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RELATIONSHIP TRANSFORMS COMMUNITIES™



An Open Table In Ohio

Transition Age Youth (TAY)

A Different Approach

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Introduction

Transition to adulthood is a complex task for almost all young people. This same transition to adulthood becomes even more difficult for youth who are runaway or homeless and come out of the public foster care system or out of juvenile justice. The majority of these homeless youth and young adults are faced with addiction, incarceration, lack of job skills and unemployment, physical and other health concerns, as well as isolation, loneliness, and being vulnerable to human trafficking.

We know that for many of these youth, what awaits as they reach adulthood is the abyss. As the research of Martha Burt (2007) has shown, between 5 percent of all U.S. 18- to 19-year olds, and 7 percent of all U.S. 20- to 24-year olds will end up homeless. The comprehensive work of the Chapin Hall group through the “Voices of Youth Count” initiative has documented the fact that youth who identify as LGBTQ experience homelessness at more than twice the rate of their peers (2018). This initiative found that as many as 1.1 million US children have a young parent who has experienced homelessness during the past year (Morton, Horwitz, Kull & Dworsky, 2018). These are unacceptable outcomes in any society, let alone in the wealthiest country in the history of the world.

Despite many attempts to provide better supports to TAY, we as a society have often gone in the wrong direction when crafting solutions. Most of these well-meaning efforts have been transactional and delivered as part of systemic responses as opposed to being community solutions. There is widespread acceptance that transactional services can be helpful in addressing less complex needs, but they often fail with greater complexity of need. In recent years, the concept of Social Determinants of Health (SDOH) has emerged. Social scientists such as Gottlieb & Long (2014) have developed screening tools to look for presence of supports which are closely related to better health. This concept defines effective help as much more than single interventions, but rather, includes economic stability, neighborhood and physical environment, education, food, and community and social context as being part of a much more comprehensive approach to individual and health outcomes.

Many adults who successfully master adulthood can testify that their parents or caregivers modeled and sometimes directly taught the needed life skills to make it in life. These skills include staying safe and healthy, early work experiences, how to network with the social capital of the community, and how to find a place to live.

However, especially for TAY with multiple foster care placements through child welfare and for youth who are coming directly out of the juvenile justice systems (Burt, 2007; Horowitz, 2017), only rarely are they taught transition skills. In many states, child welfare and juvenile justice are only marginally funded and as a result must focus on the core societal mandates of child protection and community safety. In the worst of situations, the TAY become adults and are discharged into a community without the supports they need to develop sustainable lives. If transition supports exist, the transition periods are often time-limited due to budget concerns.

An Alternative

Research shows that when young adults are connected to social network(s) and direct support, they have opportunities to practice and develop adult life skills and have better long-term outcomes as adults. The task of making these connections is often more complicated than expected. Over the last 14 years, The Open Table (also known as Open Table) has been developing methods for providing these networks and direct support to TAY. These methods are more community-driven as opposed to being delivered as part of a services package. The Open Table model is a vehicle for provision of SDOH variables most associated with positive outcomes, as opposed to narrow transactional services.



Direct support for TAY is defined as one-on-one relationships with peers, adults, and other volunteer community members. The Open Table, which is similar to the Wraparound Process (VanDenBerg, 1987), is a support-focused process where two to ten individuals from the community are trained to be in direct relationship with the TAY or other populations. The TAY is referred to as a “Friend” and the volunteers are called Table members. The team, or the “Table” makes a long-term commitment to do whatever it takes to support a healthy transition that is based on the TAY’s cultural and immediate and long-term definitions of their own needs. The Table is guided by a life plan that reflects the goals of the TAY, along with Table assistance in clarifying approaches.

Many communities and states have effective systems to access formal services, but often do not have a process of accessing the other and equally important aspects of social determinants of health (SDOH). TAY with complex needs (including poverty, isolation, mental health, and chronic illness) need social connectedness and access to a broader array of social capital supports to move to better lives. The Open Table model provides a structure in which the community systematically taps in the immense social and relational capital of the community. This is often done in partnership with government and non-profit agencies that see the need for accessing social and relational capital.

The Open Table Theory of Change

Open Table training operates on a theory of change which describes the crucial non-negotiable elements of the process. A brief description of the Open Table Theory of Change is as follows:

1. **Relationship:** Open Table is about members of a community being in direct relationship with Friends experiencing economic and/or relationship poverty.
2. **A Shared Purpose:** Through a shared purpose, members of a community have accountability and responsibility for the relationship with their Friend and build a powerful understanding of the human potential of individuals. Through the expression and deepening of their individual perspectives, Table members and their Friend affirm and deepen their own sense of wholeness, and of their connected humanity and shared purpose on the Table.

3. **A Safe Place:** A community creates Tables as a way of understanding that community and personal judgment may have contributed to economic or relationship poverty. We have to create a safe place for members of a community and Tables to recognize that economic and/or relationship poverty is not about character, but rather about experience. We have to create a safe place to support a Friend as they move out of economic and/or relationship poverty. The safe place is free from blame and shame, moves at the pace of the Friend, and is based on the Friend's own definition of success, culture, and support.
4. **Transformation and Reconciliation:** Transformation occurs when a community is released from preconceived notions of poverty, people experiencing economic and/or relationship poverty, and poverty solutions, including transaction-based interventions. We understand the mutuality which is built through being in direct, face-to-face, and long-term relationship with those experiencing economic and/or relationship poverty.
5. **Local Determination and Ownership:** The Open Table model provides a foundational, consistent, tested, and proven process for addressing poverty, and provides training for communities. Communities are the implementers of Open Table at the Friend level and make final determinations at the model level.

The Evidence Base for Open Table.

Along with the Theory of Change development, replicable training, and diverse age and population demonstrations of the model, Open Table has carried out systematic research on the outcomes of the model. Examples of research on the model include:

- **City of Phoenix ROI Analysis (2013):** This research was the first evaluation of Open Table, done by the City of Phoenix and utilizing a research on investment (ROI) model endorsed by the US Department of Housing and Urban Development (HUD). This ROI research calculated a "real" return at the service level, using actual client costs and financial outcomes, of \$7.44 for every \$1.00 invested in Open Table.
- **Evaluation of 20 Graduated Open Table Friends (2015):** This study, conducted by VanDenBerg, found that 19 of 20 Open Table graduates (95%) remained in relationship with at least one Table member after 2 years, and 17 (85%) were either in training or had better jobs two years after successfully participating in the Table process.
- **Study of Essential Model Features (2016):** This study, conducted by Marks, Katov, and VanDenBerg, identified the following as the most frequently cited outcomes by Open Table graduates:
 - Being part of a new family or extended family (91%)
 - A more positive view of the future and personal character growth (82%)
 - Enhanced self-confidence (73%)
 - Spiritual growth (51%)

Each of these studies included TAY as well as other age populations. Currently, Open Table is conducting research to examine the dynamic of life transformation of both Friends and the Table members. Early results indicate that reciprocity between the Friend and the Table members is very real – the model in no way is a traditional “helper-helpee” process – both the Friend and the Table experience mutual benefit that lasts over time.

Recent ROI Analysis (Wubbenhorst, 2020)

The fact that Open Table prioritizes relationship-building as the most important outcome does not mean that there are not areas of significant impact associated with graduates of the experience. As a result of the transformation precipitated by Open Table, many Friends have dramatically improved their quality of life, while also decreasing their level of dependence on a variety of taxpayer-funded programs, ranging from juvenile justice/criminal justice to TANF to foster care, just to name a few. In addition, Friends who obtain and improve their employment earnings are actually contributing to the tax base, via income and sales taxes, rather than drawing from it. These savings (or Returns), compared against the relatively low cash costs to operate (Investment), result in a significant ROI for taxpayers. This recent ROI analysis is not intended to capture the full benefit and impact of a transformed Friend, but simply to capture the aspects of those outcomes that lend themselves to financial measurement.

Translating Outcomes to Financial Impact: The ROI calculation is based on a case-by-case analysis of changes in the eight Friends served through the seven Richmond Tables established in 2017. The changes associated with estimated public program cost savings for these eight Friends are as follows:

- 7 Friends prevented from experiencing homelessness and in stable housing;
- 3 Friends retaining custody of children that were at-risk of CPS involvement/transfer to foster care services;
- 2 Friends enrolled in college;
- 1 Friend no longer receiving SNAP/TANF/SSI;
- 5 Friends improving earnings;
- 2 Friends avoiding Mental Health hospitalization;
- 1 Friend transitioning out of Wraparound/Case Management services

Based on research demonstrating the public costs associated with these outcomes, there was an estimated \$400,378 in future public program costs were avoided and additional tax revenues generated through increased lifetime earnings. Compared to an estimated annual cost of \$44,300 for OT implementation and administration, this resulted in an estimated ROI of \$9.04 for every \$1.00 invested in the Open Table process.

Long-Term Savings Are Even Greater: This calculation is primarily on short-term savings and outcomes occurring within a 2-year span. What is not included here are the significant savings associated with changing the trajectory of these Friends lives through their newly found social networks and resources, and the changed trajectory for the children as a result of breaking out of the generational cycle of poverty. Open Table has experience with dozens of Tables for families with parents from the child welfare system, and as a result is working with child welfare authorities in many sites. For the majority of these Tables, safe and effective reunification was the result of the Table experience. This greatly reduces the chances that the next generation of children from these families will end up in foster care.

Open Table Training

Open Table has developed a skills-based, in-depth on-line training system based on the theory of change and evidence base. The training system trains implementation at multiple levels: 1. The site level trains organizations to develop and operationalize Tables; 2. The Table member level trains participants to serve on a Table. The community level trains organizations to scale the model to their community. The referral level trains organizations in the porches to refer friends to Tables. As a scalable model, a menu of training support provided and customized for each project. These supports include live site visits, online training and ongoing technical support.



The Value of Peer-to-Peer Supports for TAY and Open Table

Currently, a number of approaches to designing improved services for TAY have included and recognized the power of peer level support. For example, it is common with implementation of Wraparound (VanDenBerg, Burchard, & Bruns, 2008) to identify and hire graduated TAY to be “Youth Support Partners” who provide one-on-one support to new TAY coming into adulthood. Peer-to-peer support can happen at several levels in the Open Table process:

- A.** An individual TAY might choose to have other TAY as Table members.
- B.** A Table, given buy-in from the TAY involved, could be structured for not just one, but multiple TAY at one time.
- C.** Individual Table members may develop meaningful relationships with the TAY who is the object of the Table, and that TAY may ask Table members to support other TAY who are peers.
- D.** As the designated TAY stabilizes and moves to graduation, they may identify younger TAY who would benefit from Tables.

Homeless Youth Who Identify as LGBTQ

Recently, public awareness has risen about the unique vulnerability of youth who identify as being LGBTQ. Chapin Hall's "Voices of Youth Count" (2018) documented that while these youth experienced double the levels of homelessness as non-LGBTQ youth, they are "at greater risk of experiencing high levels of hardship, including higher rates of assault, trauma, exchanging sex for basic needs, and early death. Black LGBTQ youth, especially young men, have the highest rates of homelessness."

Open Table for Young Adults Who Identify as LGBTQ: Open Table is a model that is poised to provide extensive support for all young adults, including those who identify as LGBTQ. Initial lessons from this area of support show that some communities want to develop Tables to serve these young people, who are at risk of being homeless, being in chronic poverty, and of behavioral health and trauma-related problems.

In 2015, leading nationally recognized leaders and organizations that partnered with Open Table to develop its model for serving TAY gathered to discuss the poverty in which LGBTQ-identifying young adults often find themselves. These organizations helped to inform the Open Table model and process about barriers faced by these young adults to move from poverty. These partners invited LGBTQ-identifying members of communities to discuss the alignment of core Open Table training as support for an LGBTQ-identifying young adult served through the Open Table model. While Open Table, as a training program, does not routinely collect any identifiable information about the Friends served on Tables, TAY who have self-identified as LGBTQ have been served by Tables.

The Role of TAY Voice and Choice in the Open Table Model

As stated in the Open Table Theory of Change, the Friend on the Table has voice and choice about what the Table addresses. Studies of the Open Table model (VanDenBerg and Katov, 2015) have shown that some well-meaning Table members may feel that "they know best" and may try to impose their own solutions and definitions of needs on the Friend. This almost always results in a failure of support, and, in the early stages of Tables serving TAY, the Table could go off course and pause or end.

The Tables use the power of relationship to address needs that arise. For example, a TAY who is at risk by showing unsafe behaviors on the street may form a bond with an individual Table member who expresses unconditional support for the TAY. After a relationship is established between them, the Table member may be able to encourage safer behaviors. We know from decades of research on high risk youth (for example, the work of Meade & Slesnick, 2002;) that a one-on-one relationship with a caring adult can help mute negative influences (Dworsky, Gitlow, & Samuels, 2019). However, there is a fine line between support and in "telling it like it is", and Table members quickly learn that their role is not supervisory.



An Open Table In Virginia

The need to listen to and respect the voice and choice of the TAY is addressed through training of Table members. This training is on-line and interactive and helps raise member awareness of the need for TAY voice and choice. Open Table training reinforces an approach of "no blame, no shame" which avoids labeling or making generalizations about the TAY and their behaviors. Now, with improved training, nearly all Tables complete their Table work of 10-12 months and establish longlasting relationships and networks of support.

The Role of Trauma

Trauma is defined as when something very bad happens, it is not one’s fault, and you had no control over the event or situation. In trauma, one’s brain is flooded with “fight or flight” chemicals (cortisol and norepinephrine), and panic can ensue. If the trauma is severe and long lasting, the flood of chemicals changes the brain and makes the brain more susceptible to the ongoing effects of trauma. In their comprehensive literature review (2014), Dr. De Bellis and his colleague Abigail Zisk of Duke University stated: “Trauma in childhood is a grave psychosocial, medical, and public policy problem that has serious consequences for its victims and for society.”

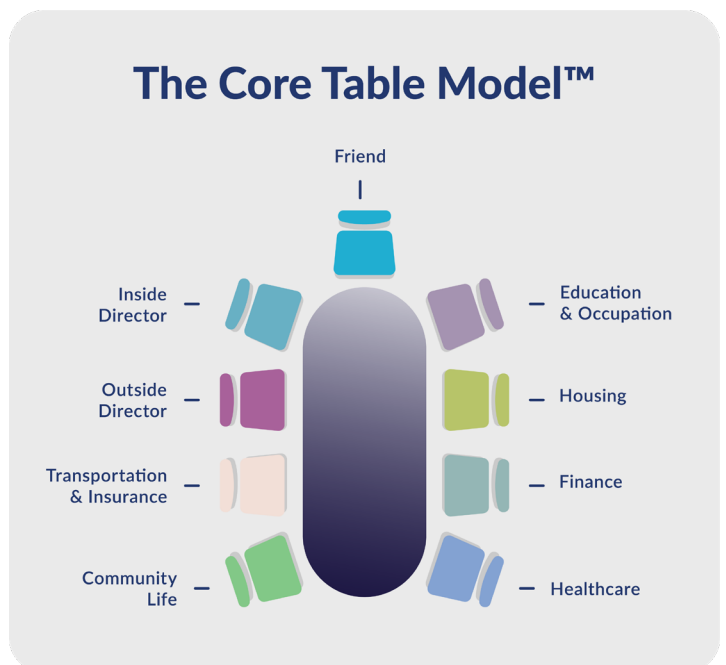
The Open Table model recognizes that often, TAY have been the object of abuse, sexual trafficking, neglect, and other negative treatments by older adults. This trauma, if not addressed, can have a profound negative effect on the TAY. Table members are never clinical intervenors, and the model always encourages TAY to seek formal treatments as they desire. In addition to encouraging formal treatments of trauma but not being clinicians, the Open Table model addresses trauma by exposing the TAY to positive influences and relationships. Trauma theorists tell us that our brains can “get hooked” on positive brain chemicals (Morrow, Clayman & McDonagh, 2012). Positive brain chemicals include dopamine, oxytocin, serotonin, and endorphins. Reciprocal relationship builds a repertoire of positive experiences, which are not only healing for the TAY, but are transformative for the Table members.

Lessons learned about Open Table and TAY

Research indicates that many youth who are or have been homeless — including those who have identified as LGBTQ — may not have experienced positive, long-term relationships with adults who have had their best interests at heart. In fact, many of these youth have been forced out of their family homes and have been at great risk of being victimized. The founders and implementers of the Model believe and in fact have demonstrated that a Table of supportive, trained volunteers can provide a basis of adult relationship based on love and kindness. The relationship focuses on building on and using the intellectual capital of the Table. This relationship helps the young people, exercising their own voice and choice and making their own decisions, move forward with their lives.

The Steps of Engaging the Open Table Model in Your Community

Open Table is a licensed model that involves the organization receiving funding for technical assistance, training, and research. The process of starting the model in a community begins with bringing key stakeholders (including TAY, providers, business and health leaders, cultural community members and others) to hear a presentation on the model. Then, given a local desire to implement the model, Open Table delivers technical assistance to help individualize a local model of adoption of Open Table, based on needs and existing services.



A community with extensive TAY services in place may want to establish Open Table as a way of developing long term supports for TAY as they graduate from local services. Other communities that have few services for TAY may require a more formal process to help the entire community develop a collaborative approach to serving TAY.

Open Table has learned that it is important to build local infrastructure into the larger scale implementation of the model. This is accomplished by establishing, training and providing technical support to Community Engagement Coordinators at each site. Open Table consultants work with each site to customize and develop this role.

Communities have taken individualized approaches to funding the technical assistance and training aspects of Open Table. At times, a community has existing federal or other grants which can be focused in part on Open Table development. In other communities, local leadership invites the business and healthcare sectors and local foundations to fund initial development of the model. In addition, some communities fund the development of the model through multiple systems and community organizations contributing to the overall effort.

Examples of Current Innovations: Open Table is implementing an array of projects supporting TAY. Examples include: in Missouri, supporting a project for statewide Tables through a children’s home network; in Ohio, scaling Tables for a non-profit and government-funded TAY supportive housing project; and in Virginia implementing Open Table for TAY through a federally-funded statewide project.

Additional Resources

Please see the Open Table website (theopentable.org) for resources, including extensive written documentation, research, and white papers about the movement, and to view videos of individual TAY or Friends of other ages.

Authors

This paper (February 2020) was coordinated and primarily authored by John VanDenBerg, Ph.D. and JonKatov, and included written material by Jarred Vermillion and William Wubbenhorst, MBA.

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