

TAY INN EXTENSION YEAR REPORT

PRESENTED TO SANTA CLARA
COUNTY MENTAL HEALTH
DEPARTMENT

A summary of findings for the extension year evaluation of INN-02 Peer-Run TAY INN project (TAY INN)

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BACKGROUND AND CONTEXT

The Santa Clara County Mental Health Department (SCCMHD) received funding through the Mental Health Services Act (MHSA) to establish innovation projects that are novel, creative and/or ingenious mental health practices or approaches that contribute to learning and that are developed within communities through a process that is inclusive and representative of unserved, underserved and inappropriately served individuals. The INN-02 Peer-Run TAY INN project (INN) was designed to increase access to services and improve outcomes for high-risk Transitional Aged Youth (TAY).

The project had two innovative elements:

1. The project placed TAY Peer Partners¹ in key decision-making roles. Peer Partners were expected to significantly manage the day-to-day operations of the INN and have primary responsibility for developing and designing program services.
2. Peer Partners were to be the primary support and service provider for INN residents.

Therefore, the learning objectives established for the TAY INN program were as follows:

1. To develop a model to expand the leadership capacity of TAY Peer Partners in delivery of services in a voluntary 24-hour care setting to improve access and outcomes for high risk TAY residents.
2. To help TAY clients stabilize and gain self-awareness and skills in a safe environment and serve as a bridge to entry into appropriate ongoing services and supports in the broader system of care.

TAY INN's goal is to provide comprehensive, integrated services for TAY ages 18-25, in need of temporary housing as a result of a crisis situation, or who are at-risk of homelessness and at-risk of or experiencing mental illness. The program is peer-run, and includes shelter (TAY INN and Respite), outreach, mental health services, substance abuse treatment, basic needs, medical care, outreach, employment support, and leadership training. The program calls for the significant involvement of Peer Partners, individuals with lived experiences that are relatable to at-risk TAY and serve as TAY INN staff for the program. These Peer Partners would deliver services in a 24-hour voluntary,

¹ The term, Peer Partner, will be used to reference all levels of Peer Partner (I, II, III and Lead) as well as Youth Advocates. The words, staff or INN staff, also refers to the Peer Partners.

temporary housing setting. In fact, Peer Partners are to take the lead in the program with Youth Advocates (mental health specialists) also playing a vital role.

At the conclusion of a 26-month full scale evaluation², results were delineated by the two learning objectives. The key findings related to the first objective focused on the development of the Peer Partner model that expanded TAY peer leadership through the delivery of services to INN clients. The findings included:

- Ongoing consistent training and supervision and appropriate peer-to-peer matching, if consistently and rigorously applied, create positive trends for both Partners and clients.
- Peer Partner leadership and empowerment is affected by communication challenges and lack of transparent formal and informal mechanisms to provide feedback and address grievances.
- Role overlap, ambiguity and hierarchy between Peer Partners and Youth Advocates contributed to Peer Partner job satisfaction and the overall effect on TAY INN service provision.

The key findings for the second learning objective focused on TAY INN clients achieving more stability and self-sufficiency. The highlights include:

- TAY INN clients represented a diverse population of transitional age youth, average age of 21 years, with more than 2/3 of the population from underserved ethnic and cultural communities.
- The TAY INN was functioning at capacity providing access to age-appropriate health, mental health, substance abuse, educational and vocational services to increase self-sufficiency and more stable housing.
- Screening and admission procedures streamlined and improved over time allowing for the program to maximize its resources by providing services to those most likely to benefit from them.
- Overall client satisfaction with TAY INN program was high in virtually all aspects of the program.
- Clients also experienced positive trends in recovery and self-sufficiency. Nearly half (49%) of all discharged clients showed improvement in the mental health and recovery process when leaving the program. One-third of the clients completed their goals within their TAY INN stay.

² Collected from December 2011 to January 2014.

- The average length of stay was approximately 60 days, with stays ranging from 2 days to 120 days. Length of stay seemed to consistently arise as a factor that either mediated or influenced clients' outcomes and experience with the program.

At the conclusion of the initial TAY INN program evaluation, two sets of recommendations were developed with the intention to assist in program replication and underscore necessary best practices and considerations for successful program implementation. The first set of recommendations focused on steps needed to utilize the unique qualities of peer-mentor models to service provision and circumvent any challenges to positive Peer Partner experiences. The second category focused on increasing program success to help TAY clients stabilize and gain self-awareness and skills in a safe environment which will serve as a bridge into appropriate ongoing services and supports in the broader system of care. These sets of recommendations create a blueprint for other agencies wishing to replicate the program in their setting. Table 1 highlights the recommendations.

TABLE 1. FULL SCALE TAY INN EVALUATION RECOMMENDATIONS FOR PEER PARTNERS & INN CLIENTS

For Peer Partners and Youth Advocates

1. Determine the type of peer mentor approach to use e.g. developmental (relational/psychological), instrumental (specific skills) or blended and ensure that the roles and responsibilities of TAY INN staff reflect this approach.
2. Roles and responsibilities should be discussed and clarified for all early. The role of Youth Advocates, if present in a TAY INN program, must not inadvertently undermine the role of the Peer Partners.
3. It is important to ensure all involved develop shared goals and buy-in to the mission of the program. Paramount here is the inclusiveness of Peer Partners in developing and realizing these goals.
4. Formal pre-employment training is required with core curricula covering all aspects of the Peer Partner responsibilities, appropriate mentor-mentee relationships and any key program concepts or skills development related to service provision for TAY.
5. Yearly booster training for Peer Partners and Youth Advocates is needed to ensure retention of fidelity to core program components and staff roles and responsibilities.
6. All new and relief staff must be required to receive the same level of training.
7. Regular meetings for all TAY INN staff will provide balanced opportunities for group learning, building staff morale and to provide two-way feedback between staff and management.
8. TAY INN management must identify and use mechanisms to keep relief and night staff informed and involved in the provision of the TAY INN services.
9. Create in-service learning and training opportunities for Peer Partners and Youth Advocates on topics related to their work: setting boundaries within the peer partner-client relationship; confidentiality; diagnoses types and treatment options.
10. Job shadowing is an important part of the skills development process for Peer Partners and Youth Advocates. However, job shadowing should complement rather than take the place of formal training.
11. Identify an individual with the necessary core competencies and experience to supervise the Peer Partners. This position is key to the success of the Peer Partner model and is an integral part of delivering services within this type of environment.
12. Establish a consistent systematic approach to matching Peer Partners with clients based on the program's characteristics, goals and mentor approach (relational, instrumental or blended). This should be part of the intake process for every TAY INN client.
13. Develop activities and opportunities for all Peer Partners to connect with non-mentee clients.
14. Create opportunities for team meetings to discuss treatment options and recovery opportunities with TAY INN staff, including how Peer Partners can provide input as well as support recovery for clients. Importance must be placed on closing the feedback loop with Peer Partners to indicate how the input was used and why decisions were made.
15. Successful implementation of peer-led programs requires adequate staff resource allocations that take into account the challenging nature of the work and the potential for high staff turnover.
16. Expectations for program implementation and goal completion must be tempered by the nature and experience of the workforce and work.
17. Create both formal and informal feedback, grievance and dispute resolution guidelines and mechanisms. Consider using a neutral third party committee to assist in the mediation of grievances and the conduct of dispute resolutions. These guidelines and mechanisms should be communicated and reinforced frequently with TAY INN staff and clients.
18. Develop multiple avenues for quality improvement from informal "suggestion boxes" to quality improvement task forces or 360 reviews.

For TAY INN Clients

1. Determine the type of peer mentor approach to use e.g. developmental (relational/psychological), instrumental (specific skills) or blended and ensure that the roles and responsibilities of TAY INN staff reflect this approach.
2. In order to be effective, eligibility guidelines for TAY entering the INN must be documented clearly and disseminated to all key stakeholders including potential clients, Peer Partners and management, as well as colleagues or referees in participating systems. Eligible TAY are identified and appropriately enrolled only if screening and assessment are standardized, conducted with qualified personnel reflecting the program components.
3. TAY clients will have a single, individualized treatment plan based on his or her needs rather than filling workshop or course seats.
4. A single Youth Advocate and Peer Partner will be assigned to each client.
5. Clients should be assigned same sex Peer Partners.
6. Rules and training should be articulated and enforced to Peer Partners and clients to provide female clients with a private, secure and stable setting during their INN stay.
7. Identify the transitional services or care needed for clients prior to discharge. Formalize transitional services for clients post-discharge to increase probability of sustained stability and self-sufficiency.
8. Allow greater flexibility in changing the maximum length of stay limits for the program. Monitor and revisit length of time in light of client's goal completion. Extend clients stay to complete goals if needed.
9. Create a housing and employment specialist position to assist Youth Advocates and Peer Partners.

METHODS

In December 2014, the TAY INN evaluation was extended for an additional year to refine and enhance our understanding of the original learning objectives, especially related to the Peer Partner model of service delivery (Learning Objective #1).

Thus, the primary client outcomes stayed largely the same:

- Satisfaction with the TAY INN Program
- Self-Sufficiency
- TAY INN Services

The primary Peer Partner and Youth Advocate outcomes for the evaluation included:

- Job Satisfaction
- Skills Building and Professional Development
- Leadership Opportunities in TAY INN

Data collection began in December 2014 and was completed in July 2015. The INN extension year evaluation utilized a mixed-methods design collecting data from INN clients, staff and Bill Wilson Center (BWC) management. The evaluation used both quantitative (surveys and validated instruments) and qualitative methods (interviews, focus groups and document analyses) to assess outcomes pre- and post-intervention (at client admission and discharge at the INN). From December 2014 to May 2015, client and staff satisfaction surveys were collected monthly. Client self-sufficiency plans (“Steps to Success”) and the Self-Sufficiency Matrix instrument were collected at both admission and discharge. Demographic data was collected for clients at admission and staff rosters were collected monthly.

Both clients and TAY INN management were asked to participate in a focus group for a total of two focus groups (one for clients and one for management). A purposive sample of Peer Partners participated in individual interviews throughout the data collection period (N=7).

The following table details the methods utilized in the extension year evaluation.

TABLE 2. EVALUATION EXTENSION YEAR RESEARCH METHODS

CLIENTS	PERIODICITY	DATA COLLECTED
Client Intake and Discharge Forms	At client admission and discharge	<ul style="list-style-type: none"> • Age • Gender • Race/ethnicity • DSM Axis I mental disorder diagnosis • Length of stay • Medi-Cal coverage • Reason for client discharge • Housing plans at discharge
Client Satisfaction Survey	Once per month	<ul style="list-style-type: none"> • Client satisfaction with program services
Self-Sufficiency Matrix	At client admission and discharge	<ul style="list-style-type: none"> • 17 domains measuring self-sufficiency scored on a 5-point scale from “In Crisis” to “Thriving”
Steps to Success	At client admission and discharge	<ul style="list-style-type: none"> • Individual client goals during INN residence
Focus Group	Half way through the contract period	<ul style="list-style-type: none"> • Satisfaction with INN services • Peer Partner interaction
BWC STAFF		
Peer Partner & Staff Empowerment and Satisfaction Survey	Monthly	<ul style="list-style-type: none"> • Peer Partner level of job satisfaction and level of involvement in program operations • Perceived impact of Peer Partner relationship on client recovery
Peer Partner and Youth Advocate Interviews	Throughout contract period	<ul style="list-style-type: none"> • Peer Partners’ level of job satisfaction • Training and professional development • Program and job knowledge/leadership
Management Focus Group	At the end of the contract period	<ul style="list-style-type: none"> • Lessons learned/program sustainability • Peer Partner core competencies • Peer Partner training and professional development

TAY INN PROGRAM OUTCOMES

Quantitative data were collected for 13 unduplicated clients enrolled in the TAY INN program from December 2014 to May 2015.³ Qualitative data were collected from a client focus group (N=6) held roughly half way through the data collection period and a TAY INN management focus group (N=4) at the conclusion of data collection. Seven TAY INN staff were identified through purposive sampling to ensure inclusion of all TAY INN staff positions (Youth Advocate, all levels of Peer Partners and Relief staff) and asked to participate in a one-on-one interview. The interview protocol included questions in the following areas: knowledge of the TAY INN program, staff positions and associated responsibilities; training and other professional development opportunities; rewards and challenges with their job; their role in TAY INN operations; and lastly, relationships with other TAY INN staff and management. Finally, a document analyses was conducted on key documents related to the program (Steps for Success individual client self-sufficiency plans, client admission intake forms and various training documents).

THE CLIENTS

Demographics

Transitional Age Youth, ages 18 through 25 years old, were eligible for TAY INN if they met at least one of the following eligibility criteria:

- Previously diagnosed with an Axis I mental disorder classification based on the American Psychiatric Associations' Diagnostic and Statistical Manual (DSM).
- At-risk for developing mental illness due to their current or previous involvement in the dependency juvenile justice, criminal justice, drug and alcohol, or mental health systems.
- At-risk of homelessness or in need of temporary shelter as a results of a crisis situation. A crisis situation was defined as a critical circumstance that can be measured by resulting disability, serious life impact, or a mental health diagnosis which requires access to voluntary services for stabilization.

³ Only clients where data was collected at admission and discharge were included in the evaluation.

At-risk transitional age youth were either referred to the program by service providers or initiated contact themselves through the TAY INN 24-hour hotline. Youth who were determined to be ineligible for the TAY INN program received appropriate referrals.

A complete demographics breakdown of the clients enrolled in the extension year evaluation is provided in the table below.

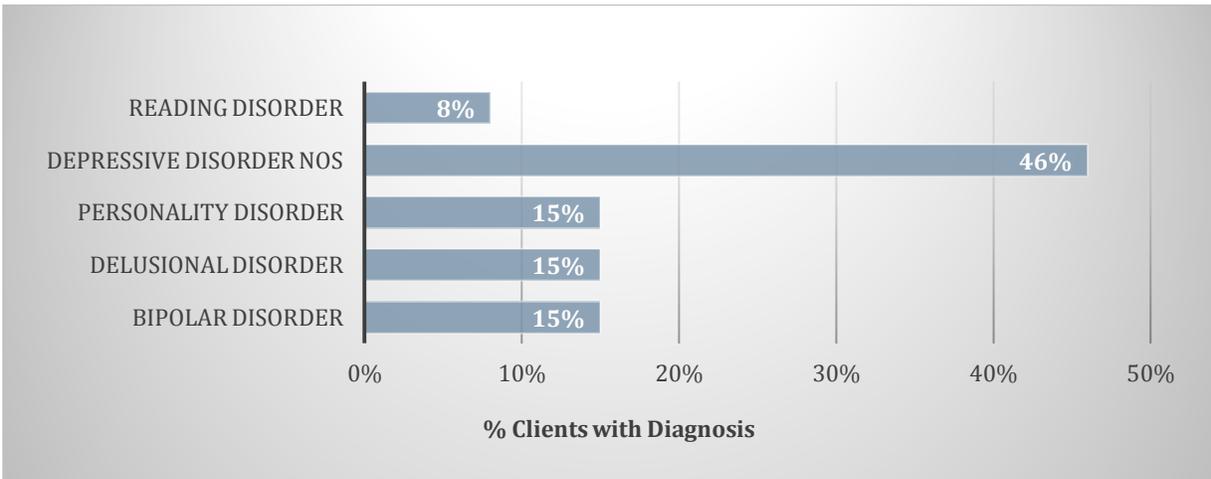
TABLE 3. TAY INN CLIENT DEMOGRAPHICS (N=13)

	N	%
Gender		
Male	10	77%
Female	3	23%
Race/Ethnicity		
African American	4	31%
Hispanic	4	31%
White	5	38%
Age (mean age = 21)		
18	2	15%
19	1	8%
20	4	31%
21	1	8%
23	3	23%
24	2	15%
Medical Eligible?		
Yes	6	46%

Almost one quarter (23%) of the clients was female and clients' average age was 21 years. The clients were diverse with 31% African American, 31% Hispanic and 38% White. A little under half (46%) of the TAY INN clients were eligible for Medical.

Almost 50% were diagnosed with Depressive Disorder NOS. The following figure provides the diagnoses for clients enrolled in the evaluation.

FIGURE 1. DIAGNOSES FOR TAY INN CLIENTS (N=13)



The average monthly number of clients residing at the INN was seven (7) during the data collection period. The average length of stay for clients was 66 days, with stays ranging from 18 to 122 days. Clients secured housing, at discharge, in a diverse set of living environments including living with family or friends, long-term temporary housing, shelters or program housing.

Client Self-Sufficiency

A key TAY INN program goal centered on improving TAY clients' access to age-appropriate health, mental health, substance abuse, educational, and vocational services; and increasing TAY clients' emotional, mental, and spiritual well-being, physical health, stable and long-term or permanent housing, supportive relationships and meaningful work or other daily activity.

A main outcome towards fulfilling this goal is clients' self-sufficiency in life skills, employment, housing, interpersonal relationships and support, and mental health. Self-sufficiency was assessed at client admission and discharge during the evaluation extension period using the Self-Sufficiency Matrix instrument. ANOVA⁴ was used to compare clients' self-sufficiency scores enrolled in the evaluation with clients where only self-sufficiency scores were received at admission (N=9). No statistically significant differences were found between the two groups.

⁴ Analysis of variance (ANOVA) is a collection of statistical models used to analyze the differences among group means and their associated procedures (such as "variation" among and between groups).

There were statistically significant improvements for enrolled evaluation participants (N=13) across 10 out of 14 self-sufficiency domains.⁵ The following table provides the breakdown of the scores within 14 self-sufficiency domains across both time points.

TABLE 4. TAY INN CLIENT SELF SUFFICIENCY MATRIX (N=13)

DOMAIN	MEAN SCORE AT INTAKE	MEAN SCORE AT DISCHARGE	RESPONSE CATEGORY CHANGE FROM INTAKE TO DISCHARGE	CHANGE IN SCORE
Life Skills	3.46	4.08	Safe to Stable	↑*
Income	1.62	2.46	In Crisis to Vulnerable	↑*
Employment	1.62	2.15	In Crisis to Vulnerable	↑*
Housing	1.00	2.31	In Crisis to Vulnerable	↑**
Food	1.69	2.38	In Crisis to Vulnerable	↑*
Mobility	1.92	2.54	In Crisis to Vulnerable	↑*
Physical Health & Healthcare	2.31	2.85	Remained Vulnerable	↑*
Interpersonal Relations	2.46	2.77	Remained Vulnerable	↑*
Mental Health	3.08	3.15	Remained Safe	↑
Substance Abuse	3.54	3.54	Remained Safe	↑
Legal	3.92	4.08	Safe to Stable	↑
Adult Education	2.77	3.23	Vulnerable to Safe	↑*
Community Involvement	2.92	3.38	Vulnerable to Safe	↑*
Access to Services	3.15	3.54	Remained Safe	↑
Overall Score	2.53	3.03	Vulnerable to Safe	↑**

*p<.05;**p<.01

Self Sufficiency Scores: 1=In Crisis; 2=Vulnerable; 3=Safe; 4=Stable; 5=Thriving

⁵ Information about parenting and child welfare were not included as the client numbers were too low in each category and would compromise clients' identity.

In five (5) domains (income, employment, housing, food and mobility), clients were 'In Crisis' at intake. At discharge, clients had improved in these domains to 'Vulnerable.' Similar results occurred for adult education and community involvement, where clients improved from 'Vulnerable' to 'Safe.' Substance abuse, access to services and mental health remained 'Safe' from intake to discharge, although they did improve slightly within that stage in two of those domains (access to services, mental health). Client self-sufficiency remained 'Vulnerable' in physical health and interpersonal relations, although there was also some slight improvement within the stage for both.

Three quarters (N=10) of the clients did improve their overall self-sufficiency and moved from a 'Vulnerable' to a 'Safe' level at discharge. The other clients (N=3) showed no improvement or actually worsened their status. The clients that improved their overall self-sufficiency tended to be male and had a longer stay at the INN (73 days compared to 44 days for those that did not improve). There were no differences in age or ethnicity between those that improved in self-sufficiency and those that did not. Table 5 provides a comparison of the clients based on whether they improved their self-sufficiency at discharge.

TABLE 5. CLIENT COMPARISON BY IMPROVEMENT (N=13)

	NO CHANGE OR DECLINE (N=3)	IMPROVEMENT (N=10)
Mean Length of Stay (range)	44 days (20-70 days)	72.90 (18-122 days)
Gender		
Male	1	9
Female	2	1
Mean Age (range)	21.33 years (20-23 years)	20.90 years (18-24 years)
Ethnicity		
African American	1	3
Hispanic	1	3
White	1	4

Of the thirteen clients included in the evaluation, 61.5% received Respite Care prior to TAY INN residency. There were relatively no differences in gender or age when comparing the clients who received Respite (n=8) with those who did not (n=5). Clients who were in Respite prior to the INN tended to be white (50% compare to 20%) and 60% of the clients who had not received Respite were diagnosed with Depressive

Disorder NOS compared to only 38% of the clients who did receive Respite. Respite clients had a shorter mean length of INN stay (63.88 days) compared to those that did not (70.2 days). Finally, 87.5% of the Respite clients improved their self-sufficiency compared to 60% of those who did not receive Respite Care.

Self-Sufficiency Plans “Steps to Success”

While in residence at the INN, clients are required to develop goals that focus on self-awareness and skills in order to stabilize their housing situation and life circumstances. At intake, each client develops, with a staff member, a customized self-sufficiency plan that details these goals. The plan, called Steps to Success, is reviewed and modified periodically throughout their stay jointly by the client and a TAY INN staff member. Plans at two time points (intake and discharge) for each of the 13 clients were included in the evaluation and analyzed for similarities and differences across time points and clients.

All INN clients (N=13) had three goals across their entire stay. This number did not change. Although the goals identified at intake stayed largely the same throughout their stay, the activities within the goal shifted and changed in focus depending on the client’s progress. For example, a client may identify getting a job as a goal at intake with the initial activities of developing a resume and look for job openings identified at that time. Over the client’s INN stay and as he/she makes progress towards that goal, the activities may shift, for example, to interviewing skills or appropriate attire for the job interview.

All clients had employment as a goal at intake but the diversity of goals found across all clients is detailed in Table 6. The two most frequent goals for clients were employment and housing, which

GOAL	INTAKE	DISCHARGE
Employment	13	8
Housing	5	8
Transportation	4	0
Physical Health	3	2
Education	3	2
Build Credit/Savings	3	2
Food	2	1
Mental Health	2	4
Substance Abuse	1	0
Legal	1	0
Family Life	1	0

align with the stated goals of the TAY INN program. Mental health goals did rise at discharge although not present at intake (except for 2 clients) while physical health, education and build credit/savings goals ranked in the midrange from intake to

discharge across all clients. Substance abuse, legal and family life goals were only noted in three instances and at intake only.

Client Satisfaction with the TAY INN program

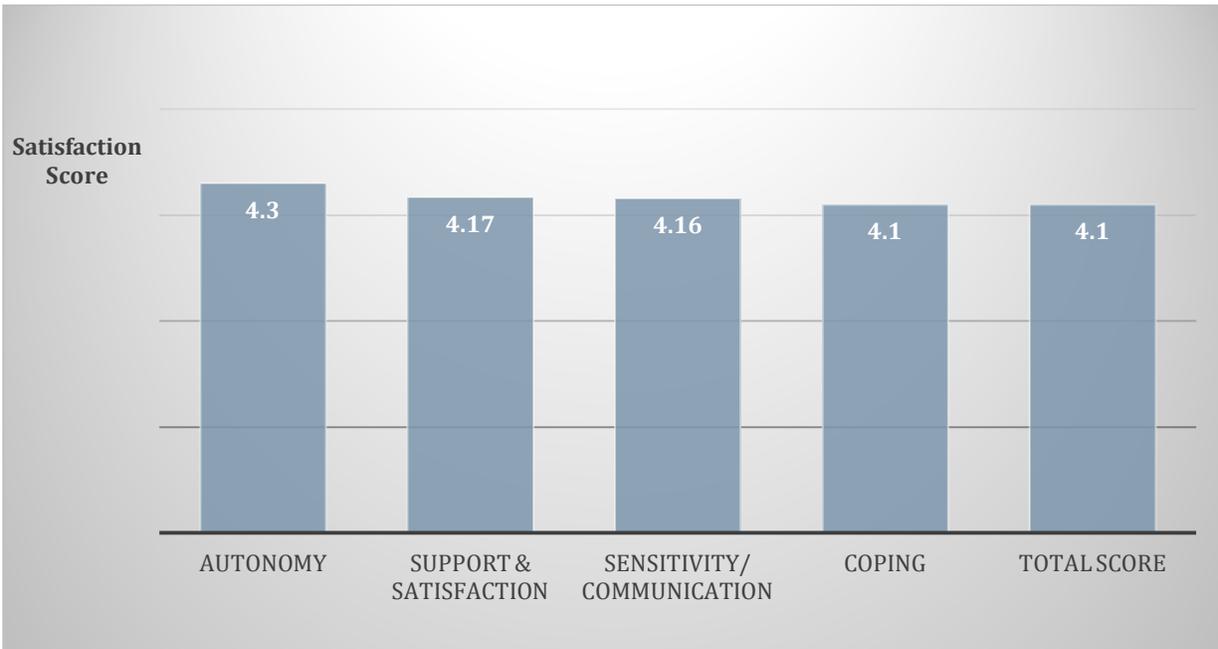
Questions from the client satisfaction survey created four (4) scales reflecting the different domains of satisfaction with the program and Cronbach's Alpha coefficient was used to measure scale reliability, or the degree to which the individual items grouped together measure the same domain⁶. The following client satisfaction domains showed an alpha higher than 0.7 (see Appendix A for the questions within each scale):

- **Autonomy:** the degree to which the client chose their own services and treatment goals and participated in their treatment.
- **Support and Satisfaction:** how well client worked with Peer Partners, felt supported and that there was someone there when they needed them and how satisfied the client felt overall with the support they received.
- **Sensitivity and Communication:** the degree to which the client felt that he/she was treated with respect and that staff were sensitive to any differences in terms of gender preferences/ cultural or ethnic background/ religious or spiritual belief.
- **Coping:** degree to which client felt better at handling daily life/family relationships and the degree to which client felt he/she was coping in general.

Overall client satisfaction with the TAY INN program and its services was high with average scores of 4.1 or higher (see Figure 2).

⁶ An Alpha that is greater than 0.7 indicates good reliability (Devellis, 2003).

FIGURE 2. OVERALL MEAN SCORES FOR CLIENT SATISFACTION (N=40)

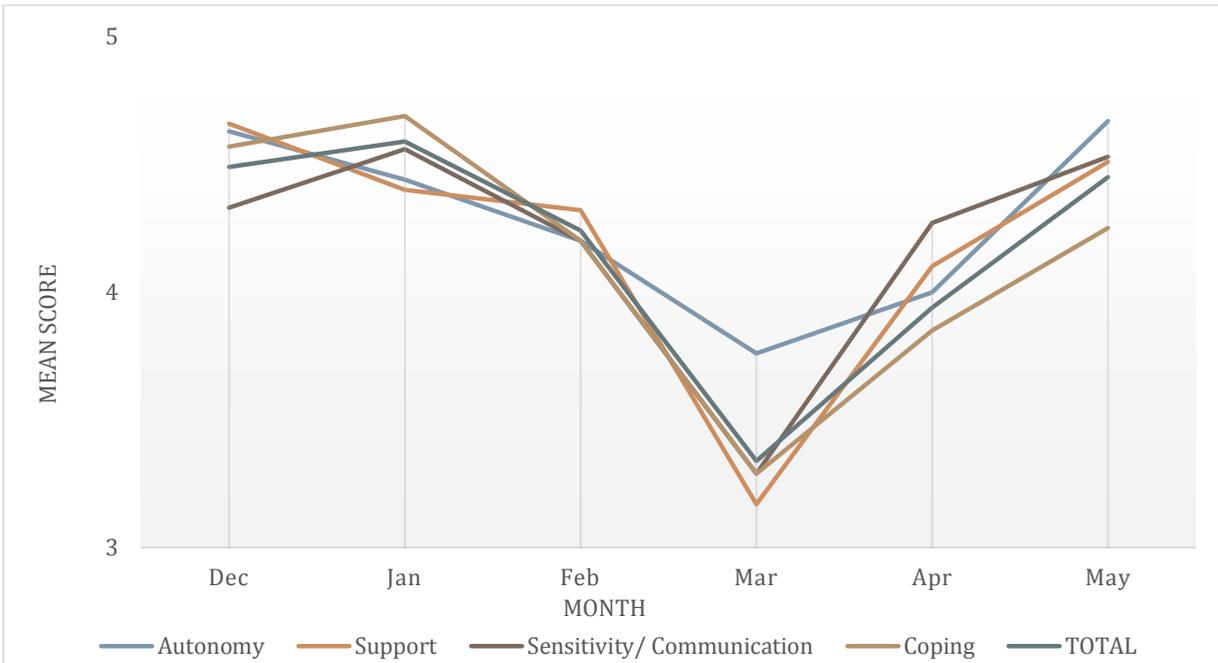


Satisfaction Score Legend: 1=Strongly Disagree; 2=Disagree; 3=Neither Agree or Disagree; 4=Agree; 5=Strongly Agree.

The Autonomy scale (mean=4.3) was slightly higher than the other three (3) domains (Support and Satisfaction; Sensitivity and Communication; and Coping). However, these three domains were also greater than 4.0. An overall satisfaction score (4.10) showed high client satisfaction across all domains combined.

Although the overall level of satisfaction was high over the evaluation extension period, there was some fluctuation month to month. Most notably there was an overall decrease in client satisfaction during March 2015, with all scales showing a prominent decline. Coping, Support and Sensitivity/Communication satisfaction dropped to a mean close to 3 where clients neither agreed nor disagreed on their satisfaction, suggesting ambivalence towards their satisfaction in those domains with the INN during that month. These levels did rise again in April 2015 and stayed consistently high during the rest of the data collection period. Figure 3 charts the levels across all domains during the evaluation extension period.

FIGURE 3. CLIENT SATISFACTION FROM DECEMBER 2014 TO MAY 2015 (N=40)



Satisfaction Score Legend: 5=Strongly Agree, 4=Agree, 3=Neither agree or disagree

THE PEER PARTNERS AND YOUTH ADVOCATES

Staff Composition

Consistent since its inception, the TAY INN staff positions are Youth Advocate, Peer Partner (Lead, III, II, I and I overnight) and Peer Partner Relief. During the data collection period, the total TAY INN staff number ranged from 12 to 18 with the added personnel occurring most frequently in the Relief position (growing from 3 to 7 over the data collection period). Staff’s tenure at the INN ranged from 1 week to 3 years, with 10 months as the average time worked at the INN.

During any given month, there was at least one open position in the regular staff roster. Two higher level Peer Partner positions were filled by staff from a lower level (e.g. from a Peer Partner II to III and Peer Partner I to II) during the data collection period.

Knowledge of Program Goals and Staff Positions

All staff interviewed (N=7) were knowledgeable about the different INN positions and their associated duties. Youth Advocates were described as case managers, while Peer Partners met with clients to provide advice. Many perceive the differences between the

levels (e.g. Peer Partner I, II, III and Lead) as a hierarchy where the higher the level, the less 'like' the clients they are.

The goals of the program were understood by all interviewed as stabilizing clients' housing circumstances and life skills through residence in a temporary safe environment.

"We provide clients an education to gain self-sufficiency and to get their stuff together"
Peer Partner

Training and Other Professional Development

Training

Training courses are available for TAY INN staff and many of these classes can be taken more than once acting as a booster to reinforce and retain knowledge and skills. Although staff all describe these training mechanisms covering diverse topics (from online to in person training in areas such as Motivational Interviewing, HIPAA and Crisis Management), some staff still report training occurring 'on the fly' and on the job.

Staff still report receiving their training through shadowing a Peer Partner. The staff express frustration at this method, stating that if they shadow more than one Peer Partner -- each with his/her own style -- they never know which style to model. The result for the Partner is being overwhelmed on the job for most of the time in the beginning and as time passes, still unsure if the job is performed correctly. Additionally, relief staff consistently report not receiving basic job skills training.

Mentoring

All staff interviewed report positive experiences with the mentoring program, especially how mentors provide guidance on communication strategies to utilize with management and help the Partner understand BWC policies and procedures. Staff also states that the mentoring experience is contingent on the individual mentor's style and engagement.

Professional Development

Quite a few staff suggested that although training and mentoring has improved, what is still missing is professional development opportunities. From their perspective, the professional development that does occur is largely in the context of the mentoring program. It should be noted that staff is referencing a more fundamental form of professional development including professional conduct, leadership skills, effective communication strategies, facilitating discussions among colleagues, and how to articulate and present ideas for INN operations to management.

Given the small number of INN positions, staff also reports a lack of advancement opportunities at the INN. In their opinion, the lack of advancement opportunities serves as a deterrent to long-term employment at the INN.

Role in INN Operations

Overwhelmingly, staff report satisfaction in knowing that they help clients become stable and self-sufficient. Many Partners express that their own personal history and experience as the main driver for their job satisfaction. The majority of staff does believe they contribute to the everyday INN operations but for many of them, this realization did not come immediately. In fact, newer staff describes their work as akin to babysitting but as they master their job, they come to recognize that their work contributes to the goals of the program.

"I can't even tell when it happened but it just clicked for me. I realized I wasn't a babysitter. I was actually helping." Peer Partner

Weekly staff meetings are seen as a productive use of time where they cover issues about clients, policy changes and even short trainings. However, staff describes times when they feel their time isn't appreciated by either the INN clients or management. They cite examples such as weekly work schedules not distributed until the Sunday evening before the work week making it difficult to schedule meetings or make personal plans. They also voice frustration with clients not showing up for appointments. With this last example, they realize that this is also a misuse of TAY INN resources since staff is still paid to 'look busy'.

As more staff work at the INN for longer periods of time, many describe feeling job stress and burnout. They express the need for mental health support and wellness seminars. In fact, they equate job burn-out and the lack of advancement opportunities as principle reasons for staff leaving the INN.

Finally, both Relief and regular staff consistently perceive that Relief staff is not part of the program. Relief staff report rarely interacting with Youth Advocates and only those Peer Partners they work with on shift.

"They (the relief staff) try to support us but they really aren't trained to do much." Peer Partner

Relationship with Management

Although staff still expresses challenges in communicating with management, there is recognition of more management involvement with the INN staff than previous years. Therefore, the perception from staff is that the interaction with management is

inconsistent. The staff feel at times that management interacts with them as though they are part of the team working collaboratively and then, at other times where they feel treated as if they are clients by management.

INN Staff feels operations are still not transparent as they report decisions still occurring without their input especially when dealing with clients' rule violations. Several staff reported a belief that INN rules are unevenly applied across clients, suggesting management favoritism for certain clients over others.

Staff does recognize management's multiple roles at the INN where they must train and supervise the staff but also support and provide services to the clients. They express an understanding that these dual roles may be difficult for management. Staff recognizes that their perceptions of management may also be clouded by their insecurities or lack of experience on the job.

You are less experienced in how to work with your supervisors in the beginning. If you feel that you aren't valued or your opinions don't matter, it doesn't occur to you that you might not have communicated yourself correctly. But it doesn't occur to them, we are sensitive to their reactions to what we say. Then decisions get made, we see it isn't ours and we don't think they listened to us."

Peer Partner

Staff Satisfaction

Each month during the data collection period, Peer Partners were asked to complete a job satisfaction survey. Staff rated on a Likert-like scale⁷ their satisfaction in the following domains:

- **Job satisfaction:** degree to which the staff member enjoyed the job, felt productive and helpful; and felt that other staff members brought their full energy and creativity to the job.
- **Skill development, growth and training:** degree to which the staff member felt they were learning valuable skills, gaining good experience and getting the training and support they need to perform their job to the best of their ability.

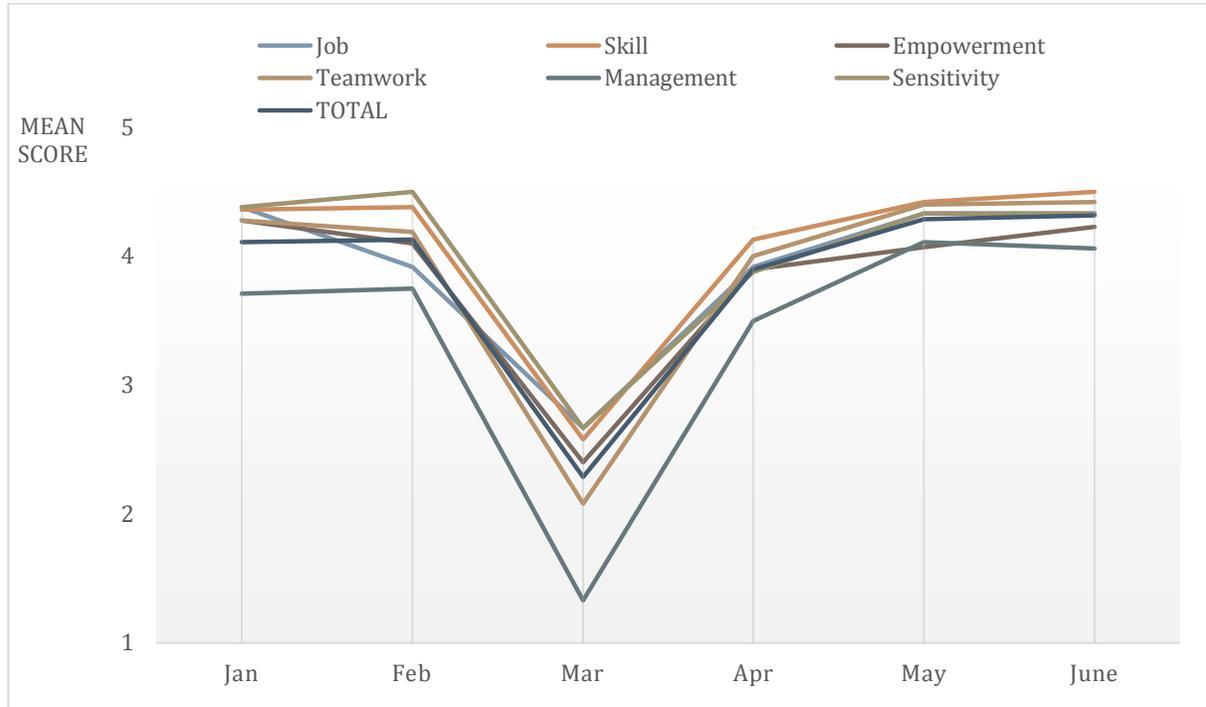
⁷ 1 represents "strongly disagree" and 5 represents "strongly agree"

- **Empowerment:** degree to which the staff member felt actively involved in creating the TAY INN program and in the decision making process, as well as the degree to which they felt they made a difference in a client's life.
- **Teamwork:** degree to which the staff member felt part of a team and that team work was valued by TAY INN.
- **Management:** degree to which staff member felt valued and supported by management and to which they felt their performance was evaluated fairly.
- **Sensitivity:** Degree to which staff felt TAY INN program is sensitive to the cultural/ethnic/ gender differences of clients as well as staff.

Cronbach's Alpha coefficient was conducted on the questions grouped together within each domain to ensure they measure that domain. Each domain for satisfaction showed an alpha higher than 0.7 which indicates good reliability (See Appendix B for questions that comprise each domain).

Overall staff job satisfaction was high (3.96). Staff satisfaction was highest in the Skill and Sensitivity Scales (mean=4.19 and 4.15, respectively) and lowest in the Management and Empowerment Scales (mean=3.60 and 3.97, respectively).

FIGURE 4. TAY INN STAFF SATISFACTION FROM JANUARY – JUNE 2015 (N=31)



Staff Satisfaction Scores Legend: 5=Strongly Agree, 4=Agree, 3=Neither agree or disagree, 2=Disagree, 1=Strongly Disagree

Despite the overall high level of satisfaction during the data collection period, there was some fluctuation month to month, especially in March 2015. Figure 4 illustrates that although all domains dropped dramatically in March 2015, the most acute was the Management scale (from 3.75 in February to 1.33 in March), where staff strongly disagreed that management valued and supported them and that their performance was evaluated fairly. Satisfaction levels across all domains did increase in April 2015 back to levels before March and stayed consistently high until the end of the data collection period.

DISCUSSION

TAY INN marks a new approach to service provision and recovery efforts for high-risk Transitional Age Youth. With this program, SCCMHD sought to understand the following two learning objectives:

- 1) To develop a model to expand the leadership capacity of TAY Peer Partners in delivery of services in a voluntary 24-hour care setting to improve access and outcomes for high risk TAY residents; and
- 2) To help TAY stabilize and gain self-awareness and skills in a safe environment and serve as a bridge to entry into appropriate ongoing services and supports in the broader system of care.

The purpose of the evaluation extension year was to continue to enhance our basic understanding of the implementation of the TAY INN program, especially the experience of the Peer Partners as leaders of the INN (Learning Objective #1).

To summarize, the Peer Partner approach holds promise to assist TAY in their efforts to become more self-sufficient and stabilize their lives. Many of the positive trends in clients' self-sufficiency and stabilizing their living environments continued into the evaluation extension year. At the end of the INN's third year, clients continue to benefit from the services and housing stability the INN offers. They continue to be highly satisfied with the program and are staying in the program longer. Screening and the admissions process have been standardized, admitting TAY clients most likely to capitalize on the INN services. There were no reports by clients of any preferential treatment or discord in how the staff interacts with them, each other and management. This is in contrast to the findings in the full scale evaluation. An analysis of client self-sufficiency plans ("Steps to Success") and client disposition at discharge yielded more depth of knowledge that illustrated and largely supported the positive trends found during the full scale evaluation.

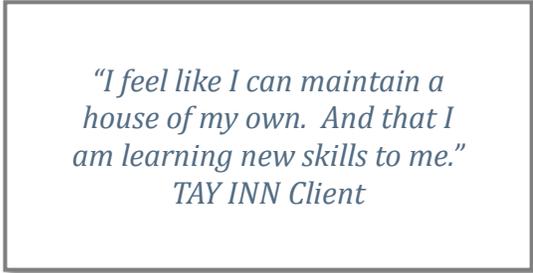
Peer Partners continue to remain satisfied, on average, with their jobs. As the program matures, many barriers to the development of Peer Partner leadership and empowerment (role overlap, hierarchy and ambiguity among the different position of INN staff) have been addressed. Yet, challenges still remain in Peer Partner communication with and expectations for management and perceived lack of transparency in management decisions. Despite more comprehensive job-specific training and a strong mentoring program, job training continues to be implemented

unevenly with Relief staff especially reporting little to no training at all. As staff remain at the INN longer, their training and professional development needs are shifting and these needs are not yet addressed by INN management. In fact, lack of advancement opportunities and job burn-out are new contributors leading to low staff morale and high staff turnover.

THE CLIENTS

Self-Sufficiency Plans

The full scale evaluation provided a detailed inventory and count of courses and services utilized by TAY clients. At that time, less was known about the individualized self-sufficiency plans developed for each TAY INN client. For this extension year, self-sufficiency plans were collected at two time points (client admission and discharge) for all clients that participated in the evaluation (N=13). These plans were assessed to provide more information about the experience of the client during their INN residence.



"I feel like I can maintain a house of my own. And that I am learning new skills to me."
TAY INN Client

Despite being customized for each client, there is a fair amount of standardization across the clients' plans. Each client had three goals and the most frequent goals at both intake and discharge were employment and housing. The most common goal was employment, which is not surprising given that employment is an expected milestone toward self-sufficiency and securing stable housing. The goals shift and change over the clients' residence at the INN as progress is made. Of interest, however, is the lower prevalence of mental health goals in clients' plans, despite risk of developing or a previous Axis I mental disorder diagnosis as one of the three eligibility criteria. This finding may suggest a deeper look into the utilization of the three criteria in the screening of the potential INN clients, the philosophy that underpins the approach to identifying goals for the self-sufficiency plans or how this might be function of the skill or comfort level with mental health issues or goals by the INN staff person working with the client to develop these plans. Unfortunately, these potential explanations leave more questions than answers and yet, may prove essential knowledge for ensuring that the INN resource allocation and service provision is utilized both maximally and dynamically.

Housing Disposition after Discharge

During the full scale evaluation, knowledge about clients' disposition after discharge was anecdotal at best suggesting clients did return to BWC for support and mental health services. However, there was not a clear picture of their housing disposition at discharge. In the extension year data collection, there was a concerted effort to track this information. TAY INN clients do find more stable housing arrangements after their time at the INN. These arrangements are diverse ranging from living with family or friends to shelter or program housing. All clients that stayed in the program moved into stable housing (N=10).⁸

THE PEER PARTNERS AND YOUTH ADVOCATES

The primary focus of the evaluation extension year was Learning Objective #1, specifically how the Peer Partner model has imbued leadership capacity within the Peer Partner workforce.

Role Clarity

Successful program delivery is dependent on clearly defined and understood roles and responsibilities among staff and program stakeholders. Without this clarity, the result is frustration and confusion for staff and clients and a potentially ineffective program.

The initial years of the TAY INN program were beleaguered by staff confusion and lack of clarity regarding INN staff roles and responsibilities. For instance, the distinction between Youth Advocates and Peer Partners was unclear and even perceived as competitive and adversarial during the full scale evaluation, where Youth Advocates were inadvertently undermining the role of the Peer Partners in service delivery to INN clients. During the extension year, this does not appear to be the case any longer and there were no reported overlap in responsibilities related to service delivery to INN clients. In fact, the regular TAY INN staff (Peer Partners and Youth Advocates) appears to function as a cohesive group in support of their clients and each other.

During the full evaluation, it was also unclear if all staff involved developed shared goals and buy-in to the mission and goals of the program—a crucial aspect needed for them to fill leadership roles within the INN. Peer Partners expressed inherent tension in their work where they must enforce TAY INN rules and hold clients accountable while

⁸ There is no information about housing environments after a client is discharged for rule violation (N=3).

mentoring as a peer to these same clients. During the evaluation extension period, this tension was only raised as the experience of a new Peer Partner, suggesting that as Peer Partners become acclimated to their work, they will become more confident and recognize their role in the program's service delivery to clients.

At this time in the program's evolution, roles and responsibilities are clear as are the INN goals to the Peer Partners.

Involvement in INN Operations

Having TAY INN staff share the same vision for the program's goals and objectives is important but equally important is for them to feel their voice is heard and input is valued. When input is given and not used without explanation, it can affect morale. Recommendations from the full-scale evaluation suggested management should ensure transparency in the decision making process and close the feedback loop with Peer Partners. This feedback loop is critical and yet still not often done within INN day-to-day operations. The effect is lowered staff morale and empowerment.

Much has improved for Peer Partner involvement in INN operations but they still report an imbalance between feeling like they are treated as key stakeholders that shape INN decisions and feeling like they are being treated as if they themselves are clients. Part of the answer (and the solution) may lie in the unique position of Peer Partners within INN operations and infrastructure. Most Peer Partners used to be TAY which, on one hand, makes them uniquely qualified to shape and deliver INN services to its clients. However, this workforce tends to have less professional experience and less confidence in their own ideas and abilities to do the job. Moreover, the role of a peer mentor is not an easy one to navigate. The boundaries between being a peer and being a professional that enforces INN rules are difficult for even the most experience employee to maintain. The issue continues to impact staff morale and an approach to addressing it has yet to be identified and implemented.

Organizations like the TAY INN can work to minimize and resolve staff and client grievances by establishing and communicating formal and informal processes to solicit feedback regarding the program. The mechanisms available for staff and clients should be ones that are perceived to be seriously addressed by management. At the conclusion of the extension year, it is uncertain if the feedback mechanisms available are truly used as a

"What ways can I tell them about issues I have? You mean use that box on the shelf that collects dust? Nah, I don't have a way to tell them about something without them knowing it is me" TAY INN Client

functioning active way to suggest ideas or report grievances.

Moreover, weekly staff meetings are additional mechanisms to share with each other and management information about clients, discuss INN policies, discuss grievances or conflict and conduct additional training if necessary. Weekly staff meetings, in this sense, are a crucial mechanism to foster meaningful involvement of Peer Partners into INN operations and to troubleshoot problems. Unlike previous years of the INN program, these meetings are now perceived as more instructive and purposive to the staff who attends.

Training, Mentorship and Professional Development

Successful implementation of peer-led programs requires adequate staff resource allocations that take into account the challenging nature of the work and the potential for high staff turnover. One mechanism to motivate and empower INN staff is through initial and ongoing training; steady supportive supervision; and professional development and mentorship opportunities. The degree of training needed—both initial and ongoing—for the Peer Partner workforce was and continues to be underestimated in the TAY INN program.

When working with a less experienced workforce, care must be taken to ensure these support services incorporate basic job-related core competencies; appropriate roles in the mentor-mentee relationship; and any ethical issues that may arise related to the peer mentoring relationship. Insufficient training can not only impact a Peer Partner's confidence in his/her work but ultimately undermine program effectiveness in supporting self-sufficiency in their clients. As such, training must be standardized to ensure continuity and confidence that staff have the necessary skills and knowledge to carry out the responsibilities of the job.

Since the program's inception, Peer Partner training has expanded significantly to include online and in-person training modules, a mentoring program and to a lesser degree, professional development opportunities. Job shadowing is an important part of the skills development process for Peer Partners and Youth Advocates but it should complement rather than take the place of formal training. Despite these training resources, formal pre-employment training covering an orientation of the INN components and services, Peer Partner responsibilities and skills development is still implemented unevenly where some staff report learning on the job. This is especially the case for Relief staff.

Booster training for Peer Partners and Youth Advocates do occur to ensure retention of fidelity to core program components and staff roles and responsibilities. It is unclear if all

Peer Partners are required to participate in the booster training or if it is a function of the Partner's own initiative or a supervisor request. The overall result is a workforce with varying levels of knowledge and competence to do their jobs.

The mentoring program implemented towards the end of the full scale evaluation period has shown to be a positive aspect of the Peer Partner experience. Although largely dependent on the individual mentors, Peer Partners have found a mechanism to receive support and advice covering BWC policies, strategies for supervisor and client communication and other professional development.

In addition to unevenly applying training resources across the Peer Partner workforce, what is largely absent in the Peer Partner support infrastructure is expanded professional development tools and skills building. Despite the high turnover rates for Peer Partners, those that stay for longer than a year are beginning to express a need for professional development opportunities leading to upward job mobility. At the same time, they see very little opportunity to advance at the INN which contributes to their frustration and low morale.

Although tangentially covered through the mentoring program, a finer point to the Peer Partner professional development needs is still missing. By far, the most consistent need expressed by INN staff is one that is harder to teach or to anticipate and yet, undergirds the ability for the TAY INN model to truly build Peer Partner leadership capacity. A less experienced workforce is also less experienced in the expected modes of professional conduct or how to navigate and enrich their work environment through presenting and advocating for ideas to better the program.

"An individual needs to capitalize on the job but sometimes we don't know how." Peer Partner

Peer Partner skills building and support could be enhanced by including training modules covering areas such as fundamentals of professional conduct (communication strategies, professional behavior) and professional development-related presentations covering information, knowledge and pathways related to advancement opportunities both within and outside of the INN (education, certificate programs, other agency opportunities). These opportunities will not only develop Peer Partner skills and shared goals for the program but should also generate their enthusiasm for the work and raise morale.

Job Fatigue

Over the duration of the INN program, Peer Partners, Youth Advocates and management have all reported time and work load challenges. During the evaluation extension period, Peer Partners expressed job fatigue, even hypothesizing that fatigue may be another factor to high staff turnover and lower staff morale.

It is not surprising that as the INN program matures it will begin to have long-term staff. It is also reasonable to expect the intensity of TAY INN work for Peer Partners will lead to job fatigue. Much like the need to expand professional development to include job advancement opportunities and the fundamentals of professional conduct, Peer Partner workforce support must also expand or account for job burn-out. The Peer Partners do already have a sense of support services that can help circumvent burn-out including wellness seminars, learning coping strategies and even, temporary rotation off one-on-one meetings with clients to other responsibilities at the INN. This type of support is currently not provided to Peer Partners.

THE TAY INN PROGRAM ENVIRONMENT

Over the course of its implementation, TAY INN has become a small, intense and integrated program, suggesting an environment sensitive to how well the individuals interact with each other or how truly integrated the program components are. The issues and findings related the Peer Partner experience are, in fact, aspects of the TAY INN environment.

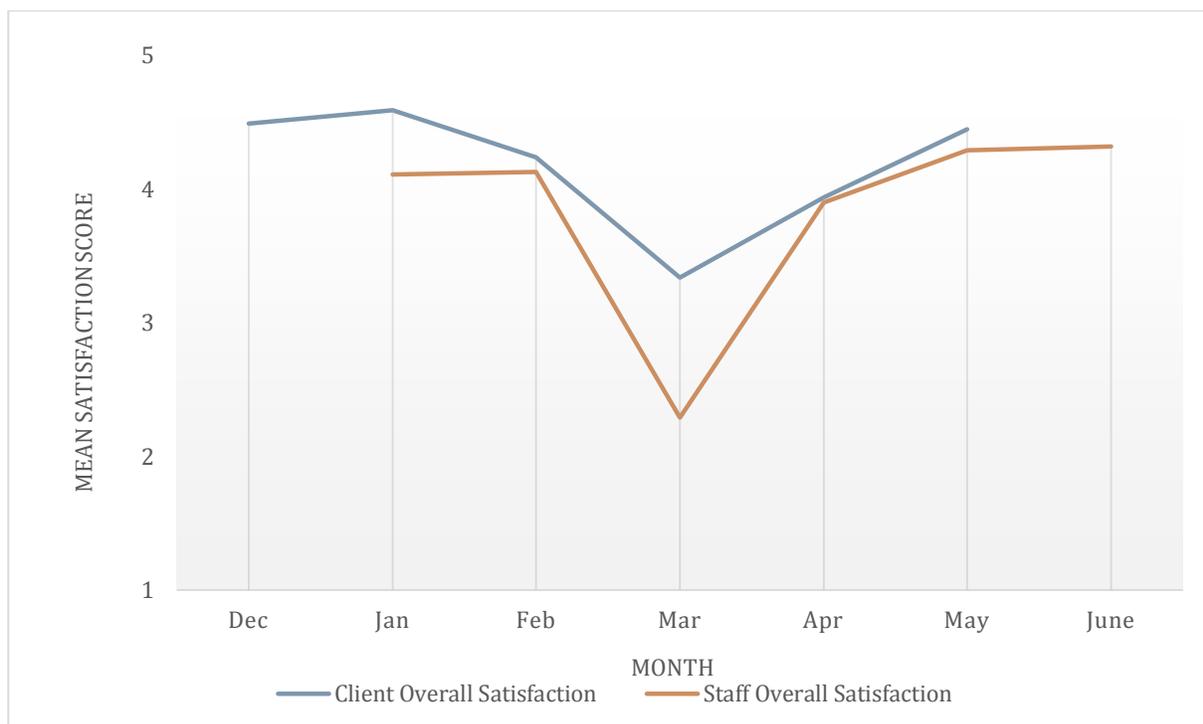
As noted in the full scale evaluation, the key to the Peer Partner model and an integral part of delivering services within this type of environment is the Peer Partner supervisor. Despite the high turnover of the TAY INN supervisor in the beginning of the program, this position has stabilized by identifying the necessary core competencies to support the staff and coordinate the program. The stabilizing force of a consistent, experienced supervisor, coupled with streamlined admissions processes and a long-term cadre of INN staff, can create an environment conducive to increasing success in the INN clients' housing stability and overall self-sufficiency.

Yet, these same aspects (supervisor, processes and staff), if not consistently maintained and/or supported can actually foster the opposite outcome. For instance, poor staff training can lead to an ill-equipped workforce unsure and unable to provide services to INN clients. This workforce will then require more supervision and likely feel they do not contribute to the operations of the INN, leading to frustration, insecurity and lower morale. A less experienced inadequately trained and supported workforce will not see

promotion potential, leading to high staff turnover, unprofessional conduct and job burn-out. The snowball effect can easily affect the other aspects of the program. This hypothetical scenario illustrates the fragile nature of a small, intense and integrated program like TAY INN. During the extension year of the evaluation, an actual example of the fragile nature of the INN environment gives additional weight to this point.

In March 2015, both staff and client satisfaction levels fell dramatically. With satisfaction levels consistently high (4.0 or above) across all years of the program for clients and staff, this finding was unexpected. Through additional data collection and analyses, the reason for the dramatic decline was identified. During this timeframe (March 2015), the Peer Partners were working with a group of challenging clients with challenging needs. Moreover, the Peer Partners perceived their suggestions to address these challenges were either ignored or overridden by management. These perceptions were never communicated or raised with management. The result was dramatic declines in staff satisfaction. In tandem, there was a linear and just as dramatic decline for clients during that same time (see Figure 5).

FIGURE 5. COMPARISON OF TAY INN CLIENTS AND STAFF SATISFACTION (DEC 14-JUN 15)



Satisfaction Scores Legend: 5=Strongly Agree, 4=Agree, 3=Neither agree or disagree, 2=Disagree, 1=Strongly Disagree

The issue was eventually addressed and rectified in a weekly staff meeting. The very next month satisfaction levels returned to the pre-March levels for both staff and clients. In this specific case, the weekly meeting provided a venue for two-way communication and feedback between staff and management as it has been envisioned to do.

This is a striking example of how an integrated cohesive program like TAY INN is a fragile one that can be easily affected no matter how small or unavoidable the issue. When management decisions in any particular situation or context are unclear and not transparent, emotional and psychological reactions to these decisions will cloud any productive work to be done and affect staff morale and satisfaction. It is important to acknowledge a staff-management issue produced an effect in client satisfaction.

An integrated cohesive program – one with trusting bonds among those working within the program – is what is necessary to sustain the positive client outcomes. Yet, with a workforce that lacks the skills or experience to address issues such as the previous example, management support and skills development must be consistent. Positive reinforcement, feedback and transparent decision-making should also be constant. When workload is significant for all involved, these areas might be missing or forgotten but can jeopardize the program outcomes and the experience of both staff and clients in the program.

A NOTE ABOUT RELIEF STAFF

TAY INN Relief staff continues to feel isolated, uninformed and not prepared for the duties of the job. This has not changed over the 3 years since the INN's inception. Relief staff are not required to attend the weekly staff meetings (and actually feel uninvited) unless they are on the schedule to work. There are no mechanisms to support Relief staff in delivering INN services. And yet, Relief staff fills a critical function for the INN by filling gaps in coverage at the INN and providing services and one-to-one support to INN clients. At the conclusion of data collection, there were seven (7) Relief staff employed by the INN to fill these critical needs.

*"I wish I had more direction on how to talk to clients about some issues they have. I'd like to learn new things but I can't because I am relief staff."
Peer Partner*

It is understandable that hard decisions must be made with fixed and limited resources but if Relief staff is to provide services to INN clients and even, serve as a pipeline to identifying prospective regular INN staff, their buy-in, input and skills development is just as important to the success of the program as the other components of the program.

CONCLUSION

In conclusion, TAY INN clients represent a diverse population of transitional age youth, with over 60% of the population from underserved ethnic and cultural communities. The TAY INN continues to provide age-appropriate health, mental health, substance abuse, educational and vocational services to increase self-sufficiency and more stable housing for its clients. The TAY INN client screening and admission procedures have stabilized maximizing resources by providing services to those most likely to benefit from them. Overall client satisfaction with the TAY INN program was high in virtually all aspects of the program, with satisfaction declining in March but improving in April to levels of 4.0 or better. With an average stay of 66 days, clients continue to show positive trends in their self-sufficiency and three quarters of the clients find stable housing at discharge from the INN.

The support, motivation, and buy-in of the Peer Partner staff are crucial to the program's success and survival. Program success is fostered by individuals who carry out the program components with high shared morale, good communication, and a sense of ownership. Peer Partner experiences as leaders of the INN continue to improve. Peer Partners describe training opportunities for new knowledge and booster sessions to reinforce key aspects of their work. The use and implementation of this training however remains uneven with many new staff report job shadowing as the only form of training they receive. Relief staff continues to feel isolated and uncomfortable with their level of knowledge related to their job responsibilities.

The TAY INN program has progressed substantially since its inception. At the conclusion of year 3, the program appears to be moving into another phase in its evolution as it is no longer a new program. As such, the program implementation priorities must shift to refining services for the INN clients and evolving its workforce support to address both long-term and new staff especially Relief staff. TAY INN workforce support should address:

1. Lack of fundamental skills of professional conduct;
2. Perceptions of no advancement opportunities;
3. Burn-out or job fatigue due to the nature of the peer mentor work; and
4. Consistent reinforcement and support from supervisors and other management in an environment with multiple demands on time.

Supervisors and other management need to play an active and continuing role in refining aspects of the Peer Partner experience, capitalizing on momentum and progress.

Without this commitment to preserving the key elements of the program while refining them to address problems encountered, the program and its accomplishments may degrade and may evolve into a program quite the antithesis of what was initially envisioned. Although many findings from the full scale evaluation were mirrored in the evaluation extension year, the following new information was gained:

Learning Objective #1: To develop a model to expand the leadership capacity of TAY Peer Partners in delivery of services in a voluntary 24-hour care setting to improve access and outcomes for high risk TAY residents.

- ▶ A Youth Advocate is assigned to each client but Peer Partners work with all clients. The model is, thus, not a true peer mentor model where peer-to-peer matching is a central tenet. And although this was a concern for clients and staff in the beginning of the program, it has not continued to be a concern at this point.
- ▶ Training, mentoring and other professional development needs remain uneven and incomplete for the Peer Partner workforce, especially in fundamental skills development (e.g. professional conduct) which forms the foundation that builds leadership capacity with the Partners.
- ▶ Professional development is an ever evolving process that must take into account the needs of all of its staff (from regular to relief staff as well as new to long-term staff).
- ▶ Professional development is also about upward job mobility and advancement. Staff sees very little opportunity for advancement at the INN. The scope of information regarding advancement opportunities must be widened past the INN and BWC.
- ▶ Staff morale is fragile and impacted by many factors including perceptions and interpretations of management decisions and activities when the feedback loop is missing. In turn, staff morale can have an impact on client morale.
- ▶ This is a time-intensive endeavor for program supervisors and management.

Learning Objective #2: To help TAY clients stabilize and gain self-awareness and skills in a safe environment and serve as a bridge to entry into appropriate ongoing services and supports in the broader system of care.

- ▶ Clients can develop the self-sufficiency to complete goals to stabilize their lives.
- ▶ Clients with the time afforded to them by their residency at the INN can move to more stable housing.

The INN did improve on its ability to support both the Peer Partners in increasing their leadership capacity and the INN clients in stabilizing their lives. The program implementation is time-intensive, ever evolving and fragile. And yet the rewards may be worth the effort.

“What makes me like this job is that I am helping someone who is homeless not be and help those who don’t get a lot of help.”
Peer Partner

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Devellis, R.F (2003). *Scale Development: Theory and applications* (2nd Edn). Thousand Oaks, California, Sage.

APPENDICES

APPENDIX A: CLIENT SATISFACTION SURVEY SCALES

Scale	Item	Alpha
Autonomy	q1. I chose the services I received. q2. I chose my treatment goals q3. I participated in my treatment	0.95
Support & Satisfaction	q4. Peer Mentors and I worked well together q5. Peer mentors were supportive q6. I had someone to talk to when I needed q7. I received as much support as I needed q19. Overall, I am satisfied with the support that I received at the INN.	0.98
Sensitivity & Communication	q8. The Staff at the Inn Treated me with respect q9. The staff communicated in a way I understood q10. The staff respected my religious and/or spiritual belief q11. The staff was sensitive to my cultural/ ethnic background q12. The staff was sensitive to my gender preferences	0.97
Coping	Q13. I feel I am better at handling daily life q16. I have better coping strategies q17. I have improved my relationship with my family and/or others in my supportive network q18. I am better able to achieve my goals	0.94

NOT included in scale are: I am doing better in school (Q14) and I am doing better in work (Q15).

APPENDIX B: STAFF SATISFACTION SCALES & CORRESPONDING ITEMS

Scale	Item #	Item	Alpha α
Job Satisfaction	q1 q9 q14	I am productive and helpful. I enjoy my job People bring their full energy and creativity.	0.81
Skill development, growth and Training	q2 q4 q10 q12	I am learning valuable skills and good experience for the future I have opportunities for personal growth The training I receive allows me to perform my job successfully I have enough training and skills to make good decisions	0.89
Empowerment	q3 q6 q15 q17 q16	I am actively involved in creating the TAY INN program I am making a difference at the life of TAY clients Staff Feels empowered as partners in the organization I am actively involved in decisions that affect TAY INN Innovation is encouraged and supported.	0.92
Teamwork	q5 q7 q8 q18	I am an important member of the team I feel welcomed and accepted on the team I feel valued for my work and contribution Leaders here make cooperative. team decisions	0.91
Management	q11 q13 q21	Management respects my voice and perspectives I am supported and appreciated by the management My performance is monitored and evaluated appropriately	0.96
Sensitivity	q19 q20	Our program is sensitive to the cultural/ethnic/ gender differences of clients Our program is sensitive to the cultural/ethnic/ gender differences of staff members	0.99