



# Approaches to Evaluating Services for Youth and Young Adults of Transition Age

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**SAMHSA**  
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# Disclaimer

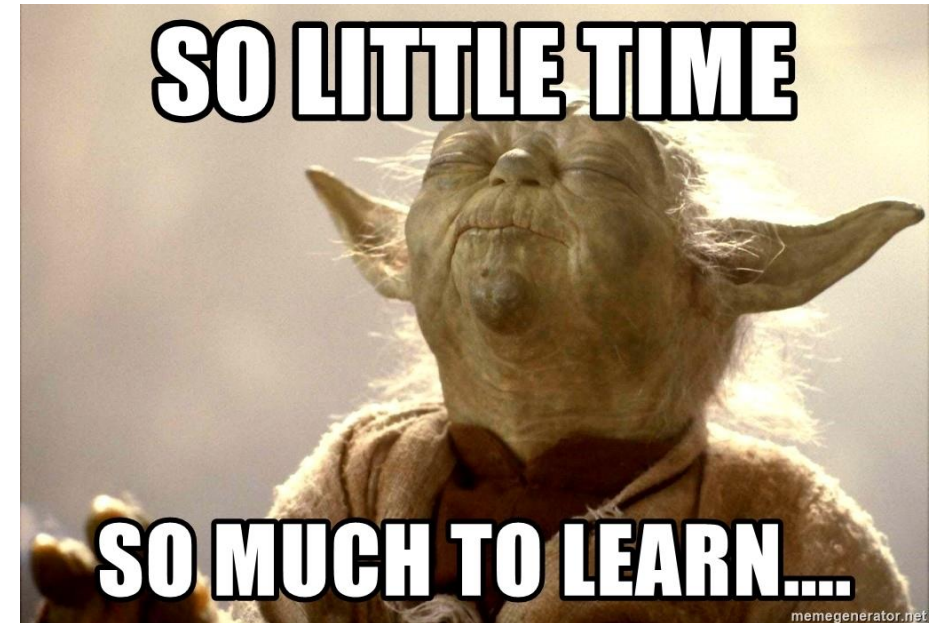
This web event is hosted by Westat and the presentation was prepared under contract with the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (Contract #HHSS280201500007C) and through the National Institute of Disability, Independent Living, and Rehabilitation Research (NIDILRR grant 90RT5030)

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# Objectives for Web Event

Participants will learn about:

- Different types of data (e.g., service quality, outcomes, system effectiveness) that programs serving youth/young adults often collect
- Considerations and trade-offs that are important when deciding about what data to collect and how to collect it
- OYEAH evaluation and how it responds to key considerations and also “covers” a variety of different types of data
- Youth and young adult perspective on evaluation and participation in evaluation



# Today's Presenters



**Janet S. Walker, PhD**  
Research Professor  
Regional Research Institute  
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Research and Training Center for  
Pathways to Positive Futures



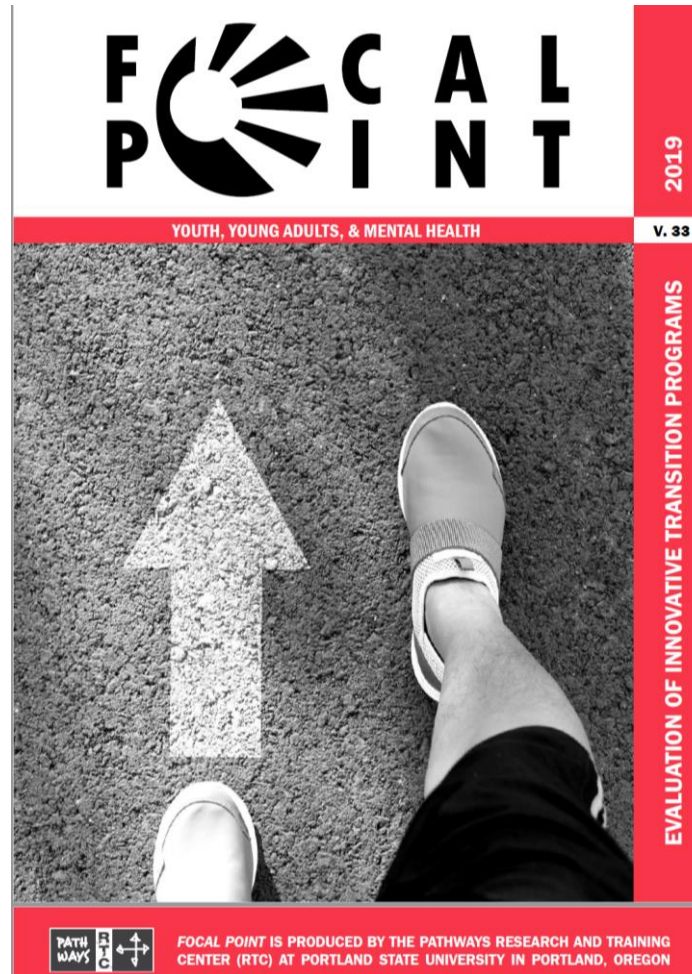
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**Pnina Goldfarb, PhD**  
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Wraparound Milwaukee  
Children's Community Service  
Milwaukee County Behavioral  
Health Division



# Focal Point: Youth, Young Adults and Mental Health April 2019





## Google pathwaysrtc

- Focal Point
- Measures/assessments from today
- Electronic list highlighting new research, training and resources

# Types of Data: Utilization

## Utilization-related

- Uptake; no-shows; types and amount of services
- Disenrollment– length of service and disenrollment status

The screenshot displays the NCQA website interface. At the top left is the NCQA logo with the tagline "Measuring quality. Improving health care." To the right of the logo are navigation links: "Our Programs", "HEDIS", "Report Cards", "Education & Training", and "About NCQA". Further right are links for "Shop Our Products", "Contact Us", and "Log in", followed by a search bar. Below the navigation bar, a breadcrumb trail reads "Home / HEDIS / HEDIS Measures and Technical Resources / Mental Health Utilization". A large blue banner on the left contains the text "HEDIS" and a list of links: "HEDIS Measures and Technical Resources" and "Data Submission". The main content area features the title "Mental Health Utilization (MPT)" in large white text. Below this title, a paragraph states: "This measure summarizes the number and percentage of members receiving the following mental health services during the measurement year:". On the right side of the page, there is a "Save" button with a heart icon.



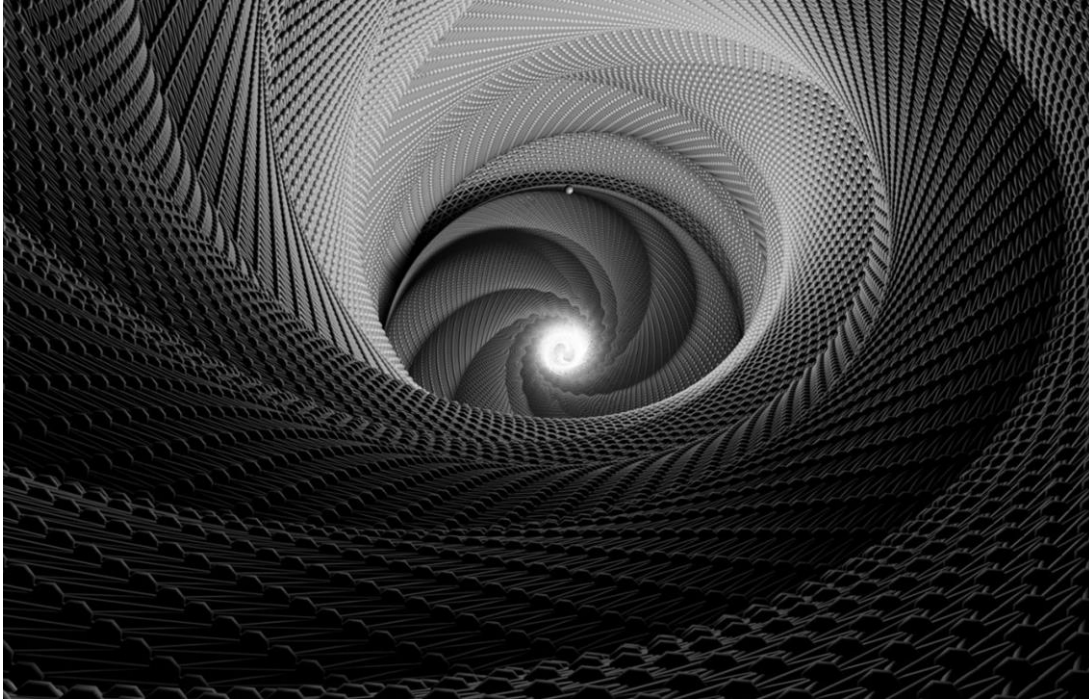
# Types of Data: Service Quality

- Satisfaction
- Fidelity
  - Program/Structural fidelity
  - Practice fidelity
- Consistency with service principles or approach
  - Empowerment oriented
  - Youth/Young adult driven or voice
  - Focus on natural supports and/or community participation





# Types of Data: Outcomes



- Concrete indicators
  - Career development, housing, disenrollment status
- Many types of standardized assessments
  - May or may not be acceptable to or validated for youth/young adults
- Non-standardized assessments
  - Single indicators, adaptations or reduced scales
- Individualized outcomes

# Types of Data: System Level and Beyond

System level—aids for strategic planning

- Satisfaction with availability, array
- Systems structures and functioning (CSTI/SSTI at pathwaysrtc)

Other

- Youth and Young Adult Voice—Agency (Y-VAL) and System (Y-VOC) levels

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[This manuscript was published online December 24, 2014 in the *Journal of Behavioral Health Services & Research*. The final publication is available at Springer via <http://link.springer.com/article/10.1007%2Fs11414-014-9452-5>]

## Community and State Systems Change Associated with the Healthy Transitions Initiative

Janet S. Walker, Nancy Koroloff, & Shawn J. Mehess.

### Abstract

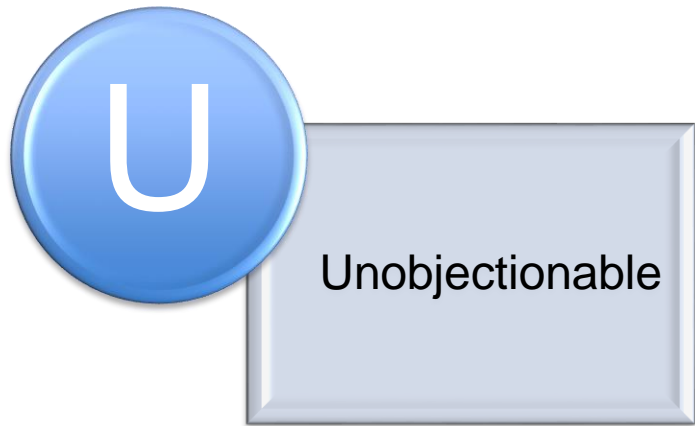
*People engaged in efforts to improve services to emerging adults with serious mental health challenges have reached the conclusion that service change at the program or agency level is not sustainable without related changes at the systems or policy level. This article focuses on one set of efforts to create intentional system change at both the community and state levels. These changes were pursued by states and communities that received grants under the federally funded Healthy Transitions Initiative (HTI), with the aim of creating more effective services for emerging adults with serious mental health conditions. The article reviews the development of a measure to assess systems change efforts at the state and community levels and describes the findings that emerged when the measure was used to assess the change that occurred in the HTI sites over a period of approximately three and a half years.*

# Youth/Young Adult Voice in Agencies and Systems

- Y-VAL and Y-VOC further information from Youth MOVE National
- [youthmovenational.org/yval](https://youthmovenational.org/yval)



# Best Data is Data You USE (U USE)





## Data that stakeholders care about

- Increases the chances that the data will be collected
  - Both staff and youth/young adult engagement in data collection

Example: Use focus groups with young people to find out what outcomes they value

Focal Point: Youth, Young Adults, & Mental Health. Evaluation of Innovative Transition Programs, 2019, v.33

*environment and it's safe for a lot of people. So I like it a lot."*

*"It's definitely something I look forward to in the week... it's definitely something I'd rather have more often than just once a week."*

Many participants discussed making friends in the group. *"Some of us hang out outside of group. I would say that a lot of people I'm pretty close with, I met in this group."*

Recommendations from participants included the following: There should be more young adult support groups and parent education/training across the state. Mental health providers should not judge youths' or young adults' capabilities based on their worst days.

2. Boyd, J. E., Orlingam, P. G., & DeForge, B. R. (2014). Brief version of the Internalized Stigma of Mental Illness (ISMI) scale: Psychometric properties and relationship to depression, self-esteem, recovery orientation, empowerment, and perceived devaluation and discrimination. *Psychiatric Rehabilitation Journal*, 37(1), 17–23.
3. Karcher, M. J., & Sass, D. (2010). A multicultural assessment of adolescent connectedness: Testing measurement invariance across gender and ethnicity. *Journal of Consulting Psychology*, 57, 274–289.
4. Vogel, D. L., Wade, N. G., & Hackler, A. H. (2007). Perceived public stigma and the willingness to seek counseling: The mediating roles of self-stigma and attitudes toward counseling. *Journal of Counseling Psychology*, 54(1), 40–50.
5. Walker, J. S., Thorne, E. K., Powers, L. E., & Gaonkar, R. (2010). Development of a scale to measure the empowerment of youth consumers of mental health services. *Journal of Emotional and Behavioral Disorders*, 18(1), 51–59.

*I consider my [mental illness] experience as one small chapter of my whole book.*

### DISCUSSION

Preliminary results suggest that peer support and a youth-centered, flexible Wraparound approach have led to improvements in the lives of individuals in the CT STRONG program. A mixed method evaluation approach is needed in order to capture a full picture of both process and outcome measures for the transition-aged youth and young adult population.

### REFERENCES

1. Center for Mental Health Services (2017). *NOMs client-level measures for discretionary programs providing direct services. Services tool for adult programs. SPARS Version 2.0*. Retrieved from [https://spars.samhsa.gov/sites/default/files/CMHS\\_Client-Level%20Services%20Tool%20for%20Adults.pdf](https://spars.samhsa.gov/sites/default/files/CMHS_Client-Level%20Services%20Tool%20for%20Adults.pdf)



# Useful

Young people may be more willing to participate in evaluation activities when they see that data will be used to improve services

National Evaluation of former Healthy Transitions (NITT) cohort

- Engagement video where peers explained that data was for program improvements


Deschutes County, Oregon Early Psychosis

- Feedback-informed treatment



[https://www.youtube.com/watch?v=XS\\_HBydCyEQ&list=PLL1frPOsHGTumgpUOZ\\_eDNund-RoU1q2\\_&index=17](https://www.youtube.com/watch?v=XS_HBydCyEQ&list=PLL1frPOsHGTumgpUOZ_eDNund-RoU1q2_&index=17)

Focal Point: Youth, Young Adults, & Mental Health: Evaluation of Innovative Transition Programs, 2019, v.33



## MindStrong and Emerge Models:

### Multidisciplinary, Feasible, Effective, and Sustainable

**C**ompared to younger youth and middle-aged and older adults, older youth and young adults (16–25 year olds) are more likely to experience serious mental health challenges, including schizophrenia, bipolar, and major depressive disorders.<sup>1</sup> These young people are at increased risk for high school dropout (or “pushout”), unemployment and under-employment, poverty, housing instability, homelessness, justice involvement, and suicide.<sup>2</sup> They are also least likely to utilize mental health services, which tend to feel stigmatizing, incongruent, and ineffective to young people. Accessible, attractive, and effective services spanning both child and adult sectors are needed to engage this unique population. To address these challenges, *Thresholds*, the largest community mental health provider in Illinois, successfully developed and implemented two multidisciplinary sister teams serving young people within a Medicaid and commercial fee-for-service insurance billing environment.

*Thresholds* is nationally recognized for partnering with researchers to develop and test evidence-based practices (e.g., Assertive Community Treatment, Individual Placement and Support, Supported Employment, Wellness-Management & Recovery), and for its innovative programs for older youth and young adults.

In 2013, *Thresholds* expanded its youth care continuum by introducing a multidisciplinary, community-based model blending child and adult evidence-based and evidence-informed practices for 18- to 26-year-olds with a variety of serious mental health conditions. This model, called *Emerge*, utilizes the Transition to Independence Process (TIP) Model<sup>3</sup> as its foundation and is an adapted Assertive Community Treatment model (See Figure 1). *Emerge* is a program without walls, where almost all services are provided in the community – wherever is relevant for learning, growth, and achieving personal goals. All participants are seen at least twice a week by their primary staff member and an additional team member. Participants build their own individualized life goals and engage in individualized in-vivo learning experiences (e.g., learning how to budget while grocery shopping or how to open a checking account with a first paycheck) with team members with a variety of disciplinary backgrounds. Therapists leverage practices from Cognitive Behavior Therapy (CBT), along with creative arts and movement-based approaches. *Emerge* also hosts regular, tailored social and educational meet-ups and activities in the community to foster social skills, natural peer support, and belonging.

In 2016, *Thresholds* added a second *Emerge* team, and co-located a Coordinated Specialty Care (CSC)

26 FOCAL POINT

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Stakeholders more likely to be engaged when they can see data being used

Common observation from Healthy Transitions sites

Thresholds (Illinois)

- Engage staff in focused quality improvement: Plan, Do, Study, Act
- Data to identify baseline, feedback over time

Deschutes County Early Psychosis

- Feedback-informed treatment

Collect common data elements across sites/ programs

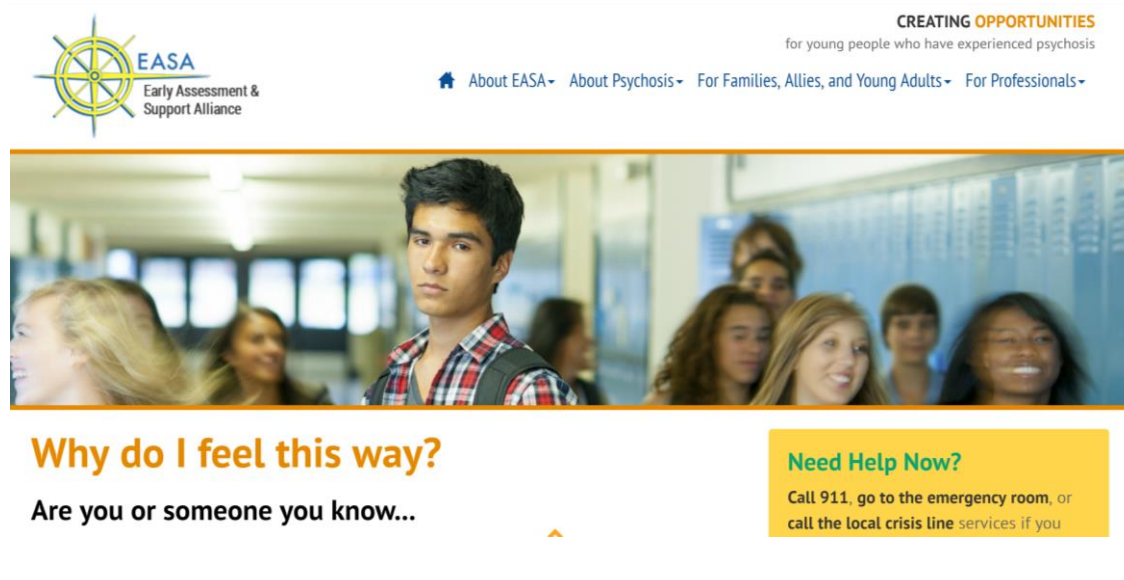
- Allows for greater learning, makes usefulness of data more obvious

Oregon's early psychosis program

- Collects the same fidelity and outcome data from all sites/counties

Thresholds

- Collects similar data across MindStrong and Emerge



The screenshot shows the homepage of the Early Assessment & Support Alliance (EASA). The header features the EASA logo, which includes a compass rose and the text 'EASA Early Assessment & Support Alliance'. To the right of the logo, the tagline 'CREATING OPPORTUNITIES for young people who have experienced psychosis' is displayed. Below the tagline is a navigation menu with links: 'About EASA', 'About Psychosis', 'For Families, Allies, and Young Adults', and 'For Professionals'. The main content area features a large photograph of a diverse group of young people in a school hallway. Below the photo, there are two prominent sections: 'Why do I feel this way?' with the subtext 'Are you or someone you know...' and a yellow button labeled 'Need Help Now?'. The 'Need Help Now?' button contains the text: 'Call 911, go to the emergency room, or call the local crisis line services if you...'. In the bottom left corner of the screenshot, there is a small logo for 'PATHWAYS' and a directional cross icon.



# Unobjectionable



Evaluation participants are less likely to support data-gathering efforts and/or give accurate information if

- It feels shaming
- It feels like it could lead to “punishment”

Young people may feel this way when being questioned about alcohol/ substance use, housing, education, suicidality

Staff may feel this way when their direct practice is being rated

- FIT; observations/recording

Staff and administrators may feel this way when organizational data is examined

# Unobjectionable

Change the phrasing of items

- WI YES reworded alcohol/ substance use items

Change method of data collection

- Peers, online, neutral third party

Genuine strengths approach

- Providers' practice rated: FIT, AMP
- Organizational performance rated



Prioritize the constructs that stakeholders value AND that your work will impact the most

- Safe/stable housing, career development, wellbeing, quality of life, functioning in life domains

Use indicators that accurately get at those constructs and that are sensitive to change

- WI YES

**YES!**

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To demonstrate how our modification of the SAMHSA indicators impacted our results, we will review our analysis of the outcomes in the domain of illegal drug use. While SAMHSA defines an improved outcome as using illegal drugs within the 30 days before baseline, and then never using any illegal drugs in the 30 days prior to the second interview, YES! staff agreed that less frequent use of illegal drugs in the 30 days prior to the second interview (as compared to the baseline interview), and sustained abstinence from illegal drugs (no use in the 30 days prior to the baseline and second interview) should be included in a definition of improved outcomes. In the initial analysis of the use of illegal drugs domain according to SAMHSA's definition at six-month follow-up, 20% of our total YES! participants were abstinent from illegal drugs in the 30 days prior to the six-month follow-up interview. This was largely due to our participants not using illegal drugs within the 30 days prior to the baseline interview. When we modified SAMHSA's definition of improved outcomes and used our local definition, 64% of our total YES! participants remained abstinent and/or have improved outcomes.

Similarly, SAMHSA's definition of an improved outcome for stable housing in the community includes changing housing situations to an "owned or rented house, apartment, trailer, room," and a "group home" for this population. YES! staff decided to assess changes in housing, without placing an "improved" definition on it since it varies for this population. In addition, YES! site staff began gathering separate, more in-depth, housing stability measures to document whether current housing situations are considered to be stable, as defined by YES! staff and stakeholders. For example, a 17-year-old living in a parent's house without a threat of displacement is considered to be in stable housing under this definition.

**TABLE 1. PARTICIPANT OUTCOMES**

OUTCOME DOMAIN	IMPROVEMENT FROM BASELINE TO 6-MONTH FOLLOW-UP (N = 63)	IMPROVEMENT FROM BASELINE TO DISCHARGE (N = 33)
NO SERIOUS PSYCHOLOGICAL DISTRESS	62 % (n = 61)	81% (n = 31)
FUNCTIONING IN EVERYDAY LIFE	84% (n = 61)	93% (n = 26)
OVERALL HEALTH	83% (n = 61)	87% (n = 30)
NEVER USING ILLEGAL DRUGS	64% (n = 50)	58% (n = 26)
NOT BINGE DRINKING	85% (n = 60)	77% (n = 30)
NOT USING TOBACCO PRODUCTS	50% (n = 60)	42% (n = 31)
STABLE HOUSING IN COMMUNITY	42% (n = 60)	42% (n = 31)
RETAINED IN THE COMMUNITY	89% (n = 36)	79% (n = 19)
SOCIALLY CONNECTED	87% (n = 52)	89% (n = 27)
ATTENDING SCHOOL REGULARLY AND/OR CURRENTLY EMPLOYED	79% (n = 56)	56% (n = 27)
NO INVOLVEMENT WITH CRIMINAL JUSTICE SYSTEM	98% (n = 60)	94% (n = 31)

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**FOCAL POINT** 31



## MindStrong and Emerge Models:

**Multidisciplinary,  
Feasible, Effective,  
and Sustainable**

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Use indicators that get at the constructs without disproportionate effort

- Single indicator/short scale versus longer assessments
- Periodic assessments or short-term projects
- Collect data at the time of or as part of service delivery
- Use caution about defaulting to the easiest informant



Individualized: Measure the outcomes that are the focus of services / supports for a particular young person

- Versus trying to capture all possible domains of change for everyone
- Variations and adaptations of goal assessment scaling
  - Common in Wraparound (O'YEAH)
  - Challenging to fit into health records
- Gather indicators that match participants' goals
  - “among those who had a housing-related goal...”

## Piloting Person Driven Outcomes

From March 2016 to October 2017, NCQA and seven organizations collaborated the person-driven outcome approach. Findings from this pilot suggest that patients, caregivers and providers found value in setting personalized measurable goals in care visits and that the person-driven outcome approach was feasible.



<https://www.ncqa.org/hedis/reports-and-research/measuring-what-matters-most-to-older-adults/>

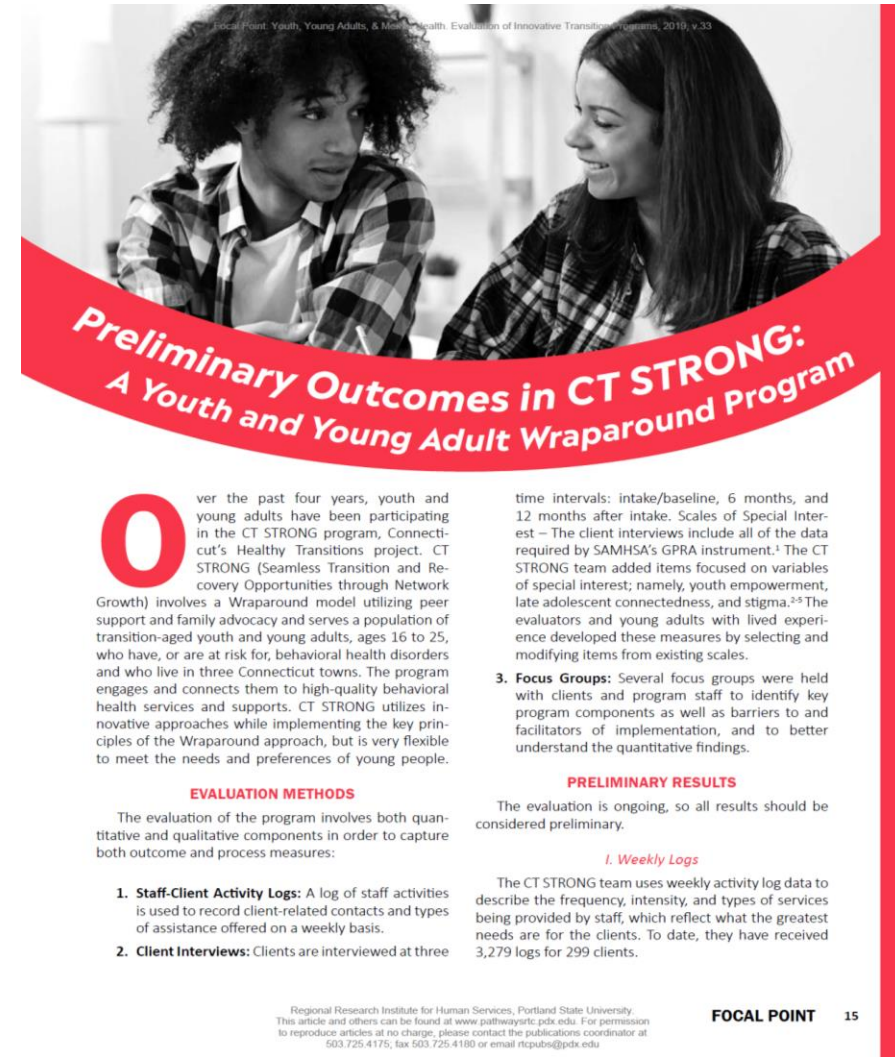
# Sustainable

Use data that is being collected already anyway

- e.g., routine administrative data, program-specific data

Improve reports to make existing data more useful

- Develop new standardized report that look at youth/young adult age groups specifically





## Different data collection strategies can enhance sustainability

- YouForward in MA and other sites are using REDCAP to gather data
- Use of phones and tablets to gather data (that does not have personal identifying information)
- Data gathering at same time or as part of service delivery (FIT, GAS)
- Sites working with AMP have practice fidelity data gathered as part of the video-based observation process

# Evaluation Tenets of O-YEAH



## A Program of Wraparound Milwaukee

Pnina Goldfarb, Ph.D.



# We Believe:

- in... Maintaining scientific mindedness
- that... Core values and principles shape and drive a program ∴ providing the structural & process program elements designed in accordance with the values & principles that guide the program
- that...Maintaining high fidelity is crucial to sustaining the model
- that...Ongoing evaluation data in order to adjust delivery of service as necessary... results in good outcomes
- that...Good outcomes lead to cost savings
- that...Good outcomes & cost savings result in stakeholder satisfaction

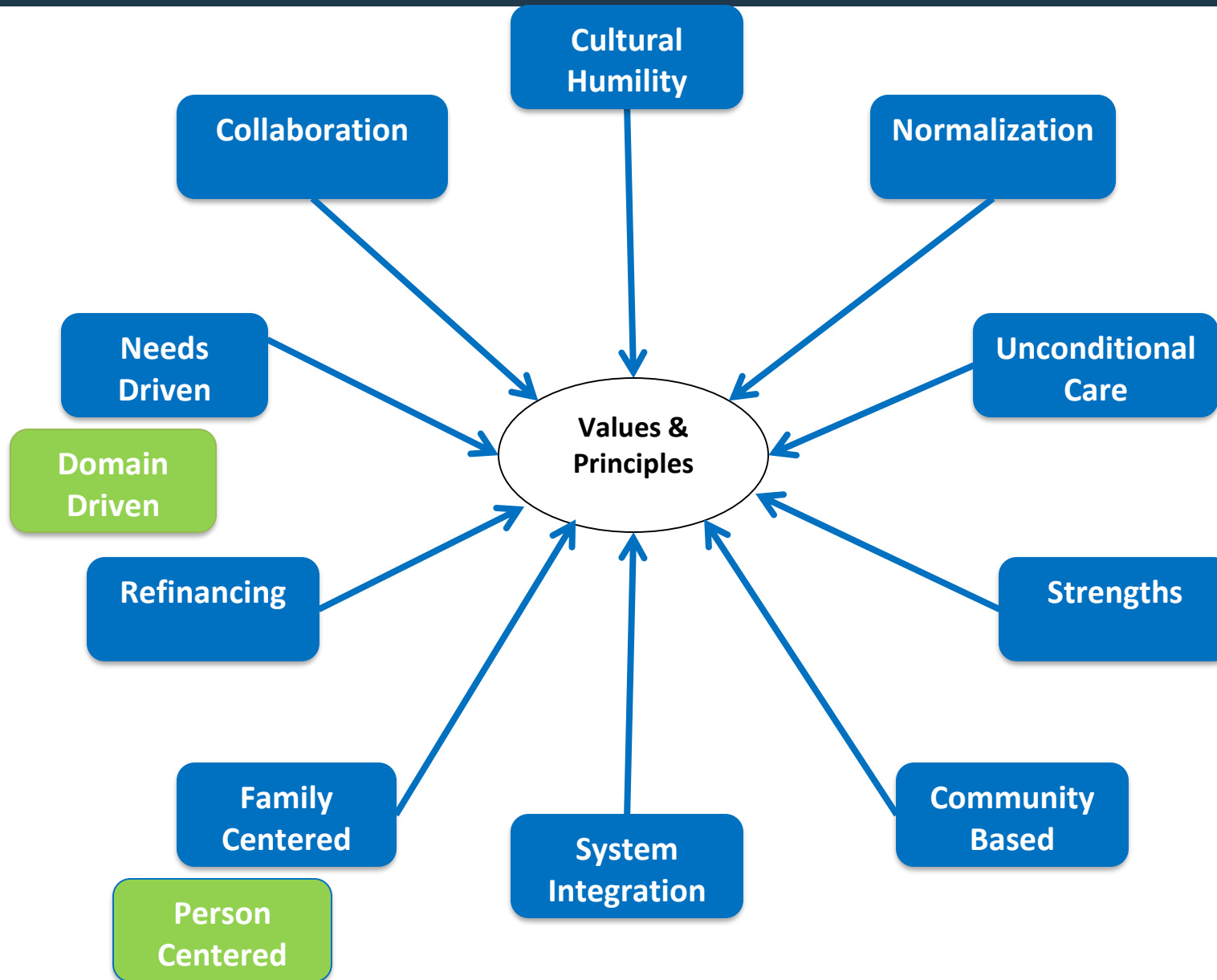
# Maintaining Scientific Mindedness

We know it's important to :

- Know **Why** we are doing it (values and theory)
- Stay on top of **How** we are doing things (process/fidelity)
- Determine **What** is working (outcomes)

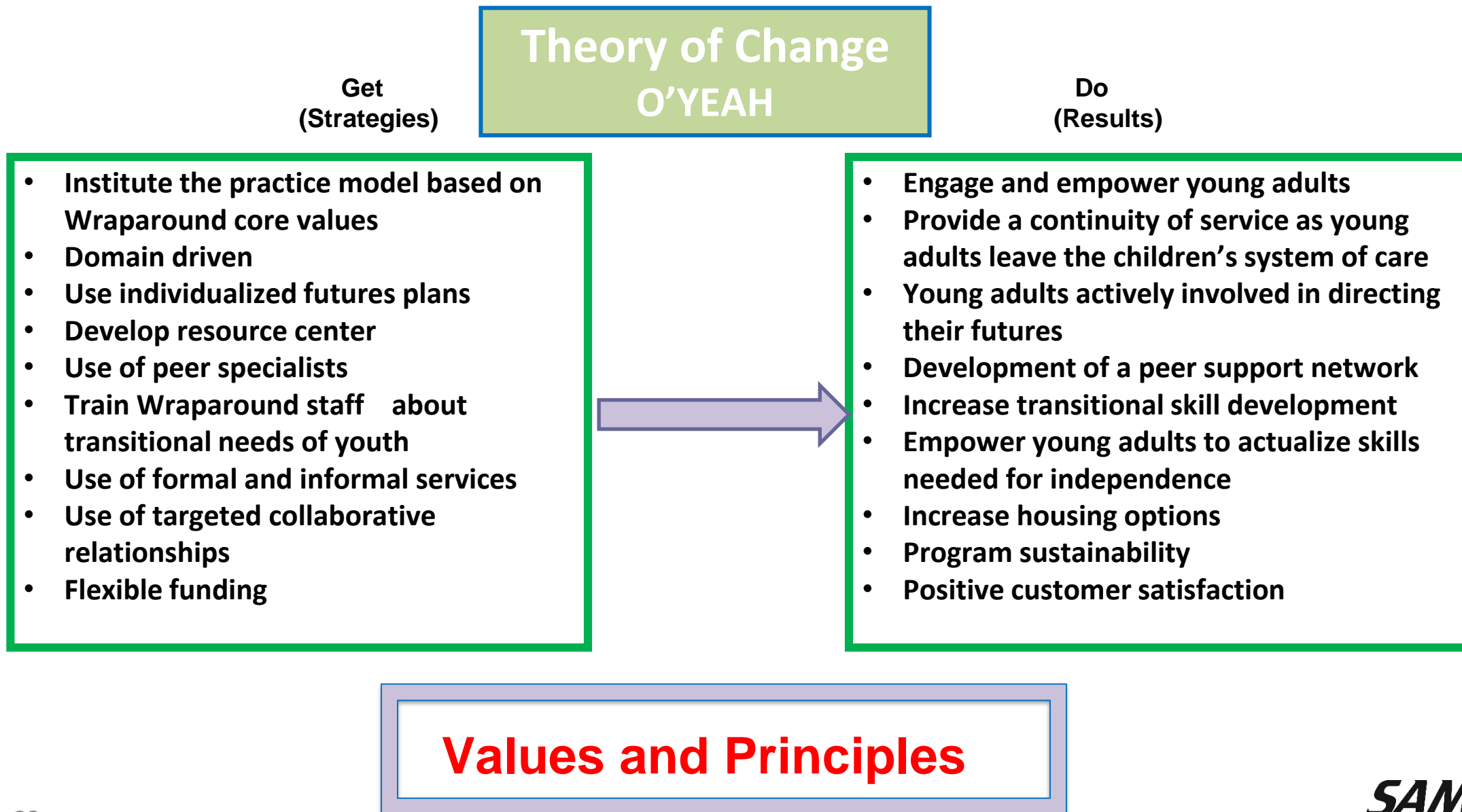
Remaining conscious of and testing our theory of change helps with focus and clarity of purpose and credibility (logic)

# Scientific Mindfulness Principle #1a - WHY: The Values We Believe In



OYEAH  
Wraparound

# Scientific Mindfulness Principle #1b – WHY: The Theory We Believe In





**Fidelity means being true to  
a process of the philosophy  
embraced by the program  
to realize certain outcomes  
(Wraparound)**

## *Organization and Program Level Fidelity*

- Use of Agency Performance Reports (APR's) – monitored in 6<sup>th</sup> month intervals
  - Incentives
  - Disallowances
  - Public recognition of high performing agencies
  - Consideration when applying for a new contract with Wraparound (RFP process)

# Examples of Value-Based Indicators (Scored)

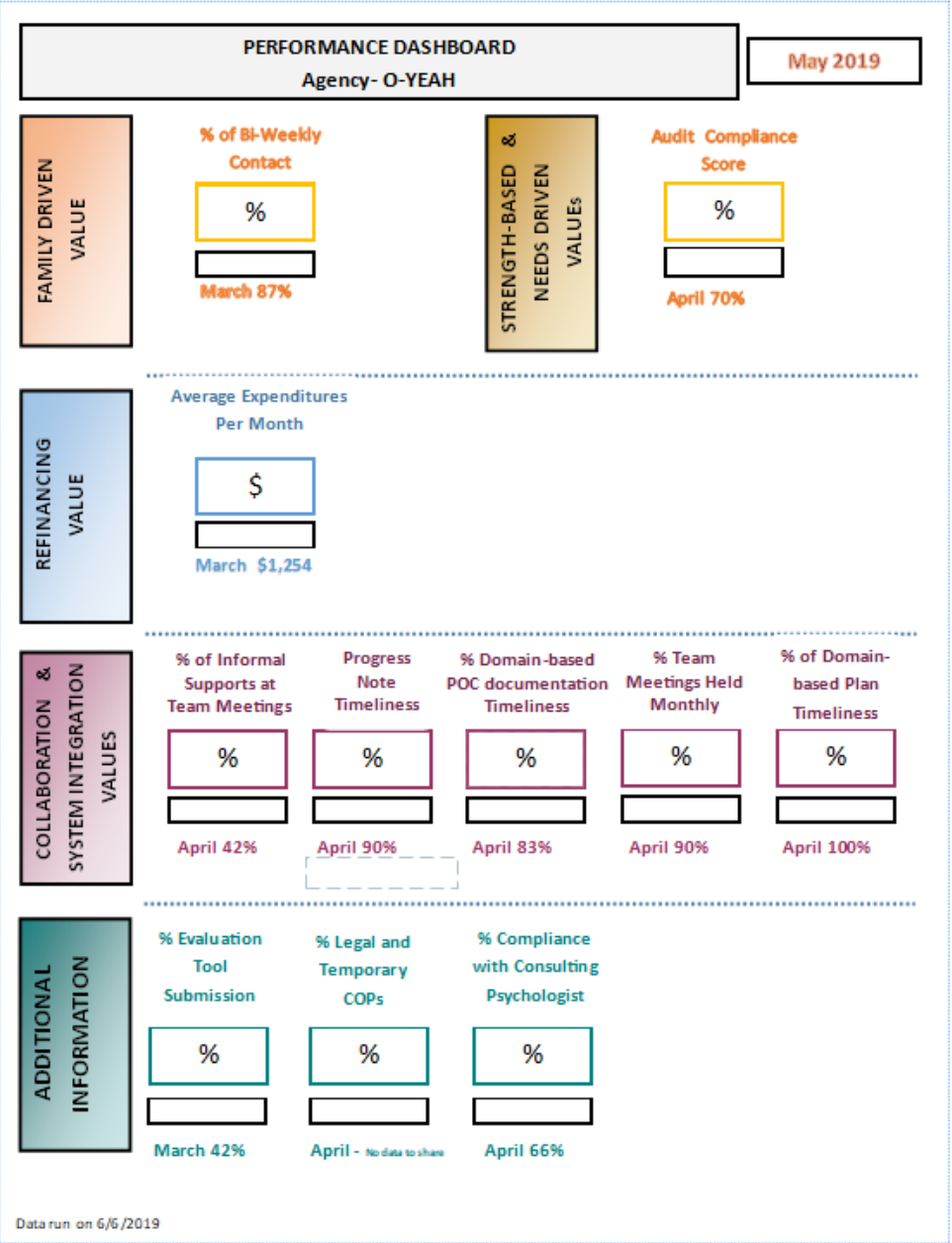
<b>Family Driven Value</b> <b>Ensuring young adults and families see their Transition Coordinators and that young adults and families feel heard and respected.</b>	Threshold	Score Range: -10 to 30
% of Bi-Weekly Contacts (call or face to face – at least one in the month needs to be face to face)	≥85%	
<b>Collaboration and System Integration Values</b> <b>Ensuring that Team/POC meetings are held monthly to discuss the care each young adult and family is receiving.</b>		Score Range: -2 to 50
% Team Meetings Held Monthly	≥85%	
% of Domain-based Plan Timeliness	≥85%	
<b>Strength-Based and Needs Driven Value</b> <b>Promotes healing. The Wraparound process is facilitated in a way that builds on strengths and address underlying need.</b>		Score Range: 0 to 12
Audit Compliance Score (Plan of Care Rubric Audit)	TBD	
<b>Refinancing Value</b> <b>Investment in people and enhanced return on investment.</b>		Score Range: 0 to 36
Average Expenditures Per Month	≥\$1,500	

# Examples of Structure & Process Fidelity Indicators (Unscored)

Indicator	Standard
# Enrollee Social/Recreational Activities	3 in 6 months
% of Young Adults who Completed the Program	≥40%
Evaluation Tool Submission	≥85%
Submission of Passport Facilitator Reviews	1/mo. (6 total)
% Staff Departures	≤10%
# Substantiated Complaints	0
Continuing Education Training Hours Compliance	100%
% of Compliance with Consulting Psychologist/Psychiatrist Quarterly Reviews	100%



# Organization and Program Level: Performance Dashboard Example



# Scientific Mindedness Principle #3 – WHAT: Is Working

## *Measuring Outcomes at the Service Level*

- Satisfaction (Engagement and Planning Tool)\*
- Needs Met (Review of Domains to Identify High Needs)
- Domain Appraisal Tool\*\*
- Disenrollment Score, based on:
  1. Program Complete/ yes or no
  2. Youth Disenrollment Progress Report Score
  3. Needs Met per Final Futures Plan

Adapted from Walker, J.S. & Powers, L.E. (2007) Introduction to the Youth Self-efficacy Scale/Mental Health and the Youth Participation in Planning Scale

\*\*Adapted from the National Outcome Measures (2009)

# Engagement and Planning Tool

- Purpose
  - Measures young adult satisfaction by assessing personal feelings of engagement with the Transition Coordinator and the level of empowerment to direct their own plan for future growth and change
- Implementation
  - Use of Survey Monkey to assure anonymity
  - Completed 3 times/ year
  - Young adults encouraged to complete tool, but are not monitored
- Usage
  - Service level – able to track individual young adults and transition coordinators associated with them when necessary
  - Organization/Agency Level – use of aggregate data specifically for the Care Coordination agencies that are providing OYEAH programming

# Needs Met

- Purpose
  - The tracking of needs across the 10 Domains of functioning and the level of need urgency identified by the young adult (from high to low personal need)
- Implementation
  - Needs identified during the development of the first Domain-based Plan of Care and evaluated and ranked using a ranking scale from 1 ( need is not met) – 5 (need is met to young adult's satisfaction)
  - Plan of Care reviewed monthly and progress toward need accomplishment reviewed and ranked
  - Initially needs must be identified in Mental Health and Transition to Adulthood Domains
  - No more than 2 to 3 needs identified to work on at any given time
- Usage
  - Service Level – tracking and reinforcing accomplishments for the young adult



# Domain Appraisal Tool (DAT)

- Purpose
  - To assess and monitor everyday functional skills including personal feelings, socialization, employment, education, housing, drug usage and ongoing trauma
- Implementation
  - Completed within first 30 days, every subsequent 6 months and at disenrollment
  - Method of completion, independently or with assistance, is tracked. (Method may affect candidness)
  - Paper/pencil completion
- Usage
  - Service Level – monitor functional skills and use as gauge for addressing needs, new or previously identified
  - System Level – employment, education and housing of interest to community in aggregate form

# Disenrollment Score

- Purpose
  - To provide closure to the young adult and his support network (e.g. family, other informal supports) and provide a path for next steps as the young adult moves on independently. Visually see progress made
- Implementation
  - Review of needs closed out (accomplished) at a disenrollment Plan of Care meeting and change in feelings from beginning of program to disenrollment
  - Score is based on a 100 point weighted scale
- Usage
  - Service Level- Review of personal accomplishments
  - Organization/Agency Level – provides feedback to Wraparound and Care Coordination agencies
  - System Level – Provides data for marketing

# Scientific Mindfulness Principle #3 - WHAT: Is Working

## *Measuring Outcomes at the System Level*

- Education
- Employment
- Tracking of Negative Symptoms
  - Homelessness
  - Lawbreaking Activity
  - Drug Usage
  - Hospitalization
- All data exists in Synthesis (IT system) that serves as the medical record for each young adult
- Unique Reports are generated from any and all data that is entered into Synthesis
- Information can be “mined” from the DAT, POC, SARS (expenditures), CIR (critical incident report) and progress notes
- Except for the DAT, no additional formal inquiry is required of the young adult

# Best Kind of Data

## Useful

- Fidelity data as assurances that Wraparound philosophy and OYEAH practice model is being implemented as conceptualized – Interest to Organization and Contracted Agencies
  - Tied to APR (Agency Performance Record)
  - Dashboards to all agencies across programs including OYEAH
- Assessing essential individual outcomes (program satisfaction, need accomplishments, functionality and independence (Service level – important to young adult)
  - Engagement and Planning Tool
  - Domain Appraisal Tool (DAT)
  - Disenrollment Progress Report Questionnaire
- Outcome data specifically related to big issues (hospitalization, corrections and homelessness) of interest to community stakeholders (System Level)
  - Data pulled from Synthesis

## Unobjectionable

- Use of Survey Monkey to maintain anonymity related to Engagement and Planning
- Choice to complete the DAT privately and independent from Transition Coordinator
- Limit the number and frequency of assessment tools a youth is “required” to fill out
  - Use 3 tools
    - One every 6 months (DAT)
    - One 3 times a year(Engagement and Planning)
    - One at one end of program (Disenrollment Progress Questionnaire)



## Efficient

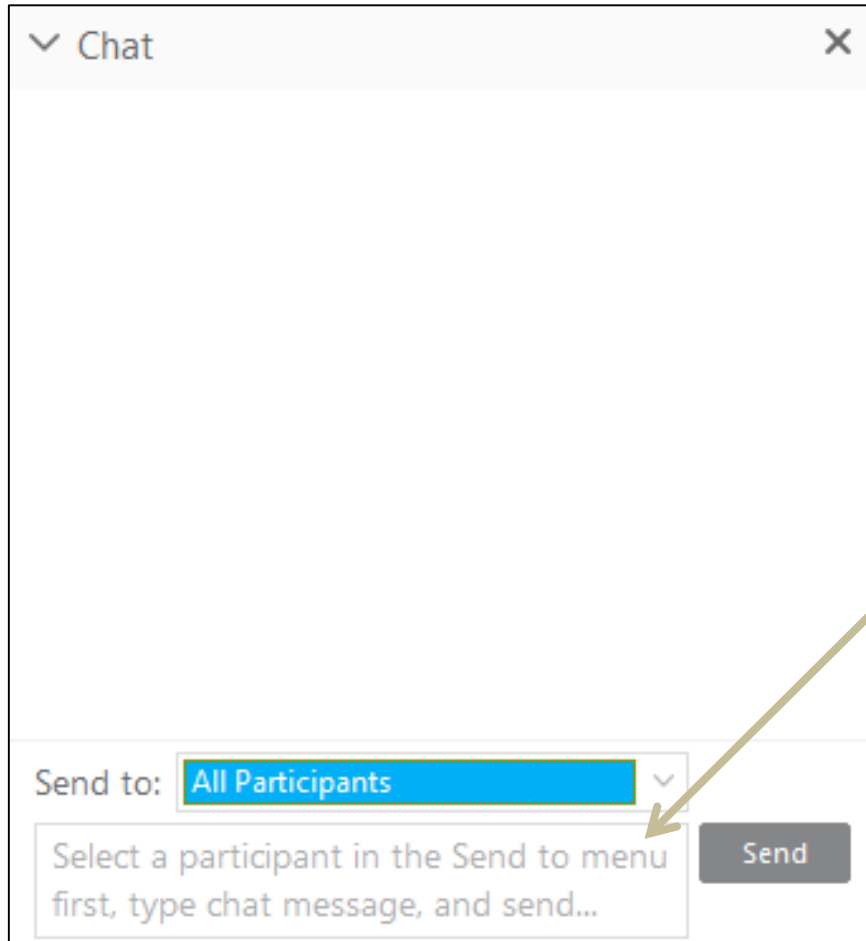
- Except for two ongoing assessment instruments (Engagement and Planning and DAT), all other data is collected from SARS, Critical Incident or progress reports. (Synthesis)
- Disenrollment Score pulled mostly from data already in Synthesis
- The use of domains as a structure for young adults to prioritize the areas of work they want to do
- Domain needs are translated into goals with strategies and benchmarks on the plan of care. Young adults can see the connections between desires and growth and improvement, as well, can track their progress.

## Sustainable

- The flexibility of Synthesis as a medical record and a repository of information allows for gathering data on all three levels; service, agency/organization and system level
- The integration of both Fidelity and outcome data into the APR establishes, from the onset, the expectations for contract agencies to comply with all indicators
- Collection of most young adult data is sustainable as the demand is not too great and data is directly inputted into Synthesis
- Engagement and Planning Tool uses Survey Monkey as a platform. This is less automatic because it requires an outside person to provide the link 3 times/year, thereby rendering the system more challenging. New technology at some point should help maintain anonymity within a system that is more automatic.

We know it's important to stay on top of what we are doing and why we are doing it ---remaining conscious of and testing our theory of change (of how we are doing it) helps with focus and clarity of purpose

# Q & A



A screenshot of a chat window titled 'Chat' with a close button (X) in the top right corner. The chat area is empty. At the bottom, there is a 'Send to:' dropdown menu currently showing 'All Participants'. A yellow arrow points from the text 'Submit your questions now' to this dropdown menu. Below the dropdown, there is a text input field with the placeholder text 'Select a participant in the Send to menu first, type chat message, and send...'. To the right of the input field is a 'Send' button.

**Submit your questions now**

**Submit your questions later**



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