MHMR of Tarrant County	The Art Station
The Parenting Center	The Women's Center
Tarrant County Juvenile Services	Youth Advocate Programs
Santa Fe Youth Services	Millwood Hospital Excel Center

*Those in **bold** remained involved through Year 3

The MHC implementation of *Reaching Teens* was envisioned as a three-year process with key milestones achieved each year. The first year included the following planning and evaluation activities:

- Securing funding for evaluation and implementation activities
- Development and signing of MOU's
- Establishing a logic model
- Development of an evaluation plan that included individual, organizational and systems-level change targets
- Implementation of agency pathways
- Monthly coordination meetings
- Baseline assessment of individual change targets
- Organizational meetings to discuss early experiences and identify anticipated longer-term outcomes

During the second year, a follow-up assessment of individual change targets was conducted and it appeared as though most organizations had completed their prescribed pathways. Some organizations planned to repeat their pathways, while others extended the pathways into new areas. Group discussions were held with each organization to gather qualitative feedback on progress and challenges.

For the final (3rd) year, the leadership team and champions met approximately monthly to review their experiences with implementing the core chapters. The evaluators provided summary information about the chapter and video feedback reports that agency representatives had been completing over the first two years. Champions took turns facilitating these sessions and the evaluation team gathered additional feedback to compile in this final implementation report.

Balancing High Expectations and Broad Exposure

While the MOU's were developed to promote cohesiveness and consistency among the partnering organizations, MHC wanted to expose the broader Tarrant County community to the ideas of *Reaching Teens*. To achieve both goals, MHC held quarterly training sessions that were open to all MHC members.





USING REACHING TEENS



The Materials

The *Reaching Teens* publication and associated materials represent a collection of evidence-based and related approaches to engaging adolescents and their families. Much of the material was familiar to MHC organizations that had already embraced trauma-informed care and other strengths-based approaches. In fact, Dr. Ginsburg prefaced this material himself by saying, “I’m going to teach you nothing, I’ll reinforce what you already know.” Though originally envisioned for a health provider audience, the final products proved to be useful and applicable to a wide range of human service professionals. The *Reaching Teens* book (Ginsburg & Kinsman, 2014) is a dense edited 69-chapter volume of more than 600 pages written by 52 authors. Given the breadth of content addressing knowledge and skill development, organizations are encouraged to select sections from the book that would be applicable to their work. Through extensive discussion, MHC identified seven core chapters to be used at all participating organizations. Organizations met with Dr. Ginsburg at the start of the collaboration, who guided champions in the selection of additional chapters to fit each individual agency. While *Reaching Teens* is intended as a tool kit collection of useful materials, there are four chapters which Dr. Ginsburg views as foundational and are bolded below in the list of MHC’s selected seven chapters:

- Chapter 5: The 7 C’s Model of Resilience
- Chapter 6: The Impact of Trauma on Development and Well-being
- Chapter 15: Body Language
- **Chapter 20:** Boundaries
- **Chapter 22:** Trauma-informed Practice: Working with Youth Who Have Suffered Adverse Childhood (or Adolescent) Experiences
- **Chapter 25:** Addressing Demoralization: Eliciting and Reflecting Strengths
- **Chapter 67:** Healer, Heal Thyself: Self-care for the Caregiver

Not all agencies implemented *Reaching Teens* in the same way. Some created special meeting times with a large group of individuals, nominating a chapter champion to guide them through the material. Other organizations had small work groups, allowing for deep conversation following the discussion guidelines. The experiences were unique and allowed each organization to customize the content and delivery.

Key Players

The community-wide implementation of *Reaching Teens* would not have been possible without the extensive participation of several individuals and groups, including Dr. Ginsburg, the American Academy of Pediatrics, MHC leadership team, agency champions, and supporting foundations. Dr. Ginsburg made annual visits to Tarrant County during the three-year implementation period and each time delivered community presentations, consulted with individual organizations, and reviewed progress with the leadership team. Dr. Ginsburg was also available for phone consultation with community partner organizations. The American Academy of Pediatrics hosted the online *Reaching Teens* materials (book, assessments, videos, etc.) and processed continuing education credits. The MHC leadership team served as the communication hub for all project activities. They established the evaluation contract, helped develop the evaluation plan, fielded questions from other communities interested in implementing *Reaching Teens*, hosted visits from these communities, monitored progress of community partners, and sought funding to support *Reaching Teens*. Agency champions attended monthly planning meetings, monitored their agency pathways, and helped develop the evaluation plans. The Rees-Jones Foundation provided funding to support the evaluation. Amon G. Carter Foundation and the Paving the Way SAMSHA grant provided funding to support the overall implementation of *Reaching Teens*. And, the ten participating agencies invested more than \$78,000 in the *Reaching Teens* books.

Branding Our Work

To support consistent messaging among the partner organizations, a set of branded materials were developed, including posters, notepads, and adhesive notes. Colorful images on the branded materials included quotes that reinforced the seven “Cs” of resilience from the *Reaching Teens* books



Chapter Summaries

During the third year of the implementation, the chapter feedback surveys served as the guide for discussion. Agency champions were assigned to provide an overview of a given chapter, where they provided all champions with a refresher update of the topics covered, reviewed the chapter feedback summary data, and facilitated discussions over the topic. This provided champions with the opportunity to share resources and tools that they found helpful with their own organizations. The following chapter summaries provide readers with a basic overview of the chapter and experience scores based upon feedback of champions and their experiences within their agencies. The scores are provided for the seven core chapters because they were consistently used at each organization, and were reviewed in depth at the champions meetings.

The numbers provided in each summary reflect the following:

- **Value:** During monthly champions meetings, evaluators asked the following question, “On a scale from 1 to 10, with 1 being ‘not valuable’ and 10 being ‘extremely valuable’, how valuable is Chapter # to your organization?” This score is an average of all the responses from the champions.
- **Number Trained:** As each organization was asked to submit chapter feedback via an online form, data was collected asking the number of attendees at each gathering. This number may underestimate actual counts of trainees since chapter feedback reports may have not been completed for all training sessions.
- **Content Score:** An additional measure in the chapter feedback form asked about the content thoroughness of the chapter. The form had three options available for users: yes, somewhat, and no. Each response was scored individually, resulting in a variety of score ranges between the chapters. ‘Yes’ responses counted as 1.0, ‘somewhat’ was counted with 0.5, and ‘no’ was scored as 0. These are summed and the total out of all possible counts of 1 is provided (i.e., if there were three answers that include two yes and one no responses, the content score would be 2/3).

Reviewers also identified professional groups believed to benefit the most from the content and described activities and experiences during implementation. A table can be found in **Appendix A** that provides additional information in a compact manner, allowing for easy comparison between chapters. Finally, information related to the reviewed videos can be found in **Appendix B**.

Chapter 5: The 7 Cs Model of Resilience

Chapter 5 focuses on the 7 Cs Model of Resilience: confidence, competence, connection, character, contribution, coping, and control. Inspired by the “Five Cs” Model of Positive Youth Development (PYD), *Reaching Teens* works to build a focus on the client’s strengths while promoting healthy development and preventing risk. Dr. Ginsburg argues that “young people live up or down to the expectations we set for them.” The 7 Cs Model promotes a professional relationship that encourages adults to believe that every child can succeed, while modeling their own healthy resilience strategies.

Value Score 9.72	Number Trained 190	Content Score 9/9
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During discussions with agency champions, Chapter 5 was determined to be highly valuable, with a mean score of 9.72 on a scale of one to ten. The 11 reviewers also all agreed that those who would benefit the most from this chapter are teachers, case managers, and youth care service providers. Responses reflect that champions believe agency administrators would benefit moderately from reading the chapter. Many believed that the information in this chapter was straightforward, and easy to understand and apply. Most of the groups developed a tool on their own to share the 7 Cs throughout their organization, such as making posters or laminated cards. ACH Child and Family Services created t-shirts about the 7 C’s for their shelter staff to wear.

Chapter 6: The Impact of Trauma on Development and Well-being

Written to introduce trauma and the impact it has on its victims, Chapter 6 highlights the consequences of traumatic stress on adolescent development. Since trauma-informed care is among one of the three models integrated in this toolkit, this is a foundational chapter, which introduces the question “what happened to you?” rather than “what’s wrong with you?”

Value Score 9.62	Number Trained 220	Content Score 10.5/11
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Chapter 6 was the most reviewed chapter among the 45 chapters for which a feedback report had been submitted. One reviewer stated that Chapter 6, “offered a good summary of the impact of trauma on survivors, short and long-term, as well as the impact on society.” During the group discussion, there was strong consensus that it is a beneficial chapter, especially for those who are in health care professions. Based on feedback, youth care service providers, case managers, and health care professionals (nurses, physicians, etc.) are perceived to receive the most benefit from this chapter. Many added in their own

tools to supplement this chapter while working as a group, such as administering the Adverse Childhood Experiences Survey (ACEs) to the group, with discussion being held around reflection of these scores.

Chapter 15: Body Language

The importance of body language is perhaps one of the most important forms of communication when establishing trusting relationships with marginalized youth. Chapter 15 provides readers with culturally relevant examples and helps providers become more aware of their inadvertent non-verbal cues, and how others may interpret them.

Value Score 8.87	Number Trained 170	Content Score 7/8
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Reviewers appreciated this chapter’s approach, especially as it included marginalized youth (with special note to LGBTQ and racial/ethnic minority clients). However, some indicated that the chapter was too simple, suggesting that the video itself may have been sufficient. Reviewers perceived that front line personnel and teachers/educators would receive the most benefit from this chapter, while administrators and case managers would benefit less. Reviewers indicated the chapter promoted great discussion with staff, and non-clinical staff members (front-line or check-in) have made efforts to approach clients with more awareness in order to make everyone feel welcome. Comments made from champions reflect a stronger sense of duty, where individuals are willing to go an extra step to meet teens where they are. In this example, a champion describes how “one of our therapists went out to see this young male and his parents. The young male did not want to be any part of it, did not want to be involved. He was sitting on the floor and his voice was really low, and so in this situation, the therapist got down on the floor with him. What did that communicate to him . . . that she got down on the floor because she wanted to hear what he had to say.”

Chapter 20: Boundaries

In *Reaching Teens*, it is the goal to make sure that adolescents are responded to with compassion and interest. However, high levels of engagement can bring a sense of vulnerability, which can lead to personal stress. By setting healthy boundaries, youth will receive the best therapeutic care, and professionals can remain safe and confident in their quality of work. Chapter 20’s focus on boundaries is designed for professionals to avoid the burnout common in human service providers.

Value Score 10	Number Trained 271	Content Score 10/10
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One reviewer indicated that, “the chapter gave great information on how to work with a client within a professional boundary. How giving kindness and compassion to a client is important and yet it’s equally important to avoid them from being dependent on you.” Some agencies used Chapter 20 to review agency policies and procedures with staff, in addition to adding real-life scenarios to group discussion. One reviewer noted their conversation expanded upon the cultural differences in body language and how to overcome difficulties when addressing these variances. This chapter was scored at a ten among all reviewers for value within their agencies, which is also reflected by the large number of professionals who completed chapter 20 training.

Chapter 22: Trauma-Informed Practice: Working with Youth Who Have Suffered Adverse Childhood (or Adolescent) Experiences

Frequently paired with Chapter 6, Chapter 22 provides users with a guide to working with traumatized youth. With the goal of minimizing re-traumatization, many tips and reminders are shared throughout the chapter to guide professionals in their trauma-informed work with youth clients.

Value Score 10	Number Trained 183	Content Score 8/8
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Chapter 22 provided professionals with more in-depth information for working with youth who have experienced adverse childhood experiences, and also promotes the use of “unconditional love” to assist in the development of resilience. Reviewers all agreed on the value and content of this chapter as being high. Minor enhancements were those also included with Chapter 6, such as completing the ACEs questionnaire, and many lively discussions were held around the guidance for unconditional love. One agency went beyond the suggested videos and discussion, adding an interview between Oprah Winfrey and Elie Wiesel discussing the importance of support in the face of adversity, “We used him as an example of somebody who experienced horrific trauma in his youth who has gone on to repair the world.” Another reviewer suggested that this chapter was “too clinical” for their group of therapists, however the suggested videos for the chapter were good for both their staff and potentially parents to view. Agency champions discussed the importance of the environment and providing a safe, yet comfortable place for both clients and staff. Among the roles within the agencies, health professionals, counselors, youth service providers, probation staff, teachers and educators were all unanimously scored to receive a high benefit from reading the chapter.

Chapter 25: Addressing Demoralization: Eliciting and Reflecting Strengths

Chapter 25 addresses the power of professionals to instill the confidence in youth to be able to be capable of change. This chapter reminds professionals to use strengths-based and motivational interviewing strategies to provide youth with the needed confidence to feel competent in their own lives.

Value Score 8.4	Number Trained 211	Content Score 7.5/8
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Chapter 25, though brief in content was considered mostly thorough. The value of the chapter was less than those of the other core chapters, potentially due to the material being used as more of a reminder chapter, rather than presenting new information or adding more depth. Agency champions shared how the material complemented many other chapters in *Reaching Teens*, specifically Chapter 5: The 7 Cs Model of Resilience. In addition to combining with other chapters, champions added discussion items related to the topic, such as sharing stories of demoralized youth and finding their strengths. The suggested videos were all enjoyed, especially as they provided the perspective from a teen. Agency champions all agreed that counselors, probation officers, and youth service professionals would highly benefit from this chapter. Responses were mixed between having high and moderate benefit for other professional roles: health care, teachers/educators, and case managers.

Chapter 67: Healer, Heal Thyself: Self-care for the Caregiver

Chapter 67 emphasizes the importance of self-care, especially when working with traumatized victims. By allowing providers to be as dedicated to their own wellness as they are to the needs of clients and their families, they are better able to serve, decreasing the likelihood of burnout.

Value Score 9	Number Trained 204	Content Score 7.5/8
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A commonly referenced chapter throughout agency champion discussions, Chapter 67 reminds professionals that it is okay to take timeout for themselves. Agencies added a variety of activities to supplement this material, including breathing exercises and mindfulness techniques, and examining research of the brain’s function around pain and pleasure or statistics on burnout. As an example, a champion noted: “one of the things that was highlighted in this chapter was the importance of making time. One of the activities [we did] was have everyone go around the table and list three things that they do for fun, or what they do after a hard day of work.” Another champion shared something she was told at the beginning of her career as a counselor, “I heard early on that every therapist needs his own therapist. . . This allows you to decompress with someone.” All positions would highly benefit from this chapter, according to champion responses, in addition, other roles such as, bus drivers, school monitors, and facilities personnel were identified as needing this information.



THE TARRANT COUNTY STORIES



Integrating *Reaching Teens* into organizational practice

Prior to the *Reaching Teens* pilot project, most organizations used inconsistent and sporadic methods to promote professional development. By developing an annual “pathway”, professional development exercises were introduced with more frequency and allowed participants to develop a shared understanding of key approaches to working with adolescents. Additionally, some organizations incorporated *Reaching Teens* into new staff orientation, promoting the concepts as a basic framework of practice.

The following stories highlight the various ways in which Mental Health Connection organizations adopted *Reaching Teens*.

ACH: Overhauling the Intake Process in the Youth Emergency Shelter

Serving children, youth, and families in Tarrant County and surrounding counties, ACH Child and Family Services (ACH) provides an array of services to the community. Programs include family preservation services, engaging youth and families at risk for abuse and neglect, safety and stability programming to assist with crisis situations, and treatment services for those in need of behavioral health care, or who may be in need of long-term or permanent housing. ACH has primarily implemented *Reaching Teens* in the Youth Emergency Shelter, which serves youth ages 10-17 with safe shelter and care while staff works towards family reunification or other stable living arrangements.

When asked to participate, ACH knew that they would have the opportunity to be a part of a great collaboration. The thought of having a program that was not only trauma-informed, but meant for teenagers was appealing to shelter staff. Unlike other programs, *Reaching Teens* provided training opportunities both in-person and online, allowing for current and new staff to be

up-to-date on the language and approaches which the shelter would be using. Staff selected 17 pertinent chapters to expand their solution-focused programming tools and changed the environment within the shelter.

Having already adopted trauma-informed and solution-focused approaches, the shelter was a great fit for the implementation of *Reaching Teens*. Observable changes include the 7 Cs being posted in common areas, reminding clients and staff of the young person’s potential despite the current situation, and an updated intake process. Improvements have been made from the moment a youth walks in the door. Formerly a traditional intake process, youth seeking assistance from the shelter were greeted with a list of rules, policies, and expectations, often making the intake process long and even difficult for some to understand. Upon walking in to the shelter today, youth have a different experience. Instead of a stapled stack of papers, ACH staff developed a colorful booklet that details what they can offer youth in the shelter. Walls have engaging posters with the 7 Cs, and regular activities such as yoga are offered to promote much needed quiet time in the shelter. Staff have enjoyed the trainings and the material is often noticed by the leadership of this large organization. Youth report in surveys that the staff are among one of their favorite parts of their stay, which may be contributing to the decrease of clients running away from the shelter before they are placed in a more stable environment.



Alliance For Children (AFC): Advocating for Youth by Healing Through Empowerment

The sole children’s advocacy center in Tarrant County, Alliance For Children (AFC) provides the community with education, clinical counseling, forensic interviews, and family advocacy services to prevent and heal from cases of child abuse. AFC serves clients at five different locations in Tarrant County, in addition to partner organization locations. Among AFC partners, Child Protective Services (CPS) joined AFC in the implementation of *Reaching Teens*. Between the two organizations, over 50 professionals participated in the process.

Both organizations are inherently high-stress for the employees, and many times for the individuals and families in which they serve. As time passes in these positions, staff begin to focus more on tasks and processes, rather than being person-oriented. With the different relationships between locations and other agencies, a big hope with *Reaching Teens* was to develop a common language between providers.

The change in culture was noticeable, specifically among staff using language and concepts discussed in *Reaching Teens*. The leadership began to frequently hear phrases such as, “teens rise or fall to the level of our expectations,” and “what happened to you?” instead of “what’s wrong with you?” openly in discussions. AFC also began placing a stronger emphasis on self-care amongst staff, reiterating the importance of their own care and the importance it has on providing quality care to their clients. The staff take turns leading the group in a self-care activity during all-staff meetings, providing an opportunity for individuals at all locations to come together and build their relationships while taking a time to also focus on themselves.

Cook Children’s Medical Center: Supporting Roles in Pediatric Mental Health

Providing preventative care and treatment to the pediatric population in Tarrant and five other counties, Cook Children’s Medical Center is a widely utilized resource throughout North Texas. Complete with its own Education Department to manage continuing education opportunities and system initiatives, Cook Children’s has a unique perspective given the number of employees and patients they serve. The Department of Psychology (nested under the Behavioral Health Center) took the lead on the *Reaching Teens* initiative, and then worked within the system to spread the approach. Among the many specialties offered at Cook Children’s, the Behavioral Health Center provides services to children and adolescents ages 2 to 18 who are facing behavioral, neurodevelopmental, and emotional challenges. With the natural fit to the Department of Psychology, the staff were well versed in many of the concepts found in *Reaching Teens*. Many training opportunities are available at Cook Children’s, promoting a culture of constant learning. Because of this, the need for the continuing education hours offered through *Reaching Teens* was not among one of the buy-in factors for the system. However, *Reaching Teens*’ concepts were in alignment with existing initiatives and would be non-competing. As administrators were seeking to address fatigue, turnover, and employee engagement within the system, chapters such as self-care and secondary trauma were seen as supporting the goals of the institution. Early collaboration with the Education Department, including the Vice President of Education, registered nurse educators, and library science staff, was extremely beneficial.

Non-clinical staff (front line, scheduling, etc.) within the Center were also highly engaged in the opportunity, bringing to light the importance of their roles in the healing process and how their interactions can impact the patient. Additionally, the department hosted a Grand Rounds session where Dr. Ginsburg presented to 188 health care system providers. This promoted the importance of supporting youth and served as a reminder to the importance of care during the influential adolescent years. Given the positive responses and experience with the non-clinical staff, implementers wished to provide the opportunity to other non-clinical staff, especially other front-line and secretarial staff throughout the hospital.

**THE KEY IS TO ASK
“WHAT HAPPENED TO YOU?”
NOT “WHAT’S WRONG
WITH YOU?”**



BUILDING RESILIENCE
WHAT YOU DO MATTERS
WWW.MENTALHEALTHCONNECTION.ORG

Lena Pope: Building on Strengths to Counsel Families

Lena Pope has served Tarrant County and the surrounding communities for 87 years. By providing counseling and education services, Lena Pope works to empower families to successfully stay together. Counseling options address an array of concerns, including: parenting skills, depression, anxiety, truancy, and substance abuse, as well as community-based services for at-risk youth and their families in order to build the skills needed to be successful into adulthood.

Wanting to enhance the care of families throughout Tarrant County, Lena Pope joined *Reaching Teens* for the opportunity to collaborate with similar local organizations and to provide on-going training and education for their licensed staff. Throughout the years of the implementation, over 30 therapists and family specialists have been involved with the project. Staff took turns presenting the core chapters and identified additional chapters they felt would be beneficial with the clientele they serve. While most of the material was not new, the leadership reports an increase in self-care and a healthy workforce because of the lessons.

“Using a strengths-based approach helps me empower my clients to recognize the skills and positive attributes they already have, or are building, and how they can use these to reach their goals. Seeing the family through a strengths-based perspective often offers them a different view of themselves and their potential, often times one they have never considered before. This gives families hope and can help them feel understood and valued.” — Counseling staff member, Lena Pope

MHMR of Tarrant County: A Welcome Change in the Counseling Environment

A community resource for over 40 years, MHMR of Tarrant County provides mental health, substance abuse treatment, and intellectual and developmental disability services. Among the many areas of care, MHMR operates a counseling facility for children, adolescents, and their families.

Prior to implementing *Reaching Teens*, the youth care facility appeared colorless and institutional. Teens entered a non-descript building and walked into a sparse waiting room with chairs and receptionists behind glass. As part of its overall effort to align with trauma-informed care principles, MHMR made a variety of environmental changes to make their space more welcoming. Beginning with the outside signage, the brightly colored sign now reads “Youth Center”. Vibrant awnings and landscaping also were added to the exterior.

When walking into the waiting area, youth now see books, computer gaming stations and brightly colored walls. Receptionists have been trained to be welcoming and youth are greeted warmly counseling staff. Artwork now lines the walls and the message is clear that this is a space for adolescents.

The Parenting Center: Breaking Down Silos, Building Up Parents

With the purpose of promoting positive parenting and preventing child abuse and neglect, the Parenting Center is a community resource for individuals, families, and schools in Tarrant County and surrounding areas. In addition to multiple skills based training programs, The Parenting Center also offers counseling services to adolescents and adults, as well as those seeking marital, couples, and family counseling.

Like other complex organizations, The Parenting Center faces internal challenges due to the separation of services in different departments. They had been struggling with issues of continuity between departments, leaving a lack of connectedness for families and staff. *Reaching Teens* encouraged The Parenting Center to adopt a resiliency framework, utilizing the language and interactions encouraged by the book. With *Reaching Teens*, the entire agency was able to be trained and utilize the lessons, including non-clinical staff (administration, receptionists, etc.). This shared knowledge helped mobilize staff to improve their internal system of referring and communicating with one another. While the core material provided a strong foundation, the organization expressed a desire to extend the application of *Reaching Teens* concepts to specific groups, such as teens with disabilities and refugees.

Santa Fe Youth Services: Securing Staff Safety While Serving Youth

A longstanding resource to the Tarrant County community, Santa Fe Youth Services (Santa Fe) serves youth and families with a variety of services to enhance their social and emotional health. A small subsidiary of Youth Advocate Programs, Santa Fe collaborates with many other community organizations to address adolescents’ unique needs by providing evidence-based programming and youth and family counseling.

Wanting to be among the early adopters, Santa Fe Youth Services joined the *Reaching Teens* effort because of the alignment of *Reaching Teens* with their existing strengths-based approach. The tool was presented to the agency during regular staff meeting dates, concurrently promoting new discussions and incorporating professional development. Delivered in seven units (chapters grouped together with similar themes), with scheduled discussion sessions for small groups for every two

units completed, Santa Fe employees had the opportunity to receive continuing education credits, while also contributing to a changed culture within the organization.

The changes within the organization were quickly observed by the leadership of Santa Fe Youth Services. Building upon the *Reaching Teens* principles, the approaches and services offered were reframed to approach teens as the experts of themselves, allowing for a more collaborative environment between the youth and their case managers. Another organizational-level change is the incorporation of *Reaching Teens* throughout the on-boarding process of new employees and team members, which allows for easier acclimation. Through the guidance on self-care, staff members became more aware of their own health, able to recognize their own needs, and take the steps needed to address their stressors. Not only did this promote a sense of safety and understanding for the staff members, but also the increased awareness has been reflected in their work with vulnerable clients.

Tarrant County Juvenile Services: Processing in the System: Staff Self-Care in Juvenile Services

Tarrant County Juvenile Services (TCJS) is the only law enforcement agency represented in the *Reaching Teens* collaboration in Tarrant County and among the few agencies that primarily serves teens. The large system includes mental health specialists such as counselors/social workers, as well as law enforcement and probation personnel. Given the size of this system, champions reported facing many challenges in their day-to-day work including parent engagement, issues with communication, gaps in approaches to address individual situations, and a lack of connection between the members of the TCJS team.

By year two of the initiative, TCJS was making progress in the areas of staff engagement, teamwork, and system processes. *Reaching Teens* adopters were able to recognize inner conflict with individuals’ roles and responsibilities while trying to implement *Reaching Teens* principles. The tool itself is meant to guide teens to reach their own solutions to the many difficulties in life they may face, however, the criminal justice circumstances at TCJS required additional consideration. This brought to light a specific challenge of balancing enforcement and the self-determination focus of *Reaching Teens*. While TCJS was trying to figure out how to balance the two, advances in self-care and accountability among staff were made. With credit to this tool,



TCJS initiated conversations to allow staff to reflect on elements of the job, which may contribute to burnout, such as vicarious trauma, compassion fatigue, and the general emotional labor associated with their positions.

The Women’s Center: Treating Teen Trauma through Counseling

The Women’s Center of Tarrant County provides hope, healing, solutions, and assistance to people of the community. By providing programming in three service areas: rape crisis and victim services, employment solutions, and general counseling services, The Women’s Center has many partnerships throughout the community to meet the needs of their clients. With teenagers being the fastest-growing population to receive counseling services at The Women’s Center, *Reaching Teens* was a timely opportunity for the Rape Crisis and Victim Services Department. Staffed with 10 therapists (LPCs/LCSWs) and two case managers, the department quickly connected to the material.

Staff met monthly to review the chapters. With a different individual taking the lead on each lesson, the team had a sense of shared ownership and opportunities to discuss cases and situations, which they may have faced in the past or are currently approaching. *Reaching Teens* did approach certain topics in ways that others had not thought of, one of which was a

difficult area for staff to grasp and utilize. Reaching out to teens with “unconditional love” proved to be an area where therapists felt uncomfortable using the approach with their specific population. The hesitation was primarily due to the phrasing of “love” – where often times, victims’ offenders used the word to gain access to and/or abused them. Discussions with the Dr. Ginsburg assisted the team with their conflict by validating their concerns and suggesting alternate words to use with their clients, while maintaining the guiding principles.

The team appreciated the flexibility of *Reaching Teens* for different service contexts. The material was relatable not only for staff, but also teen clients and their parents. One therapist on staff was inspired by the chapter on the 7 Cs and took the lead in designing a Teen Support Group for teen survivors of sexual abuse/assault. Combined with the trauma specific interventions, utilizing the 7 Cs as topics for each session gave teens an opportunity to learn new skills in a non-threatening format, while also validating their emotional experiences. Additionally, the 7 Cs were also a great resource to parents, assisting them to connect and support their teen by focusing on strengths. The Women’s Center is dedicated to continue utilizing the materials found in *Reaching Teens*, with the hopes that interactions with new employees and other agencies will begin to show a commonality of language to help heal members in the community.



Tarrant County leaders share their experiences in implementing *Reaching Teens* on a community-wide basis <http://mentalhealthconnection.org/article/reaching-teens>



The Evaluation

Researchers from the University of North Texas Health Science Center conducted a mixed-method evaluation of the MHC *Reaching Teens* implementation. Evaluation components included:

- Baseline (n=416) and one-year follow-up assessment (n=118) of *Reaching Teens* core chapter knowledge, human services efficacy, organizational culture and commitment, intent to turnover, job satisfaction, and perceptions of the human service system.
- Annual group discussions with organizational personnel responsible for implementation
- A Leaders Survey administered in year three (n=42/58; a 72% response rate)
- Chapter feedback (n=160) and video feedback (n=122 reports)
- Proxy documents associated with implementation (meeting notes, etc...)

A key challenge faced during the first year of implementation was that the pacing of activities varied between participating organizations and some early adopters were tackling their pathways at a rapid rate. While this high enthusiasm was useful in promoting excitement and motivation for *Reaching Teens* implementation, it eclipsed the establishment of a true “baseline” measure for the initiative.

MHC administered an online “baseline” survey in fall of 2014, when organizations were envisioned to begin their pathways. However, the community enthusiasm generated after Dr. Ginsburg’s November 2013 presentation and subsequent *Reaching Teens* planning activities in spring 2014 may have contributed to inflated baseline measures of all constructs, including core chapter knowledge items and organizational measures. In fact, average scores on baseline and follow-up assessments of organizational commitment, intent to turn over, and job satisfaction were all above threshold values for “high” levels of each construct. In other words, values on these measures were already so high at baseline; they had

reached a ceiling effect where improvements were unlikely to be observable. While this speaks volumes about the strength of the community going into the *Reaching Teens* pilot, it presented evaluative challenges in detecting changes over time.

Despite the barriers associated with capturing a true “baseline”, the evaluation results have highlighted positive changes in several key areas. These include:

- Fortifying knowledge of trauma, resiliency, and strengths-based approaches among human service providers
- Improving organizational environments, policies, and practices
- Improving system communication, collaboration, and coordination of care

Fortifying knowledge of trauma, resilience, and strengths-based approaches among human service providers

On average, follow-up survey participants reported they completed 15.5 *Reaching Teens* chapters, slightly more than twice the number of mandatory (core) chapters. Overall performance on the core chapter knowledge increased from a correct response rate of 76% at baseline to 82% at follow-up. In addition to reinforcing knowledge of trauma and resiliency, participants reported an appreciation of the specific application for adolescent populations. For human service professionals, the process of becoming strengths-based and trauma-informed often evolves from an initial adoption of philosophical elements (i.e., “it is better to focus on strengths than deficits”) and later includes the development of specific skills used in practice. The comprehensiveness of *Reaching Teens* allowed participants to identify particular strategies that would help them address situations they found challenging. For example, one individual indicated that when her team encountered an issue that they found difficult, they would look in the *Reaching Teens* book for a chapter covering that topic. When asked to provide examples that highlight the results of

Reaching Teens, agency champions reported they see:

“[in our parent surveys]...Parents specifically talk about how their counselor/facilitator is caring, concerned...[their teens] are solving problems not causing problems”

“Parent engagement in the beginning focused on what can we do to get this parent to engage, like it was their responsibility. The conversation has shifted quite a bit to...what is the [staff member] doing to engage the parent”

“parents are getting counseling for themselves...for their own trauma”

“in the waiting room I hear snippets of conversation....I am very clearly and distinctly hearing ‘what happened’ as opposed to ‘what went wrong’”

Perceptions of Key Knowledge and Skill Development Outcomes	% Affirming Concept	Data Source
Interactions with teens are focused on strengths rather than deficits	87% True or Mostly True	Follow-up survey (Year 2)
Our employees are better equipped to build healthy boundaries with clients	100% True or Mostly True	Leaders Survey (Year 3)
We are better able to engage parents/caregivers without shame or stigma	98% True or Mostly True	Leaders Survey (Year 3)
Our staff members have gained insights about adolescent triggers and behaviors	98% True or Mostly True	Leaders Survey (Year 3)
Our direct care staff members are better able to identify and promote strengths	98% True or Mostly True	Leaders Survey (Year 3)
Our staff members are able to identify and celebrate small successes or growth made by clients	93% True or Mostly True	Leaders Survey (Year 3)
When meeting with one another, staff members are more likely to discuss positive characteristics of their youth and family clientele	83% True or Mostly True	Leaders Survey (Year 3)
Most staff members at our organization hold the view that youth are the experts in their own lives	83% True or Mostly True	Leaders Survey (Year 3)
Youth are encouraged to build their own solutions	86% True or Mostly True	Leaders Survey (Year 3)

Improving organizational environments, policies and practices

Reaching Teens promotes an equalizing of power between youth stakeholders, their families, human service providers, and organizational leaders. Qualitative data shows that organizational personnel appear to more empowered to ask for what they need, but are also more willing to share the power of

“there’s been a positive morale shift since the last [interview]”

“[the staff] took great pride in the work that they were learning and teaching [as discussion leaders]the program valued them and their expertise”

“we changed our forms to be more youth friendly and sensitive”

“when we were [facing a large organizational decision] ...a major component of that was staff feedback, focus groups, and [consumer] surveys and focus groups”

“Reaching Teens has given us leverage for some of those [decision-making] discussions”

planning and goal setting with youth and their families. Observable changes include environmental transformations intended to make spaces feel more welcoming, safe and friendly. Documents have been transformed to be user friendly and less focused on rules and consequences. Staff meetings include discussion of family/youth strengths and leaders believe they see less complaining about clients.

The following table includes key organizational outcomes from the participant follow-up survey (year 2), the leader’s survey (year 3), and agency discussions held in all three years.

Perceptions of Key Organizational Outcomes	% Affirming Concept	Data Source
Staff are expected and encouraged to engage in positive self-care activities	71% True or Mostly True	Follow-up survey (Year 2)
Procedures and environments are designed to be welcoming and offer a sense of security	70% True or Mostly True	Follow-up survey (Year 2)
Administrative decisions are made with input from staff members and consumers/teens/families	49% True or Mostly True	Follow-up survey (Year 2)
Organizational accountability ensures continued professional development and reflection	NA	Agency group discussion
Staff are emphasizing self-care activities	NA	Agency group discussion
The instructional framework works well for staff development and orientation	NA	Agency group discussion
Our organization has enhanced the quality of training for new staff	93% True or Mostly True	Leaders Survey (Year 3)
We have improved our capacity to promote self-care among all staff	93% True or Mostly True	Leaders Survey (Year 3)
We have made the physical environment at our organization more welcoming	88% True or Mostly True	Leaders Survey (Year 3)
We have enhanced our decision-making processes to be more inclusive of staff and consumer perspectives.	88% True or Mostly True	Leaders Survey (Year 3)

Improving system communication, collaboration and coordination of care

Knowing that service providers across the community share the same knowledge base has increased the confidence of personnel who are making referrals for coordinated care. In addition to sharing a common framework, numerous training opportunities included inter-organizational planning and coordination and allowed MHC members to strengthen their relationships with individuals outside their organizations.

During agency group discussions, participants described a broad adoption of Reaching Teens common phrases, such as “it’s not what’s wrong with you, it’s what happened to you”. While MHC members may not necessarily be able to recite all of the 7 Cs, they nonetheless repeat key Reaching Teens principles as part of how they describe their approach to practice. Furthermore, these key phrases allow professionals across the community to recognize in one another a shared understanding and approach to working with teenagers.

“I think we have gotten way better at sharing referral sources and getting clients in quickly.”

“the communication between our programs is really good”

“the framework has forced everyone to come out of their comfort zones...you had to draw from your experience to share about that”

The following table highlights improved system communication, collaboration and coordination of care.

Perceptions of Key Systems Communication, Collaboration, and Coordination Outcomes	% Affirming Concept	Data Source
Staff have adopted the terminology of the 7 C’s and other Reaching Teens principles	NA	Agency group discussion
It is a model that is shared across disciplines and organizations	NA	Agency group discussion
We’ve seen an increase in collaboration among youth agencies in Tarrant County	90% True or Mostly True	Leaders Survey (Year 3)

FOUNDATION
PATHWAYS
COMMITMENT
CO-DEVELOPMENT



KEYS TO SUCCESS

The Foundation

When asked about the influence of *Reaching Teens*, organizational representatives are quick to point out that they had already adopted a trauma-informed, strengths-based, resiliency-oriented approach to working with youth and their families. While not dismissive of the *Reaching Teens* influence, these comments highlight the extensive work coordinated by MHC over the past decade. In the baseline survey, 70% reported they had attended training on Trauma Informed Care, 60% were trained in Solution-Focused therapy, and 56% were trained in Motivational Interviewing. Given the breadth of organizational roles identified by baseline respondents (manager, support staff, probation, mental health counselor, healthcare, other), the large percentages trained in these strengths-based approaches speak to the wide-scale influence of MHC and the extent to which the community has embraced client-centered approaches.

Commitment and Co-Development

The *Reaching Teens* pilot was framed as an opportunity that required full participation; there were no partial commitments allowed. Once the baseline year was launched, no additional organizations were permitted to join the initiative. Furthermore, only MHC member organizations were invited, which resulted in a small group of partners who were generally familiar with each other and showed a willingness to fully engage in the implementation process.

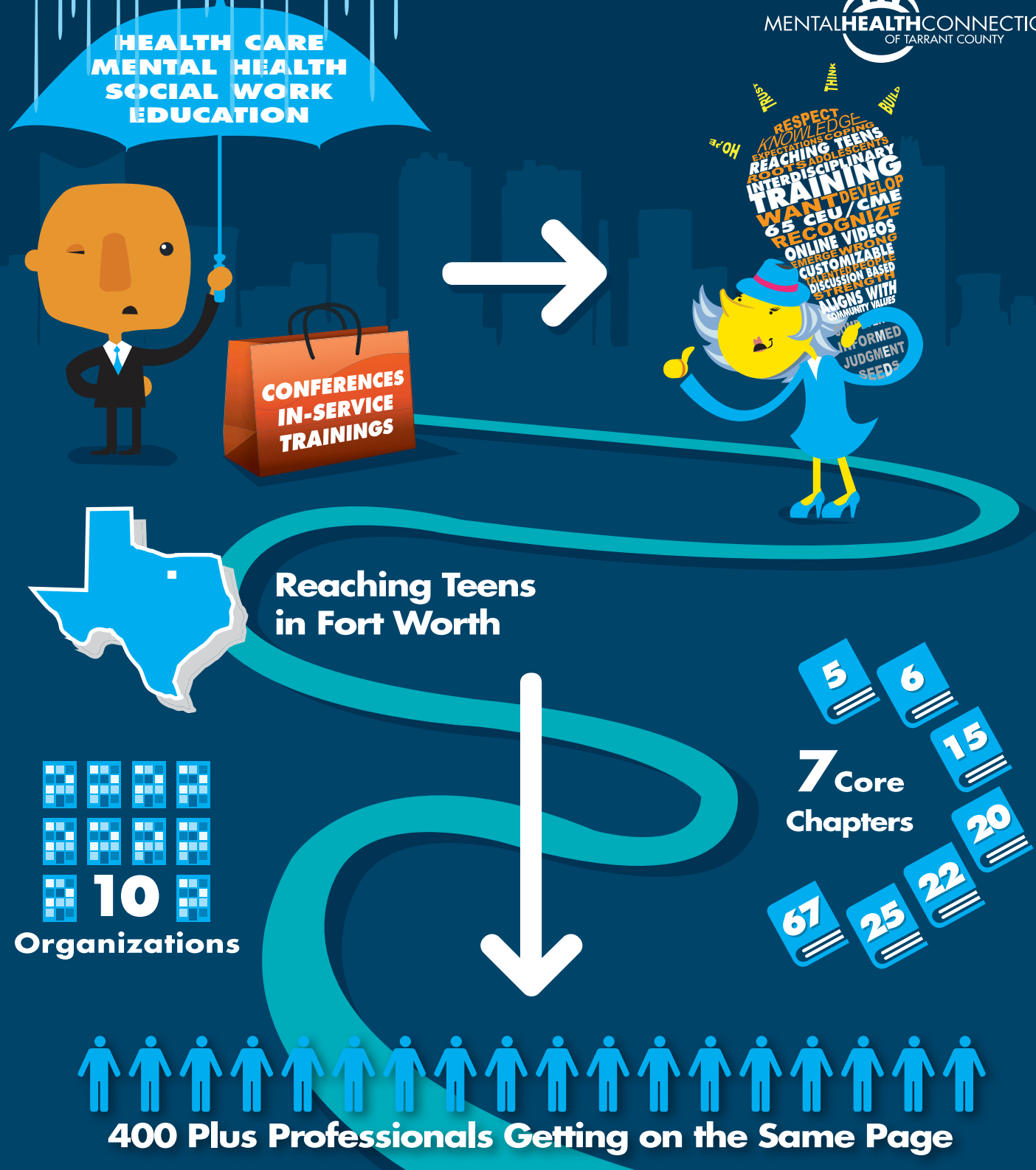
Leading up to the development and execution of MOU's, representatives from the partner organizations met regularly to design the expectations of the pilot project and determine who it would best fit in their agencies. They also consulted with Dr. Ginsburg on their organizational needs to help design their pathways. As such, the *Reaching Teens* partner organizations played an instrumental role in developing the pilot. Therefore, the commitments they made were to an initiative that they helped create.

Pathways

While the community-level structure of MOU's and core expectations established systems-level consistency, the organizational pathways allowed for tailoring to meet the unique needs of each agency partner. This adaptability promoted a diversity of involvement, from large bureaucratic institutions (healthcare system, school district, juvenile justice) to small, specialized non-profits. The client-centered principle of meeting people where they are was observed at the organizational level, where agency champions could assess their own organizational readiness and begin implementation with the personnel groups and chapter content that made the most sense.

Next Steps

Having finished the three-year implementation cycle, MHC is moving forward on several initiatives to promote the sustainability of gains made through *Reaching Teens*. MHC held a listening session with community leaders to identify strategies to enhance and strengthen trauma-informed and resiliency-based work in Tarrant County. Some of these strategies include a continued emphasis on self-care and professional development, as well as efforts to make trauma assessment and responsiveness consistent across all MHC member organizations.



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Appendix A. Agency Pathways

AGENCY	AGENCY TYPE	Ch.1	Ch.2	Ch.3	Ch.4	Ch.5	Ch.6	Ch.12	Ch.14	Ch.15	Ch.16	Ch.18	Ch.19
ACH Child and Family Services	Human Services	X	X	X		X	X		X	X			
Alliance For Children & CPS	Human Services						X			X			
Cook Children's Medical Center	Health Care					X	X			X			
Fort Worth Independent School District	Education		X	X	X	X	X		X	X		X	
Lena Pope	Mental Health	X				X	X			X			
MHMR of Tarrant County	Mental Health	X		X		X	X		X	X			
Santa Fe Youth Services	Human Services	X	X	X		X	X		X	X			
Tarrant County Juvenile Services	Legal Services	X	X	X		X	X	X	X	X	X		X
The Parenting Center	Human Services					X	X						
The Women's Center	Human Services					X	X			X			
Youth Advocate Programs	Human Services					X	X			X			

AGENCY	Ch.20	Ch.21	Ch.22	Ch.23	Ch.24	Ch.25	Ch.26	Ch.27	Ch.28	Ch.29	Ch.30	Ch.31	Ch.32	Ch.33
ACH Child and Family Services	X	X		X		X			X	X		X		X
Alliance For Children & CPS	X		X	X	X	X			X			X		X
Cook Children's Medical Center	X		X			X								
Fort Worth Independent School District	X	X	X	X		X	X	X	X	X		X	X	X
Lena Pope	X		X			X	X		X	X		X		
MHMR of Tarrant County	X		X	X		X	X	X	X	X		X	X	
Santa Fe Youth Services	X		X	X		X		X	X	X		X		X
Tarrant County Juvenile Services	X	X	X	X	X	X	X		X	X	X	X		X
The Parenting Center	X		X			X	X						X	X
The Women's Center	X		X			X								
Youth Advocate Programs	X		X	X		X			X					

AGENCY	Ch.35	Ch.36	Ch.37	Ch.38	Ch.39	Ch.42	Ch.45	Ch.61	Ch.67	Ch.68	Ch.69
ACH Child and Family Services									X		X
Alliance For Children & CPS				X			X				
Cook Children's Medical Center									X		
Fort Worth Independent School District	X	X	X	X	X			X			X
Lena Pope									X		X
MHMR of Tarrant County		X				X			X		X
Santa Fe Youth Services		X		X					X		X
Tarrant County Juvenile Services	X	X	X					X	X	X	X
The Parenting Center				X					X		
The Women's Center									X		
Youth Advocate Programs			X								

*Gold color denotes core chapter

**Chapters not included in any pathways include: 7, 8, 9, 10, 11, 13, 17, 34, 40, 41, 43, 44, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 62, 63, 64, 65, 66

Appendix B. Chapter Content Reviews

The following table is an overview of the responses from the Chapter Feedback Survey based on the chapter and its content. It does not provide feedback for all chapters, as not all chapters were selected for review by the organizations. The following questions were selected to provide the audience with the best glimpse of what should be expected with each chapter:

- “Was the content thorough?” Referring to the content of the chapter itself, not including the video reviews.
- “Did you add any enriching materials?” Asking if there was supplemental materials which leaders added to enhance the chapter.
- “Was there any disagreement with the materials presented?” Noting personal or group disagreement with certain constructs or approaches.

The table also shows the number of submissions for each chapter under “Reviews” and indicates which chapters were core chapters for the Tarrant County initiative by bolding the chapter and title.

CHAPTER	Title	Reviews	Was the content thorough?			Added enriching materials?			Any disagreement with the materials?		
			No (%)	Somewhat (%)	Yes (%)	No (#)	Somewhat (#)	Yes (#)	No (#)	Somewhat (#)	Yes (#)
1	Introduction	4		25	75	1	1	2	2	1	1
2	The Journey From Risk - Focused Attention to Strengths - Based Care	4			100	1		3	3		1
3	How a Strengths - Based Approach Affects Behavioral Change	4		25	75	3		1	3		
4	Who's the Expert? Terms of Engagement in Adolescent Care	1			100		1		1		
5	The 7 Cs Model of Resilience	9			100	2	1	6	9		
6	The Impact of Trauma on Development and Well - being	11		9	91	5		6	9	1	
10	Sex(uality) Happens: Fostering Healthy, Positive (Female) Sexuality	1			100			1	1		
12	Creating an Adolescent - Friendly Space and Service	4			100	3		1	4		
14	Setting the Stage for a Trustworthy Relationship	4			100	2		2	4		
15	Body Language	8		25	75	6		2	7		1
16	Core Principles on Communicating With Adolescents	2			100	2			2		
17	Integrating the 7 Cs of Resilience Into Your Clinical Practice	2			100			2	2		
19	Cultural Humility	3			100	3			2	1	
20	Boundaries	10			100	6		4	9		1
21	Examining Our Unconscious Biases	2			100	2			2		
22	Trauma - Informed Practice: Working With Youth Who Have Suffered Adverse Childhood (or Adolescent Experiences	8			100	5	1	2	5		3
23	De - escalation and Crisis Management When a Youth Is “Acting Out”	4			100	4			4		
24	Delivering Bad News to Adolescents	5			100	2		3	5		

Chapter	Title	Reviews	Was the content thorough?			Added enriching materials?			Any disagreement with the materials?		
			No (%)	Somewhat (%)	Yes (%)	No (#)	Somewhat (#)	Yes (#)	No (#)	Somewhat (#)	Yes (#)
25	Addressing Demoralization: Eliciting and Reflecting Strengths	8		13	87	5	2	1	6	1	
26	Motivational Interviewing	4			100	1	1	2	4		
27	Health Realization - Accessing a Higher State of Mind No Matter What	1			100						
28	Helping Adolescents Own Their Solutions	5		20	80	3		2	5		
29	Gaining a Sense of Control – One Step at a Time	4	25		75	3		1	3		1
31	Stress Management and Coping	4			100	2		2	3		1
33	Helping Youth Overcome Shame and Stigma (and Doing Our Best to Not Be a Part of the Problem)	5			100	2		3	5		
34	The Professional-Parent-Teen Partnership	1			100			1	1		
35	Preparing Parents for Their Children’s Adolescence	2			100	2			2		
36	Promoting Balanced Parenting: Warmth, Clear Boundaries, and Effective Monitoring	5			100	4		1	5		
37	Delivering Upsetting News to Parents: Recognizing Their Strengths First	2			100	2			2		
38	When Parents’ Resilience Reaches Its Limits	2			100	1		1	2		
39	The Importance of Self-care for Parents	1			100	1			1		
41	Friendships and Peers	2			100	1		1	1		
42	Depression	1			100	1			1		
43	Anxiety	1			100	1			1		
44	Somatic Symptoms	1			100	1			1		
44	Grief	1			100	1			1		
48	Perfectionism	1			100	1			1		
50	Talking to Teens Who Are using or Abusing Substances	3			100	2	1		2		1
53	Managing Electronic Media Use in the Lives of Adolescents	1			100			1	1		
54	Helping Teens Cope With Divorce	1			100			1	1		
55	Bullying	1			100			1	1		
56	Unhealthy Relationships	1			100	1			1		
67	Healer, Heal Thyself: Self-care for the Caregiver	8		13	87	3	1	4	8		
68	Getting Out of the Fast Lane - “More Miles to the Gallon”	3		33	66	2	1		3		
69	Have I Really Made a Difference? Trusting That Our Presence Matters	5		20	80	2		3	5		

Appendix C. Video Reviews

The following table contains the reviews from the Chapter Feedback Survey of the videos viewed along with the chapters. A “Video ID #” is associated with a chapter. For example, chapter 1 contains videos 1.1 and 1.2. At the end of each chapter, “Related Video Content” provides readers with suggested videos which may also be viewed in relation to the chapter. The table provides the following information:

- **Video ID #:** Video ID to allow for ease of identification in the online materials
- **# Reviews:** The number of reviews submitted in the Chapter Feedback Survey for the associated video
- **GPA:** Grade Point Average of the video, all reviewers left a grade for the video on an A-F scale grading system
- **Best for:** The roles which reviewers felt were best for the following chapters. Responses include:
 - Clinical Staff
 - Educators
 - Medical Staff
 - Parents
 - Prevention Staff
 - Probation Staff
 - Program Staff
 - Support Staff
- **Recommended for Training?:** Responses to the question within the Chapter Feedback Survey, “[Is the video] recommended for training?” Options include, yes, somewhat, and no

Video ID#:	# Reviews	GPA	Best for:	Recommended for Training	
1.0,1	4	3.5	Program Staff	Yes (100%)	
1.0.2	2	2.0	No Responses	No (100%)	No (33%)
1.1	3	3.7	Clinical Staff	Yes (66%)	
2.0	3	4.0	No Responses	Yes (100%)	
3.0	3	3.7	No Responses	Yes (100%)	
3.8	1	4.0	Parents	Yes (100%)	
5.0	3	3.3	Prevention Staff	Yes (50%)	Somewhat (50%)
5.1	2	3.0	Parents	Yes (100%)	
5.2	1	4.0	Clinical Staff	Yes (100%)	
7.0	1	4.0	Program Staff	Yes (100%)	
12.0	2	3.5	Program Staff	Yes (100%)	
12.1	3	3.0	Prevention Staff and Clinical Staff	Yes (100%)	
12.11	1	4.0	Program Staff	Yes (100%)	
12.3	3	3.3	Clinical Staff	Yes (100%)	
14.0	3	3.3	Prevention Staff	Yes (100%)	
14.1	5	3.3	Clinical Staff	Yes (100%)	
15.0	4	4.0	Clinical Staff, Prevention Staff, and Program Staff	Yes (100%)	
15.1	4	3.8	Prevention Staff, and Program Staff	Yes (100%)	
15.2	1	1.0	No Responses	No (100%)	
16.0	2	3.5	No Responses	Yes (100%)	
17.3	2	3.0	No Responses	Yes (50%)	No (50%)
18.12	1	4.0	Clinical Staff	Yes (100%)	
18.16	2	3.5	Clinical Staff	Yes (50%)	No (50%)
19.0	3	3.5	No Responses	Yes (66%)	Somewhat (33%)
19.2	2	3.5	No Responses	Yes (100%)	
19.5	2	3.0	Clinical Staff	Yes (50%)	No (50%)
19.7	2	3.5	No Responses	Yes (100%)	
20.0	5	2.6	Educators and Prevention Staff	Yes (60%)	No (40%)

Video ID#:	# Reviews	GPA	Best for:	Recommended for Training	
20.1	2	3.0	Prevention Staff	Somewhat (50%)	No (50%)
20.2	2	3.0	Prevention Staff	Somewhat (50%)	No (50%)
20.3	2	3.0	Prevention Staff	Somewhat (50%)	No (50%)
22.0	6	3.3	Clinical Staff, Program Staff, and Support Staff	Yes (66%)	No (33%)
22.0.3	2	3.5	No Responses	Yes (100%)	
22.0.1	3	3.3	Clinical Staff	Yes (66%)	No (33%)
22.0.2	1	3.0	Clinical Staff	Yes (100%)	
22.0.3	1	3.0	Prevention Staff	Somewhat (50%)	
22.1	3	3.7	Clinical Staff	Yes (100%)	
23.0	4	3.0	Clinical Staff, Educators, and Program Staff	Yes (75%)	No (25%)
23.01	1	4.0	Clinical Staff	Yes (100%)	
23.1	1	4.0	Clinical Staff	Yes (100%)	
23.2	5	3.4	Clinical Staff, Parents and Program Staff	Yes (60%)	No (40%)
24.0	2	3.0	Probation Staff	Yes (100%)	
25.0	1	2.0	Prevention Staff	No (100%)	
25.0.2	5	3.4	Clinical Staff, Prevention Staff, and Program Staff	Yes (100%)	
25.1	3	3.3	Program Staff	Yes (66%)	Somewhat (33%)
25.2	3	4.0	Support Staff, Prevention Staff, and Clinical Staff	Yes (100%)	
25.3	5	3.8	Support Staff and Program Staff	No (100%)	
25.5	2	3.0	Probation Staff	Yes (100%)	
25.7	2	3.0	Probation Staff	Yes (100%)	
25.8	1	4.0	Prevention Staff	Yes (100%)	
25.9	8	3.4	Clinical Staff, Medical Staff, Prevention Staff, and Probation Staff	Yes (75%)	No (25%)
26.3	1	3.0	No Responses	Yes (66%)	
26.4	1	4.0	Clinical Staff	Yes (100%)	
26.5	2	3.5	Clinical Staff and Prevention Staff	Yes (100%)	
27.0	1	4.0	No Responses	Yes (100%)	
28.0	2	3.0	Probation Staff	Yes (100%)	
28.1	4	3.5	Probation Staff and Program Staff	Yes (100%)	
28.2	3	3.7	Probation Staff and Program Staff	Yes (100%)	
29.0	3	3.3	Probation Staff and Prevention Staff	Yes (100%)	
31.0	3	3.3	Probation Staff and Prevention Staff	Yes (100%)	
31.2.1	2	3.0	Probation Staff	Yes (100%)	
31.2.2	2	3.0	Probation Staff	Yes (100%)	
31.6	2	3.5	Probation Staff	Yes (100%)	
32.5	1	4.0	Clinical Staff	Yes (100%)	
33.0	3	3.3	Probation Staff and Program Staff	Yes (100%)	
33.3	1	4.0	Program Staff	Yes (100%)	
34.2	5	3.4	Probation Staff and Program Staff	Yes (100%)	
34.3	1	4.0	Program Staff	Yes (100%)	
34.7	2	3.0	No Responses	Yes (100%)	
35.2	3	3.3	Probation Staff and Parents	Yes (100%)	
35.4	1	4.0	Parents	Yes (100%)	
35.5	2	3.0	No Responses	Yes (100%)	
35.7	2	3.5	Probation Staff	Yes (100%)	
35.8	2	4.0	Prevention Staff	Yes (50%)	Somewhat (50%)

Video ID#:	# Reviews	GPA	Best for:	Recommended for Training	
36.0	2	4.0	Prevention Staff and Program Staff	Yes (100%)	
36.1	2	2.0	Prevention Staff	Somewhat (50%)	No (50%)
36.2	1	4.0	Parents	Yes (100%)	
36.3	4	3.5	Parents, Prevention Staff, and Probation Staff	Yes (75%)	Somewhat (25%)
36.4	1	2.0	No Responses	No (100%)	
36.5	1	2.0	No Responses	No (100%)	
37.0	2	3.0	Probation Staff	Yes (100%)	
39.0	1	3.0	No Responses	Yes (100%)	
39.1	1	3.0	No Responses	Yes (100%)	
39.2	2	1.5	Prevention Staff	No (100%)	
39.3	1	4.0	No Responses	Yes (100%)	
39.4	1	4.0	No Responses	Yes (100%)	
41.0	1	4.0	Program Staff	Yes (100%)	
42.3	1	3.0	Clinical Staff	Yes (100%)	
48.0	1	4.0	No Responses	Yes (100%)	
48.4	2	0.5	No Responses	No (100%)	
50.13	2	4.0	Clinical Staff	Yes (100%)	
50.16	1	4.0	Clinical Staff	Yes (100%)	
50.18	1	2.0	No Responses	No (100%)	
50.19	1	3.0	No Responses	No (100%)	
50.21	2	3.5	Program Staff	Yes (50%)	No (50%)
50.23	1	4.0	Clinical Staff	Yes (100%)	
50.4	1	4.0	Program Staff	Yes (100%)	
53.0.1	1	4.0	Medical Staff	Somewhat (100%)	
53.0.2	1	4.0	Parents	Somewhat (100%)	
56.0	1	4.0	Program Staff	Yes (100%)	
57.02	1	4.0	Probation Staff	Yes (100%)	
57.2	2	4.0	Clinical Staff	Yes (100%)	
66.1	1	2.0	Prevention Staff	No Response	
66.11	3	3.0	Program Staff and Support Staff	Yes (66%)	Somewhat (33%)
66.12	1	3.0	Prevention Staff	No (100%)	
66.13	2	3.5	Clinical Staff and Program Staff	Yes (100%)	
66.6	1	3.0	Program Staff	Yes (100%)	
67.0	1	3.0	Program Staff	Somewhat (100%)	
67.2	2	4.0	Prevention Staff and Clinical Staff	Yes (100%)	
67.3	2	3.5	No Responses	Yes (100%)	
67.4	4	3.8	Clinical Staff and Prevention Staff	Yes (100%)	
67.5	2	3.5	No Responses	Yes (100%)	
67.6	4	3.8	Clinical Staff and Prevention Staff	Yes (75%)	Somewhat (25%)
68.1	3	3.7	Clinical Staff	Yes (100%)	
69.0	4	3.3	Prevention Staff and Program Staff	Yes (100%)	

Reaching Teens Project Logic Model (2014 to 2017)

What is the *Reaching Teens* logic model?

The *Reaching Teens* project logic model depicts how Mental Health Connection (MHC) agencies collaborate in the implementation of region-wide *Reaching Teens* training. The goals are to develop a trauma-informed workforce, improve system integration and increase the use of evidence-informed practices in youth behavioral care in Tarrant County.

The logic model is a roadmap to guide the planning, activities and evaluation of *Reaching Teens* in light of the MHC mission, values, resources and assumptions about what constitutes an exceptional behavioral care system for youth.

Why use a logic model?

- To describe the *Reaching Teens* program in clear, concise and specific language;
- As a basis of a sound evaluation plan;
- To focus attention and resources on priority operations and key results for learning and improvement;
- As a communication tool for MHC leadership, membership and partners; and
- To strengthen the case for investment by funders and partners.

The ultimate desired impact of *Reaching Teens* is improvement of behavioral health, resiliency and development of youth. As a workforce development initiative, the measureable impact of the project is an improved region-wide system of behavioral care for youth.

How do you read a logic model?

The logic model is often best understood by reading it from right to left; that is, start with the desired impact or long-term outcomes, and ask, “How do we get there?” The key components are:

1. Well-defined strategically chosen sets of **Activities** that are essential to achieving desired outcomes. Examples of key activities are the Organizational Pathway, quarterly shared learning sessions; enrollment in *Reaching Teens* curriculum.
2. **Outputs** (e.g., enrollment, CEUs, communications).
3. Short-term (1 year), long-term (3 to 5-year) **Outcomes**. For example, a desired short-term outcome may be that: 100% of participating agencies achieve 90% staff completion of “core” modules of *Reaching Teens* curriculum in first year.
4. **3 to 5-year Impact** on providers, agencies and the MHC system of behavioral care.
5. **Resources and influential factors** needed to launch and sustain *Reaching Teens*.

How will the *Reaching Teens* logic model be used over the three-year period 2014 to 2017?

- To clarify MHC priorities, assumptions and operative strategy for adopting strengths-based approach to youth behavioral care;
- To demonstrate MHC progress in improving system-level, organizational-level and staff-level capacity for *Reaching Teens* through a system-wide approach to workforce development; and
- As a tool to evaluate *Reaching Teens* implementation and outcomes.

What are the components of the *Reaching Teens* logic model ?

1. Staff development;
2. Organizational capacity building; and
3. System-wide collaboration.

Taken together, these three components both “respond to” and “contribute to” the mission of MHC “Strengthening Mental Health Through Collaboration.”

Mental Health Connection Mission

Strengthening Mental Health Through Collaboration.

Core Values

- **Access** to trauma-informed, culturally competent strengths-based care
- **Engagement** of individuals and family members throughout the behavioral healthcare system
- **Outcomes-driven improvement**
- **Quality of care**
- **Partnerships** for seamless, integrated systems of care
- **Sustainability**
- **Workforce development**

Reaching Teens Project Assumptions

- Strengths-based communication strategies effectively engage youth and their families.
- Evidence-informed strategies of youth engagement are resiliency-based, trauma-informed, rooted in positive youth development.
- *Reaching Teens*, a model for youth engagement, includes a cost-effective, easily implemented staff development tool, providing a practical approach to workforce development of Mental Health Connection (MHC) agencies.
- *Reaching Teens* training and group learning within agencies will strengthen organizational capacity to provide culturally sensitive, linguistically competent, evidence-based, family-focused and strengths-based care for youth.
- Multiagency collaboration to implement region-wide *Reaching Teens* training will result in a trauma-informed workforce, improved system integration, and increased use of evidence-informed practices in youth behavioral care.
- *Reaching Teens* partnership will create a movement that will enhance system integration through synergy among behavioral health, mental health, education and criminal justice response systems using a common approach.

Reaching Teens Model Components



Reaching Teens Project Logic Model



REACHING TEENS



WHAT YOU DO MATTERS



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