



Kansas System of Care (SOC)

Youth Focus Group Report

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Key Findings

In an effort to better understand the experience of youth participating in the Kansas System of Care, the Wichita State University Community Engagement Institute's Center for Applied Research and Evaluation (CARE) facilitated focus groups with each of the four participating community mental health centers (CMHCs) across Kansas. These four CMHCs include Compass Behavioral Health, South Central Mental Health, Sumner Mental Health, and PACES-Wyandot Center. A total of 24 youth (n=24) from the centers participated. The questions focused primarily on their experience at their CMHCs, their satisfaction with services, and their level of involvement within the center. These focus groups included children (under 12), youth (12-17) and young adults (18 and older) who received mental health services at the CMHCs.

- The majority of the participating youth were between the ages of 12-17, but there were a handful of young adults who were 18 years old and youth that were under the age of 12. It was more difficult to engage the younger participants, as they were more easily distracted and not as interested in the content of the focus group prompts.
- One of the biggest takeaways from the focus groups was how comfortable the youth were with the services they were receiving and the staff that they worked with. While they brought up areas that they would like more help with, they consistently spoke highly of their CMHCs and the support they were receiving from them. It was clear that the majority of them enjoyed the time that they spend at their CMHCs.
- When asked to talk about their time at the CMHCs, responses most frequently related to the positive feelings they associate with being there, their relationships with staff members, and how they spend their time while they are there.
- Two related prompts asked youth to describe areas they find most useful and areas they would like more support with. They provided answers related to skill-building, the general environment of the CMHC, and the services as what they appreciate about being there. When describing what they would like more help with, youth stated personal health and wellbeing, school and work-related skills, and relationship building as the three areas they want to work on while at the CMHC.
- A two-question prompt asked youth to describe wraparound services and identify whether or not their services aligned with the formal definition provided by SAMHSA. There were no youth who could identify what wraparound meant and only a handful stated that they had ever heard of the term being used before. When asked if the services they received aligned with the definition, the majority believed it somewhat represented their services, but did not cover all aspects of the definition.
- When youth were asked to identify community resources they had been connected with to help support their mental health, many were unable to name any outside of their CMHCs. The majority were somehow affiliated with the staff at their CMHC or were part of a group that was run through their CMHC. However, many expressed interest in participating in community services if they were offered.
- A series of four questions asked youth about their level of involvement at the CMHCs and whether or not they felt as though their opinion was valued by staff members. The overwhelming majority of youth stated they felt as though they were very listened to by staff. They were also able to provide a variety of examples of ways in which they have been able to make decisions about the services they receive. It was also clear that they all felt very comfortable giving feedback about their services. When asked about leadership opportunities they had been given, two centers stated there were not opportunities to do so, but the other two were able to provide examples of times they had been able to step up and take bigger responsibilities during activities.

- Youth across all four centers named home, school, and the CMHC are the primary places they received services. When given the opportunity to state where else they would like to receive services, some were happy with those they currently received. Others, however, said they were prefer more informal settings and community-based activities.
- Youth were asked to describe how big an issue they believed bullying had been for them in relation to their mental health. Many discussed the reasons they were bullied by others, how people chose to bully them, and what their feelings about it were. It was evident that it was an area that held a lot of hurt and anger for them, particularly because their schools' administrators were not likely to intervene. The majority of youth were very open about discussing this issue and it was clear that it was an important part of their experiences.
- Overall, the youth were enthusiastic and engaged in the focus group process. Each group had their most talkative and excitable members, who would often get the conversation started for each prompt and encourage the others to voice their input. It was clear their experiences at their CMHCs were positive and they felt comfortable with and supported by staff.

Process Overview

CARE conducted a series of focus groups with the four CMHCs participating in Kansas Systems of Care Cooperative Agreement funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The purpose of the focus groups was to gather input from youth regarding the quality of treatment they receive at their local CMHC. These groups also aimed to better understand the level of inclusion and involvement youth feel in the types of services offered to them, both at their CMHC and more broadly in their communities. From this information, new practices and guidelines can be created to ensure that youth feel actively involved in the decision-making process regarding their recovery. A total of 16 prompts were developed by the CARE team to address these topics. See Appendix A for the list of prompts.

CARE and CBHI contacted the SOC project coordinators of each group to schedule a time for the focus groups. The majority of the groups were scheduled in conjunction with existing youth group meetings at the CMHCs. CARE developed a protocol for use at all sites, to ensure consistency among the focus groups. CARE secured Wichita State University Institutional Review Board (IRB) approval for this project to ensure that the questions and protocol were ethical and appropriate for the age group and did not pose risks to the youth participating. Prior to each focus group, the parents of youth under the age of 18 were requested to sign a parental consent allowing their child to participate in the focus group. Their child then signed assent forms stating that their parents had given them permission to participate in the study. Youth participants over the age of 18 signed their own consent forms. The consent forms contained the purpose of the study, an explanation of the procedures, any potential risks and/or benefits, and how CARE would ensure confidentiality of the information obtained. The CARE team also verbally explained each item on the consent/assent form and answered any questions youth had about the study. Participants were told that they were free to choose to not participate in the focus group at any time during the process. The signed forms were collected and will be maintained in a secure file by CARE in accordance with IRB requirements.

CARE staff made clear to participants that there were no right or wrong answers and that the focus group was a safe environment for them to share their experiences. It was also emphasized that the focus group members were to respect the opinions of others and make sure to give everyone a chance to speak who wished to do so. Staff members read each prompt or question to youth and allowed for any questions or clarifications they had (e.g., wraparound services) Each of the responses were recorded on a flipchart visible to participants, so they were able to correct any ideas or statements that were not reflective of what they were trying to say. At times,

youth were excited about some of the topics brought about by a prompt and ended up providing information that was more appropriate for other prompts. When this occurred, CARE staff would make notes of this on the flipchart and reference it later when the associated prompt was addressed. If the conversation got too off topic, CARE staff would remind youth of the original prompt or move on to the next prompt if it was clear there was no more to say on that topic.

Flipchart notes from all sites were compiled into Word documents and this information was coded and themed by the CARE researchers who conducted all the focus groups. Staff members did a round of first order coding, where they identified important statements and created groups for those around similar topic areas. These groups of codes turned into larger themes that represented similar categories.

Prompt 1a: Tell us about your experience at your CMHC.

The first prompt of the focus group was straightforward and served as an opportunity for the kids to begin thinking about their experiences at the CMHC. They were instructed that they could interpret the prompt however they wanted and could answer in whatever way made the most sense to them. The first answers received were words describing their general feelings of attending the CMHC and later built into more specific examples of what their experience looked like. These mainly encompassed ideas related to staff members or services they received or activities that were offered to them as part of their treatment. For the most part, kids would agree with one another about their answers, apart from one center that provided a wide breadth of responses. If one mentioned “lots of fun,” the others would nod their head in agreement or give a verbal affirmation that they also felt that way.

The CARE team grouped individual responses into broader themes within the responses. Below are the themes and related responses or categories of responses.

- General feelings: This theme focuses around the initial reactions that youth had to this prompt. It focused mainly on their overall feelings toward their CMHC, which were almost all positive. They made sure to communicate how much they enjoyed their services and voice their agreement with other responses. Those who did not feel strongly or had less positive reactions (i.e., “boring”, “okay”) were also the youngest participants in the focus groups, who alternately had the most energy and had more trouble focusing on the prompts.
 - Positive responses i.e. “fun” “very open” “good”
 - Neutral responses i.e. “boring” “okay”
- Staff-related: This theme includes the relationships they had with staff members, including their case managers and therapists, and how they helped shape their overall experience at the CMHC. These relationships were clearly a crucial part of their recovery and something the kids valued a lot.
 - “Social workers feel like family”
 - “Good therapist who always listens”
 - Therapists are supportive of them and their recovery
 - “Therapists break down preconceived notions”
- Activity-related: This theme encompasses what types of activities youth feel were important in describing their overall experience at their CMHC.
 - Intensive out-patient activities

- Educational opportunities
- Fun activities with social workers and staff members

Prompt 1b: Which parts of your experience at your CMHC do you find most useful?

Youth were asked to describe the aspects of their treatment and recovery plans that they found most beneficial, both to their mental health and life in general. This prompt was particularly interesting when looking at the responses across the four CMHCs. Youth from each center had a tendency to focus on just one aspect of services and talk more at length about that – whether it was skills they learned, services they found most useful, or discussing how the environment supported them. However, there was some overlap and it was clear that youth appreciated several aspects of the experience at the CMHC. This included things they learned during sessions or in activities, the supportive atmosphere, or the direct services they received. It was clear that in the midst of the difficulties they are dealing with, they appreciate the time they spend at the CMHC and the benefits they receive from going there.

- Skills: This theme primarily centers around the specific skills and growth opportunities youth had while either receiving their services or in group centered activities. It was clear that youth appreciated the opportunities they had to build these skills and apply them to new situations or existing situations they were trying to improve.
 - Everything they teach
 - Words (using them effectively)
 - Coping skills
 - Helps with anger and tolerance
- Environment: This theme deals with the atmosphere of the CMHC and how that helps youth feel comfortable and supported when they spend time there.
 - Being funny
 - Feel welcomed
 - At ease
 - Very positive environment
 - Strong level of trust and support
- Services: This theme concerns the types of services that youth found most useful at the CMHC, particularly related to support and involvement with different activities, both related to their individual services and in group settings.
 - Help they receive
 - Monthly meetings with caseworkers
 - Involvement with different groups (bullying, suicide prevention)

Prompt 1c: Which areas in your life would you like more support with?

Youth were asked this prompt in order to identify areas of their treatment or life that they were interested in having more support and assistance with. Similar to the previous two prompts, they were able to interpret this prompt in whatever way made the most sense to them. It did not have to be anything specifically related to their treatment, but rather anything that they wished to learn more about. While youth had a lot of suggestions, they tended to stay within the categories of their own personal wellbeing, school-related success, and building effective relationships.

- Personal health and well-being:
 - Coping skills
 - Feel good about w/schedule of appointments and support
 - Application of skills – making them habits

- School/work-related skills
 - Education
 - School-related support (math, reading); tutors
 - Jobs – how to find them
 - Applying for college
 - Attitudes about schools/teachers
 - School stress
 - Developing career skills

- Relationships
 - Relationship building – friends, family, romantic partners, etc.
 - Learning effective ways to communicate with parents and others
 - “How to not yell or be mean”

Prompt 2a: What does “wraparound” services mean to you?

It was clear that youth were not familiar with the term “wraparound,” but some said they had heard it used previously. A handful of youth were on the right track with their answers, the majority of responses were simply guesses about what they thought “wraparound” might mean. One of the centers had no response at all.

- Random guesses: This theme captures the responses that did not appear to have any relation to the term “wraparound” and were guesses on the part of the youth.
 - “In trouble”
 - Bad feeling
- Relevant: The second theme relates to responses that were somewhat related to wraparound.
 - Review at the end of the year
 - Coming together”
 - Readdressing things
 - “Remember hearing the word”
- No response: Many of the youth simply chose not to guess and made it clear they did not know what it meant.

Prompt 2b: Wraparound is defined as a personalized treatment plan that engages you and your family in all aspects of your health and focuses on utilizing services in your community. How well do you think this definition aligns with the types of services you are receiving?

Youth were a little overwhelmed by the definition, especially considering that for the majority of them it was a topic they were hearing for the first time. For many of the groups, we read the definition a few times and broke it down into parts and focused on one aspect at a time. This seemed to be an easier approach for them and they

were able to better understand all of the components of wraparound when they could go through them one at a time. The overall impression from this question was that they were either unsure about whether their services aligned with wraparound or did not believe they did.

- Aligns: While there were some youth that agreed that their services aligned well with wraparound, they did not provide specific information or examples.
 - “Yes”
 - “Good”
- Somewhat: Similar to the first theme, youth stated it somewhat aligned, but did not provide examples of the ways it does or does not.
 - So-so
 - Kind of meshes
 - Depends on how well you take it in
 - Could be
- Some aspects: This theme differs from the previous theme in the sense that they were able to identify specific areas that do or do not align with the concept of wraparound. These were all youth answering from the viewpoint that their services did not fully align, but did in some regards.
 - Family and parents are involved
 - Go around Wichita
 - Social worker and parent interaction
 - Less of physical health
 - Community – not at all
- Does not align: This theme includes those responses that made it clear they do not believe their services align with the aspects of the definition provided.
 - Different
 - Brother “has it,” they do not

Prompt 3a: What other types of services have you been connected to in your community specifically to support your mental health?

The prompt was meant to piggyback on previous one because the topic of community resources and services was mentioned as part of the wraparound definition. It appeared as though many of the youth were unable to identify services outside of their CMHC and answered by providing examples of CMHC-based services. Only two of the centers listed services outside of their CMHC and the rest expressed interest in being connected to services in the communities related to their mental health. They also brought up the point that there are not very many options for them because they live in smaller communities.

- Affiliated with their CMHC: This theme documents the responses youth gave that were services offered through their CMHC. These were captured because it was clear there was some disconnect about where the services occurred and whether or not they counted as community resources.
 - Summer program offered at the CMHC
 - Life Counseling group at the CMHC – mentoring, skill building, social skills, activities
 - Parenting group and peer support for parents
 - Working with younger kids during activities

- Outside the CMHC: This theme is for the community services identified by the youth as ones they have been connected to through their CMHC. However, when they discussed these more in depth, it became clear that these were simply services or support systems they utilized outside of their CMHC and were not necessarily ones specifically related to their mental health.
 - KU
 - Police
 - Friends
 - Church
- None: The youth that stated that they were not connected to any community services made it clear that they would be very interested in utilizing them if they had the opportunity.
 - “None so far”
 - “Would be willing”

Prompt 3b: If none, what types of services would you be interested in?

This prompt was meant to build on the previous one and allow youth to identify community services they would be interested in being connected to by their CMHC. Two of the centers had difficulty coming up with any ideas and did not have a response to the prompt. For the remaining two CMHCs, there was a wide range of responses and the topics that were brought up generated a lot of excitement and interest in the focus groups. One aspect they emphasized was being able to help other people because it makes them feel good when they do.

- Ideas for community services:
 - Wounded Warriors (working with veterans)
 - Recreational activities
 - Working with people with mental health
 - Tutoring

Prompt 4a: To what degree do you feel as though you are being listened to in your CMHC?

The questions and prompts included in Prompt 4 were looking to identify both general feelings and specific examples of opportunities youth have had to be active participants in their recovery plan and the services they receive at their CMHC. For the first prompt, there was an overwhelming response from youth that they felt very listened to at their CMHC; they could express ideas and they were validated by their therapists, case workers, and other staff members.

- Very listened to: This theme encompasses the opinion of the majority of youth about this prompt. They felt as though they were completely listened to by the staff at the CMHC and that they made good eye contact and paid close attention to what they said.
 - Listened to by caseworker
 - “100%; ask any opinion I can answer”
 - When they express their ideas, they are heard
 - “We talk, they pay attention”
 - “They’re open to ideas and stuff”

- Not listened to: This theme was small and only expressed by a handful of youth and was focused on their caseworkers and therapists talking too much and not allowing youth to give input or have much of an opportunity to speak.
 - “Listen way too much” [to their therapist]
 - Only listened to a third of the time

Prompt 4b: Tell me about an opportunity you’ve had to make decisions about your services.

This prompt aimed to identify the level of involvement youth have in making decisions about the services they receive. The responses youth provided were mostly associated with administrative decisions, such as appointment scheduling and frequency of their visits to the CMHC. One youth discussed they were able to make choices about the types of behavior they worked on and how they appreciated their ability to do so. Another was happy to share about the option they had to stay with their current therapist when they got a job elsewhere in the community. Youth appeared to have difficulty thinking of examples and stated that there were few choices that needed to be made about the services they receive, or they were unsure of what choices they could make. Others could not think of any examples or did not respond.

- Able to make decisions: This theme includes the perspective of youth who felt as though they were able to give input about the services they received and the examples they provided.
 - “Given choice when I needed to see social workers – either one or both” (rotate between them)
 - “I have control of my appointment schedule”
 - Stayed with current therapist when they left instead of getting new one
 - Choice about behavior
 - Ask one on one questions about services
- Unsure/Few opportunities to make decisions: The second theme for this prompt comprised of any responses that suggested youth did not get opportunities to give input about their services. This ranged from responses stating they did not have much of an opportunity to make decisions or no response at all.
 - Not many choices
 - Kind of get to make choices
 - Can’t think of any
 - No response

Prompt 4c: How comfortable are you giving feedback about your satisfaction with services?

This prompt sought to identify whether youth felt as though they could comfortably provide feedback on the services from the CMHC. For this prompt, youth overwhelmingly stated that they were comfortable giving feedback to their CMHC about their services. Across the four centers, youth were in general agreement about being very comfortable talking to their therapists, case managers, or other CMHC staff about any feedback they might have.

- Comfortable: This theme represents the positive responses youth gave to this prompt. They made very clear that they had no problems talking to CMHC staff if any issues came up and they were listened to if they did.
 - They listen to feedback
 - 100%
 - Yes x 100
 - Giving feedback is good

Prompt 4d: What opportunities have you had to take on leadership roles in activities?

This prompt was meant to better understand how youth are provided opportunities to actively take part in leadership roles within their CMHC. Two of the four centers stated that they have not had any chances to do so. Some of the youth took time to think carefully about whether they had, but others responded right away that they did not get the chance to do so. One of the centers has a student-led group that creates materials and videos around topics they are passionate about. For this activity, they take the lead in decision making about what topics they view as most important or relevant. Overall, the opportunities youth had to take leadership positions were related to the groups offered at the CMHCs, including acting as mentors for younger youth, helping generate ideas, or leading groups. Their leadership roles were a source of pride for them and the youth who had them were enthusiastic and thorough in their descriptions of what they did.

- None: This theme represents the responses of youth from two of the CMHCs and the lack of opportunities they had to take on leadership roles.
 - No leadership roles
 - None
 - Not that they can think of
- Group leadership opportunities: This theme encompasses the responses youth provided regarding how they have been leaders at their CMHC. These were all related to groups at their centers.
 - Lifesavers group (CMHC youth group)
 - Peer support group
 - Made videos for use at school; used their own ideas from selected topics

Prompt 4e: Where do you receive services from your CMHC?

Youth were asked to identify where they received services from their CMHC. For some of them, they were a little unsure of what was being asked by the question, so clarification was provided. The responses across the four centers included the same three responses – school, their CMHC, and home.

The primary themes and related responses regarding where youth received their services are listed below:

- School
 - School (and home)
 - School (and CMHC)
 - TEP (Alternative school)
- CMHC-related
 - CMHC (and school)

- CMHCs (August, Andover, El Dorado)
- Sumner groups

Prompt 4f: Would you rather receive services elsewhere in the community?

As a follow-up to Prompt 4e, youth were asked whether they would rather receive services elsewhere in the community. When this question was posed, some of the youth immediately and enthusiastically said no, saying they were happy and content with the services they currently received and would not make any changes. Others suggested more informal settings where they would feel more comfortable – including home (for those who were not currently receiving services there) or the option to communicate remotely with their therapists. Some youth were more interested in combining their services with activities out in the community, such as going to the mall and walking around or doing a new activity, such as horseback riding.

- No: This theme relates both to youth that were happy with their current services and youth who were unable to provide any responses about potential services they would be interested in.
 - NO
 - No response
- Home/informal settings: This theme centers around suggestions youth provided that related to more informal settings, such as their home or telemedicine. Others just simply agreed with the notion of being somewhere less formal, where they felt more comfortable.
 - Home
 - Telemedicine
 - Informal settings
- Activity/community-based: This theme relates to suggestions of services that coincide with other activities and allow for youth to spend time with CMHC staff outside of where they usually receive services.
 - Restaurants
 - Mall
 - Horseback riding

Prompt 5a: Another issue that comes up related to mental health around people your age is bullying. How big of an issue do you believe this has been for you?

The final series of prompts centered around bullying. Youth were told that because it was a sensitive topic, they could choose to leave the room and not answer the prompts if they did not want to. One group chose not to move forward with the prompts, although this appeared to be more related to their age and their waning attention spans for the questions. A few of the youth from the other groups chose to leave the room and not participate in them because it was a difficult topic for them. Those who chose to stay and participate had a lot to say about the issue and it was evident from the breadth of their responses that it was an issue that was very important to them. Of all the prompts throughout the focus group, this first question related to bullying was by far the question that youth spent the most time discussing. Part of it was interest in communicating how relevant the issue is to their lives, but it also became clear that it was an opportunity for them to express themselves regarding a tough issue around people who would not judge them and have had similar experiences to theirs.

The themes for this prompt was broken down into the reasons youth gave for being bullied when they felt it was for a specific reason. One youth mentioned that because they miss school a lot due to their mental health symptoms, other students notice and often make a point to tease them about it. They also described in depth the various ways they experienced bullying by other students or youth, mainly through insults and comments. The bullying they described was related specifically to their classmates at school. Related to this, they described how they felt and reacted when bullying behavior happened, which included feelings of anger, sadness, and suicidal thoughts. Lastly, they discussed any action steps they had taken to address the issue, which revolved mainly around their school administrators.

- **Reasons for being bullied:** This theme relates to the specific examples youth gave as to why they believed people chose to bully them. Many of them attended smaller schools, which they thought singled them out more and made it more difficult to escape their bullies.
 - When absent (due to depression/anxiety/health issues)
 - Small school
 - More of a tomboy
- **How people bully/actions:** This theme includes examples of the ways youth have experienced bullying by their classmates.
 - Made fun of; insults
 - Treated as a joke
 - Physical intimidation
 - People encouraging self-harm
 - Mean behind your back
- **Feelings/Reaction to it:** This theme discusses how the bullying made youth feel as a result. As stated above, it was clearly a very difficult issue for them and this is reflected in this theme.
 - Bad; very hurtful
 - Feelings of anger
 - Suicidal thoughts
- **Action steps:** Youth discussed different strategies they have tried to address, although it appears they did not have success in their efforts. The overall impression from their responses was that they were unsure of how to address it beyond talking to their school administrators, which has not been helpful.
 - Counselors unwilling to intervene
 - Administrators were difficult
 - Speaking up didn't seem to make a difference
- **Not an issue:** At one CMHC, youth stated that they had not experienced any issues with bullying and that it was not a big issue at their school.
 - Never been bullied
 - Not a big deal

Prompt 5b: Tell us about any support you've received in dealing with that and how that has been helpful.

The second prompt in this series sought to better understand how youth dealt with bullying and who provided a source of support for them in doing so. Youth were most likely to cite their friends and family members as their main support system. They were able to open up to them about the struggles they had with their classmates. Being around people who supported them also helped get their minds off the issue. Youth also discussed how much help they received from their CMHCs, including their therapists and peer support workers. By talking to their therapist, they were able to learn more constructive ways to address it. A handful of youth said they were reluctant to tell others about what they had been going through and instead were dealing with it alone. Their schools did not appear to provide much support and therefore they did not believe it was worth it to bring up to their administrators.

The primary themes and related responses regarding where youth received their services are listed below:

- Family/friends
 - Mom helped when people were being mean
 - Friends from school
 - Friends from church
- CMHC-related
 - Therapist
 - Peer support worker
- No support
 - School did not provide support
 - Not a lot of support, dealing with it personally

Prompt 5c: What role do you believe social media plays in this?

The final prompt in the series related to bullying was interested in learning more about the extent to which youth believed that social media contributed to the bullying they experienced. Most of the youth stated that they were active on social media and they believed it was the biggest contributing factor to bullying. They said that because people can hide behind the anonymity of the computer, it is easier for them to say mean things and things are able to spread more quickly to other people. They also brought up the fact that when bullying occurs on social media, it is more difficult for their school to get involved because it does not happen on school grounds. In addressing this issue, some of them have made sure their online profiles are very private and only allow close friends and family to interact with them on social media.

- General feelings: This theme captures the consensus youth had around social media and bullying and it was clear that they believe it is directly related.
 - Biggest contributing factor
 - Big issue relating to bullying
- Contributing factors: This secondary theme identifies aspects relating to social media that they believe make it a significant part of bullying. This included things like anonymity, the quick spread of information, and the lack of face to face contact. Another big component is the lack of punishment due to the behavior happening on the internet and not in person at school.
 - A lot of access – punishments don't happen because it's not at school
 - Easier than face to face – hide behind a screen

- Spreads quickly
 - Putting up too much info, talk to people you don't know, putting on a front
 - Cyberbullies – randomly will find you
- How they've addressed it: This theme addresses the steps youth have taken to protect themselves from bullying that comes from social media use. Youth are likely to be more selective with who they communicate on social media and take breaks to disengage.
 - Only having certain people on FB – church friends, family, etc.
 - Healthy to limit [social media]

Summary

The focus groups conducted by the CARE team allowed youth to provide insights and feedback around their experiences and services at the CMHCs and the ways they could be improved. It was evident that in general youth felt supported and satisfied with the services they received, but there were opportunities for them to get more involved in their recovery plan and to be more active participants in the CMHC's decision-making process. The following paragraphs are organized into highlighting what worked well for youth, what areas could be improved upon, and what recommendations could be taken from the information in the focus groups.

Listening to the youth discussing their experiences at their CMHCS, they had a lot of excitement and enthusiasm for the staff, their groups, and the activities they had an opportunity to take part in. They developed a relationship of trust with the staff and through that learned useful skills to aid their mental health, including coping skills and learning how to control their behavior. Youth also stated that they felt very listened to by staff members and were able to make choices about scheduling and the therapists they worked with. Additionally, they felt comfortable bringing up any issues they had with their services and did not hesitate to give feedback.

When asked about their experience with wraparound services, almost none of the youth were familiar with what that meant. When they were provided the definition, most of them said either their services only somewhat aligned with wraparound or did not. They mentioned that a focus on their physical health and the connection to community-based services were not present. Several of the youth were unaware of any community-based services that they could be connected to related to their mental health but expressed the desire to be connected to them. When asked about leadership roles they had within the CMHC, most of youth were unable to name examples, but said they would like the opportunity to do so.

Youth stated that they would be interested in having more support with school and work-related skills, including stress, career options, and changing their attitude about school. They also mentioned they would like to learn how to develop strong and healthy relationships with their friends, family, and romantic partners. When asked where they would like to receive community services, they discussed options that would allow them to help serve others because it made them feel good. When asked to provide ideas of where they would like to receive services within their communities, they suggested more informal settings or activity-based settings that allowed them to try new things, while still receiving the services they need.

Strengths:

- Support and trust between youth and CMHC staff
- Valuable skill building opportunities
- Well listened to by staff, therapists, and case managers
- Comfortable providing feedback about services

- Enthusiasm for group activities

Areas for improvement:

- Services could align more with an individualized wraparound approach
- More connection to community-based services
- Lack of leadership opportunities for youth within the CMHC

Recommendations:

- More support with school and work-related skills and relationship development
- Opportunities to work in community-based settings to help others
- Services provided in more informal or activity-based settings

Appendix A

1a) Tell us about your experience at your CMHC.

1b) Which parts of your experience at your CMHC do you find most useful?

1c) Which areas in your life would you like more support with?

2a) Wraparound services are something that is talked about a lot in relation to mental health services. What does that mean to you?

2b) Wraparound is defined as a personalized treatment plan that engages you and your family in all aspects of your health and focuses on utilizing services in your community.

How well do you think this definition aligns with the type of services you are receiving?

3a) What other types of services have you been connected to in your community specifically to support your mental health?

3b) If none, what types of services would you be interested in?

4) Now we want to talk to you about the amount of control you think you have based on what you experience at your CMHC.

4a) To what degree do you feel as though you are being listened to in your CMHC?

4b) Tell me about an opportunity you've had to make decisions about your services.

4c) How comfortable are you giving feedback about your satisfaction with services?

4d) What opportunities have you had to take on leadership roles in activities in your CMHC?

4e) Where do you receive services from your CMHC?

4f) Would you rather receive services elsewhere in the community?

5) Another issue that comes up related to mental health around people your age is bullying. If you are not comfortable talking about this, you are welcome to leave the room during this time.

5a) How big of an issue do you believe this has been for you?

5b) Tell us about any support you've received in dealing with that – either through your therapist or in another form of social support – and how that has been helpful.

5c) What role do you believe social media plays in this?