Welcome!

The National Building Bridges Initiative: Using the BBI Self-Assessment Tool to Support Implementation of Best Practices

The webinar will begin shortly.
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Icons used to communicate with the host.
Webinar Agenda (all times Eastern)

2:00 – Welcome, Housekeeping, Instructions to Participants
2:05 – Introduction
2:10 – Presentation by panelists
3:10 – Question and Answer Session
3:25 – Instructions for CE Credits
3:30 – Webinar concludes
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Learning Objectives

1. Identify specific ideas about how to implement the BBI Self-Assessment Tool (SAT) in communities and organizations
2. Distinguish the potential impact and importance of the SAT in creating practice improvements in residential and community programs
3. Identify strategies for involving family members and youth in using the SAT to improve practice
4. Describe the barriers to effectively using the SAT that can arise in programs and communities and strategies to overcome them
Presenter Disclosure

LaShaun Aaron has no relevant financial relationship or commercial interest that could be reasonably construed as a conflict of interest for today’s presentation.

Gary Blau has no relevant financial relationship or commercial interest that could be reasonably construed as a conflict of interest for today’s presentation.

Steve Elson has no relevant financial relationship or commercial interest that could be reasonably construed as a conflict of interest for today’s presentation.

Sandra Heine has no relevant financial relationship or commercial interest that could be reasonably construed as a conflict of interest for today’s presentation.

Jody Levison-Johnson has no relevant financial relationship or commercial interest that could be reasonably construed as a conflict of interest for today’s presentation.
Presenter Disclosure

**Robert Lieberman** has no relevant financial relationship or commercial interest that could be reasonably construed as a conflict of interest for today’s presentation.

**Raquel Montes** has no relevant financial relationship or commercial interest that could be reasonably construed as a conflict of interest for today’s presentation.
About the Presenters

GARY BLAU, PH.D., Chief, Child, Adolescent and Family Branch Center for Mental Health Services Substance Abuse and Mental Health Services Administration, Rockville, MD. In this role he provides national leadership for children’s mental health and for creating “systems of care” across the country.

Gary M. Blau, Ph.D. is a Clinical Psychologist and is currently the Chief of the Child, Adolescent and Family Branch of the Center for Mental Health Services. In this role he provides national leadership for children’s mental health and for creating “systems of care” across the country. Prior to this, Dr. Blau was the Bureau Chief of Quality Management and Director of Mental Health at the Connecticut Department of Children and Families (DCF), and the Director of Clinical Services at the Child and Family Agency of Southeastern, Connecticut. He also holds a clinical faculty appointment at the Yale Child Study Center.

Dr. Blau was formerly a member of the National Association of State Mental Health Program Director’s Division of Children, Youth and Families, and from July 1, 1998 through June 30, 2000 he was the Division’s Chairperson. Dr. Blau has received several awards including the prestigious Pro Humanitate Literary Award for literary works which best exemplify the intellectual integrity and moral courage required to transcend political and social barriers to promote best practice in the field of child welfare, the Governor’s Service Award, the Phoebe Bennet Award for outstanding contribution to children’s mental health in Connecticut, and the Making a Difference Award presented by Connecticut’s Federation of Families for Children’s Mental Health. Most recently, he was the recipient of the 2009 HHS Secretary’s Award for Meritorious Service for his national leadership in children’s mental health.

Dr. Blau has numerous journal publications and has been the editor of many books. He received his Ph.D. from Auburn University (Auburn, Alabama) in 1988.
About the Presenters

STEVE ELSON, PH.D., Chief Executive Officer, Casa Pacifica Centers for Children & Families, Camarillo, CA has been the CEO of Casa Pacifica Centers for Children & Families since 1994. Steve has encouraged innovation and excellence in all programs and Casa Pacifica has received state and national recognition, most recently at the annual conference of the California Mental Health Advocates for Children & Youth where Casa Pacifica received the prestigious 2009 “Exemplary Program of the Year” award.

Prior to coming to Casa Pacifica, Dr. Elson served as executive director of The Sycamores in Pasadena, California and as Vice President for Services at Klingberg Family Centers in Connecticut. Under his leadership Casa Pacifica has grown dramatically. Starting out serving only children on campus in residential treatment and emergency shelter -- slightly over 300 in the first year of operation (1994), Casa Pacifica now serves more than 3,500 children and their families each year through a number of community-based, in-home programs in both Ventura and Santa Barbara Counties. With a staff over 380 and an annual budget of $24 million, Casa Pacifica was recently named the sixth largest nonprofit on California’s Central Coast.

Steve received his doctorate in counseling psychology from Michigan State University and a number of his papers/articles have appeared in professional journals. He has been active in public policy efforts benefiting children in foster care and other public service systems. He has served as President of the American Association of Children’s Residential Centers, California Alliance of Child & Family Services, California Coalition for Mental Health, and California Mental Health Advocates for Children & Youth.
About the Presenters

**SANDRA HEINE,** Family Support Specialist, Southern Oregon Adolescent Study and Treatment Center, Grants Pass, OR. Ms. Heine has a child who was served at SOASTC and has used that experience to begin to help SOASTC staff understand the parent's perspective in their work. She is nearing approval as a Family Navigator in Oregon and is a lead family member in the Rogue Valley Wraparound Collaborative. Ms. Heine is a trained family facilitator in Collaborative Problem Solving and teaches the approach to SOASTC family members. She presented regarding her work in using the BBI Self Assessment Tool at Portland State University Building on Family Strengths Conference in June, 2009.
JODY LEVISON-JOHNSON, LCSW, Vice President, Business Development - Director, Service Quality & System Development; Coordinated Care Services, Inc. a non-profit management and consulting firm based in Rochester, NY. Jody supports the Monroe County Department of Human Services with special projects related to integrated systems and services for youth and families. In addition, she provides technical assistance across the country in the area of behavioral health, human services and systems of care and has consulted with communities and providers in all parts of the country on practice change and transformation. She is well regarded locally and nationally having been appointed to chair and serve on several national workgroups and committees focused on improving the design and delivery of services for children and families including the national Building Bridges Initiative Steering Committee and its Social Marketing Workgroup.
ROBERT LIEBERMAN, M.A., LPC, Executive Director, Southern Oregon Adolescent Study and Treatment Center (SOASTC), an intensive treatment services agency for seriously emotionally and behaviorally troubled teenagers. He has helped that organization achieve statewide and national acclaim for its innovative work with children and young adults with serious mental and behavioral disorders, and their families. Mr. Lieberman has been integrally involved in advancing public policy for children’s mental health nationally, as well as helping forge the regulatory and policy environment for children’s mental health services in Oregon.

Mr. Lieberman is currently a member of several state and national advisory committees and task forces including: Outcomes Roundtable for Children and Families, Co-Chair- Evidence Based Practices Subcommittee, Center for Mental Health Services, SAMHSA; National Building Bridges Initiative: Steering Committee and co-chair of Outcomes Workgroup, Center for Mental Health Services, SAMHSA; Co-Chair, Oregon Children’s System Advisory Committee, Addictions and Mental Health Division, Department of Human Services; Co-Chair- Statewide Wraparound Initiative Advisory Committee, Department of Human Services; Public Policy Chair, American Association of Children’s Residential Treatment Centers (AACRC); former President of that national organization. In the past Mr. Lieberman has served on the Oregon Commission for Children and Families (a gubernatorial appointment), the Professional and Technical Advisory Committee of the Joint Commission on Accreditation of Health Care Organizations, the Oregon Child and Adolescent Mental Health Advisory Committee, the Governor’s Mental Health Alignment Workgroup, and the Child Welfare League of America Advisory Committee on Best Practices in Behavior Management (Restraint and Seclusion initiative).

Mr. Lieberman has received many honors, including the AACRC Life Fellow award, Oregon Mental Health Award of Excellence, The Asante Spears Healthcare Award, and the Josephine County Asset Builder Award. He has published national papers and journal articles, and makes presentations at statewide and national conferences. Mr. Lieberman conducts training, consultation, and workshops with treatment centers, schools, college seminars, governmental entities, juvenile justice facilities, and parent groups. He is a TIER II trainer in Collaborative Problem Solving. Mr. Lieberman also operates his own practice as a professional counselor for youth and their families.
Dr. Gary Blau: Chief, Child, Adolescent and Family Branch Center for Mental Health Services Substance Abuse and Mental Health Services Administration

Welcome & Overview of the National Building Bridges Initiative
Building Bridges Initiative: Mission

Identify and promote practice and policy initiatives that will create strong and closely coordinated partnerships and collaborations between families, youth, community- and residentially-based treatment and service providers, advocates and policy makers to ensure that comprehensive services and supports are family-driven, youth-guided, strength-based, culturally and linguistically competent, individualized, evidence and practice-informed, and consistent with the research on sustained positive outcomes.
Highlights of Building Bridges Initiative

- Began in November 2005
- National Steering Committee formed
- Workgroups:
  - Outcomes
  - Youth/Family Partnerships
  - Social Marketing
  - Cultural & Linguistic Competence
  - Fiscal/Policy
- Documents to support the field:
  - Joint Resolution
  - Matrix/Self Assessment Tool
  - Family & Youth Tip Sheets
Building Bridges Initiative Core Principles

- Family Driven & Youth Guided Care
- Cultural & Linguistic Competence
- Clinical Excellence & Quality Standards
- Accessibility & Community Involvement
- Transition Planning & Services (between settings & from youth to adulthood)
More BBI Highlights

• Articles in national publications (National Council for Community Behavioral Healthcare; Teaching-Family Association; CWLA Special Edition on Residential)
• State, City, County & Individual Program Initiatives
• A range of Partnerships: from funding Summits to endorsing Joint Resolution to full partnerships towards systems change
• Website: www.buildingbridges4youth.org
Robert Lieberman: Executive Director, Southern Oregon Adolescent Study and Treatment Center

Overview and Background of the Building Bridges Initiative Self-Assessment Tool (SAT)
Charge to the BBI Outcomes Workgroup

- Identify outcomes and performance indicators that a child and family might expect if they are receiving services in a comprehensive community system.
- Identify outcomes and performance indicators a child and family might expect when receiving residential services as an intervention within a comprehensive system.
- Develop an assessment protocol with which an organization or community could evaluate the degree to which it is implementing the principals and practices contained in the Joint Resolution.
- Develop a three hundred sixty degree process with which to conduct such an assessment.
Initial Development of the SAT

- Committee reviewed existing measures from JCAHO, CARF, SAMHSA, NOMS, ORCF, etc.

- Focused on the “bridges” between community and residential systems – the community and the residential provider. “Care Transitions” - the “bridges” - are issues affecting all chronic diseases – see the National Transition of Care Coalition [www.ntocc.org](http://www.ntocc.org).

- Within this framework, a matrix of performance guidelines and indicators was developed, with measures for “before”, “during”, and “after” phases of residential treatment, along with cross-cutting measures.

- The first draft was presented at BB Summit II in September 2007 and revised with further input from multiple sources thereafter.
The Outcomes Workgroup developed a Performance Guidelines and Indicators Matrix for the second Building Bridges Summit.

Included the following elements:

- Cross Cutting Performance Guidelines: Child and Family Team; Family Driven, Youth Guided Services; Collaboration; Cultural Competency; and Quality.
- Performance Guidelines and Indicators were broken out into three sections: Referral/Entry “Bridge”; During/Within “Bridge”; and Transition and Post Discharge “Bridge”.
- The Matrix also identified several selected system outcome measures and identified the need for a Community Resource Assessment to identify supports available to youth and families as they return to the community.

The Matrix formed the basis for subsequent work on the self-Assessment Tool.
Self-Assessment Tool: *Purpose*

- Establish guideposts for operationalizing processes and practices of the Joint Resolution.

- Provide information about:
  1. The degree of continuity, seamlessness and integration of services and support.
  2. The extent to which known best practices are being utilized in both residential and community settings.

- A platform to stimulate quality improvement activities-intended to identify guidelines where there is disagreement between respondents or where no or little activity is occurring, so that quality improvement work can occur. It is NOT intended to be used for monitoring program “compliance”.
Self-Assessment Framework: Assumptions

- Focus is on the treatment end of the continuum; efforts are already occurring towards prevention, in-home and in-community alternatives.

- Regulatory bodies are already monitoring standards and practices in residential and community settings.

- Other resources (e.g. cultural competency, self assessment, wraparound fidelity) are available and do not require duplication.
Shared Responsibility

- A high degree of mutual interdependence is necessary to implement the values and principles of the Joint Resolution.

- The tool is intended to spark dialogue, inclusive of community, family, youth and agency staff who are involved and familiar with the residential agency - to help structure conversations in local communities that focus collective energy on outcomes and effective practices.
Developing the Self-Assessment Tool (SAT)

- Beginning in early 2008, the Outcomes workgroup began to develop the Self-Assessment Tool, following the framework in the Matrix.

- Work proceeded and led to a draft for pilot testing beginning in December 2008 and expending through August 2009.

- Pilot testing included three phases of review and revisions to the questions:
  - **Phase 1** - Walker School - Needham, MA
  - **Phase 2** - SOASTC – Grants Pass, OR and Jewish Child Care Association – New York, NY
  - **Phase 3** - Monroe County (3 programs) – Rochester, NY and Epworth Village – York, NE

- Completed in November 2009.

- The SAT was approved by the Steering Committee and is available at www.buildingbridges4youth.org.
Elements of the SAT

1. Child and Family Team
2. Family Driven Practices
3. Youth Guided Practices
4. Cultural and Linguistic Competence
5. Entry Into Residential Treatment
6. During Residential Treatment
7. Post-Residential Treatment
8. Community System of Care
9. Performance and Evaluation in the System of Care

The SAT Glossary provides a definition of terms used throughout the SAT.

A Family and Youth version with the same items but slightly different scale is in final stages of approval.
## 1. Child and Family Team

<table>
<thead>
<tr>
<th></th>
<th>1 Never/Almost Never</th>
<th>2 Rarely</th>
<th>3 Sometimes</th>
<th>4 Often</th>
<th>5 Always/Almost Always</th>
<th>Don’t Know/Doesn’t Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Before they enter this residential program, youth have a <em>Child and Family Team</em> that coordinates their community care.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>2. Youth have a Child and Family Team during residential placement.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>3. The following people participate actively in Child and Family Team meetings during residential placement:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. <em>youth</em></td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>b. <em>family, guardians or other important adults</em></td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
5. Entry into Residential Treatment

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Don't Know/Doesn't Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Community providers and the residential program work together during the youth’s placement.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>2. Youth are able to see their family often unless otherwise specified by the Treatment Plan.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>3. Residential staff cancel youth and family visits only with the approval of a Child and Family Team representative or family.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>4. The residential program helps youth and family stay in contact by:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. helping families with transportation</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>b. sharing the schedule of field trips, parties and other events</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>5. The staff routinely seek family advice or participation in everyday care and support of their youth.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
SAT Family & Youth Version

In pilot testing, families and youth found some items challenging when responding to the SAT. We considered developing an abbreviated version with a different scale and tabled that possibility until the pilot testing was completed. After review and discussion with Families, it was agreed that the items should remain the same and only the scale needed to change. Our proposal is below:

**Current SAT – Providers, Community and Advocates**

<table>
<thead>
<tr>
<th>1. <strong>The transition plan for the youth’s return to home and community:</strong></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. <em>is guided by the youth and family</em></td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
</tr>
<tr>
<td>b. <em>is strength-based</em></td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
</tr>
</tbody>
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<tr>
<td>a. <em>is guided by the youth and family</em></td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
</tr>
<tr>
<td>b. <em>is strength-based</em></td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
</tr>
</tbody>
</table>

**Proposed Scale for Family and Youth SAT**

- The transition plan for the youth’s return to home and community:
  - is guided by the youth and family
  - is strength-based

Magellan Health Services, Inc. and the Building Bridges Initiative
Implementing the SAT at CASA
PACIFICA, CA
Serving California’s Central Coast

**Headquarters:**
Camarillo, CA

**Offices:**
Camarillo, CA
Santa Barbara, CA
Santa Maria, CA
Our Services

- **Residential**
  - Emergency Shelter (45 Beds)
  - Residential Treatment (28 Beds)
  - Primary Care Medical Clinic

- **Education**
  - Non Public School (50 Students)
  - Educational Liaison
  - Transportation

- **Transition Age Youth**
  - Housing/ Case Management/Clinical Services

- **Outpatient and Community**
  - Parent Child Interaction Therapy
  - Wraparound
  - Therapeutic Behavioral Services (in-home interventions)
  - Crisis Mobile Team
  - Supportive Behavioral Services
Relevant Organizational Background

- 12 Parent Partners
  - 10 in community based programs.
  - 2 on campus.
- 3 Youth Advocates (full-time – former foster youth).
- Youth Advocate & Parent Partner are members of our Leadership Team.
- Bi-weekly “family nights” on campus.
- “Culture Compass” used at all staff gatherings.
  - One value/commitment highlighted each week including:
    - Families are experts on their children.
    - We recognize & nurture strengths and competencies.
    - Everyone deserves to be empowered with voice and choice.
    - There is no such thing as a bad kid.
    - We focus on changing the future of the youth and family.
## Our Building Bridges Timeline

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 3, 2010</td>
<td>Casa Pacifica Signs Resolution Committing to the Building Bridges Initiative.</td>
</tr>
<tr>
<td>June 7-10, 2010</td>
<td>Parent Partner, Youth Advocate and Residential Manager attend Building Bridges Summit III.</td>
</tr>
<tr>
<td>June 16, 2010</td>
<td>SAT Sent Via Survey Monkey to Residential Staff and Community Partners.</td>
</tr>
<tr>
<td>June 22, 2010</td>
<td>SAT Sent via Survey Monkey to Remaining Community Program Staff and Funding Agency Staff.</td>
</tr>
<tr>
<td>July 12-26, 2010</td>
<td>Campus Leadership Reviews SAT Results Noting Strengths and Weaknesses</td>
</tr>
</tbody>
</table>
### Timeline Continued

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 2, 2010</td>
<td>Campus Leadership Agrees to Choose Priority areas from SAT to Focus on for a Quality Improvement Project.</td>
</tr>
<tr>
<td>September 28 thru October 12, 2010</td>
<td>Conduct Focus Groups with Community Partners On Elements of SAT.</td>
</tr>
<tr>
<td>December 13, 2010</td>
<td>Choose areas to improve on, define goals and benchmarks for success for Quality Improvement Project.</td>
</tr>
<tr>
<td>January 2011</td>
<td>Administer Revised SAT to youth and families Finalize goals and benchmarks based on results.</td>
</tr>
</tbody>
</table>
Who Completed the SAT

Overall Response Rate: 51% (134)

- Senior Management/Leadership: 67% (18)
- Residential Program Staff: 62% (71)
- Community Program Staff: 52% (34)
- Funding Agency Staff: 19% (11)
Survey Strategies

- Gather the support of senior managers and supervisors prior to implementation
- Educate all on Building Bridges and SAT
- Use Survey Monkey/ Hard Copies and Focus Groups to include all consumers
- Build time into staff schedule for completion
- Make use of existing meetings for education and focus groups
- Send out survey with a quick due date
Review Data

- Leadership divided into teams and assigned 1-2 SAT elements to review results.

- Used numerical data (Rating average) to identify strengths and areas for improvement.

- Each team reported back to main group with a list of priorities for goal setting.

- Focus group comments were transcribed and integrated into numerical data results.
Opportunities for Improvement Identified

1. Make youth & families more integral to the treatment team.
2. Assure youth & families voice and choice.
3. Reintegrate youth into the community more effectively.
4. Improve collaboration with County/Community partners to reduce barriers to service.
5. Focus on cultural competence & diversity.
6. Make better use of performance data to improve care.
Changes Implemented

1. Established strong awareness of youth guided & family driven practices.

2. Included youth advocate & parent partner on leadership team.

3. Treatment teams modified to:
   a) Assure that youth choose who attends, and that
   b) Youth co-lead meetings with clinician

4. Involved youth & parent partners in new hire interviews.

5. Asked youth & parent partners to provide training for new hires.

6. Created Unity Council on-campus led by youth advocate.

7. Nurtured chapter of the California Youth Connection; encouraged youth participation.
8. Increased number of family nights on campus; parents volunteer in campus programs.

9. School invited parents to volunteer in classrooms & on field trips.

10. Launch emancipation conferences for all youth “aging out” of the system.

11. Board established TAY committee – becomes “hub” in TAY activities in community.

12. Implemented use of family & youth TIP sheets.

13. Initiated regular collaborative meeting with County/Community partners.

14. Launched effort to define common indicators/outcomes.
Challenges and Future Directions

- Focused effort to garner Community Partners and Funding Agencies buy-in.
- More targeted use of partnering agencies to increase their participation.
- Strategic education of staff so they are knowledgeable about all aspects of youth guided & family driven efforts.
- Will implement Youth and Family Assessment when available (awaiting revised instrument).
- Need an assessment of agency competence in culture & diversity.
- S.A.T. instrument needs to be more “user friendly.” Should be able to quickly drill down on status of agency on all domains.
Implementing the SAT at the Southern Oregon Adolescent Study and Treatment Center

Robert Lieberman: CEO
Sandra Heine: Family Support Specialist
Headquarters: Grants Pass, Oregon

Offices: Grants Pass, Oregon
Merlin, Oregon
North Bend, Oregon

Instilling Hope...Finding Solutions
Our Services

- Grants Pass Youth Residential (15 beds)
  Psychiatric Residential for youth age 7 to 17
  Residential Respite

- Three Bridges (12 beds)
  Psychiatric Residential for young adults age 17 to 25

- Therapeutic Foster Care (19 slots, 4 counties)

- Psychiatric Day Treatment (15 slots)
  Two classrooms located in public schools

- School Community Team (12 schools – 4,000 students)
  Mental Health Prevention and Promotion
SOASTC Use of SAT

- During Field Testing with families, youth, and community partners.
- During Clinical Steering Committee.
- With Community Advisory Committee.
- Other than during Field Testing, have generally focused on one section at a time.
SOASTC Response to SAT

- Staff became excited about changes we could make immediately.

- Staff readily identified practices that are not under our control.

- Staff identified longer term opportunities for improvement.
Community Partner Response to SAT

- Had difficulty identifying the context.
- Didn’t tend to be self-reflective about their own organizations.
- Seem hesitant regarding linking residential and community services.
SOASTC Family Perspective

Completing the Tool

- Logistics
- Time of day
- Disengagement
SOASTC Family Perspective

Process

- Needed support from Parent Support Specialist.
- Needed translation of some items.
- In general, family members were able to understand and respond.
- Details in some places were difficult.
- Volume of information was daunting.
SOASTC Family Perspective

Lessons Learned for the Agency

**What’s Working:**

- Family members are learning skills.

- Staff empathy is helpful.

- Because of the support from the Family Support Specialist, families feel like they’re not alone.
SOASTC Family Perspective

Lessons Learned for the Agency

Opportunities for Improvement:

- Need for more information and resources.
- Need for more community support while the child is in residential.
- Transition/discharge planning process left families feeling disconnected.
SOASTC Youth Perspective

- Very engaged.
- Tended to focus on specific items for periods of time.
- Felt it was powerful being able to participate.
- Questioned why certain practices weren’t happening.
- Couldn’t complete the entire tool in one sitting.
SOASTC Youth Perspective

Lessons learned for the Agency

Opportunities for Improvement

- Engage youth more fully in organizational matters.

- Involve youth up front more immediately in their own planning.

- Create redundant practices for consulting with youth in milieu matters.

- Use the Family/Youth version.
Changes Implemented

- Board created slots for youth members and Board parent memberships; 25% of Board members are family and youth.

- Youth are again involved in hiring committees.

- Care planning process changed to more intentionally engage youth.

- Family Support Specialist FTE increased

- Board has requested establishment of agency wide Youth Advisory Council.
Changes Implemented, Continued

- Family Support Specialist is providing training in Wraparound for staff and community parties.

- Increased focus on implementation of trauma-informed practices, integrating Sanctuary, Wraparound, Collaborative Problem Solving, and DBT.

- Staff (at times) provides transportation for distant home visits.

- Open parent visitation policy – parents engage with staff and youth in milieu and off-campus activities.

- Residential respite.

- Began training staff on Wraparound for integration into residential as a care planning process.
External Implementation Challenges

- Mindset of community partners.
- Policies of payer organizations.
- Funding silos.
- Stressed community systems.
- The nature of residential- expectations, concerns, and dynamics.
Internal Implementation Challenges

- Mindset of staff.
- Mindset of family members.
- Impact of organizational stress.
- Impact of other programmatic requirements.
- The nature of residential- projective identification.
Outcomes Measurement: Why, What, and How?

Presented by Charles Curie, ACSW and Joann Albright, Ph.D.

The webinar will begin shortly.

Jody Levison-Johnson: Vice President, Business Development - Director, Service Quality & System Development; Coordinated Care Services, Inc. Rochester, NY

Advancing Partnerships - Community Role in SAT Implementation
The premise...
The reality…
The more unfortunate reality…
How can the SAT Help Community Providers?

The eight “ates”
Robert Lieberman

Recommendations for Use and Next Steps
Implementation Approaches

Consider the following:

- Use the SAT for internal staff development and training
- Consider adapting the simulation exercise for training
- Take sections of the SAT and implement in staff meetings and as part of community meetings. Facilitate a discussion of the ratings
- Use the Family and Youth tool as the basis for an exit interview and present results to staff at least annually
- Use sections for QI discussions with community partners
- Formalize the process internally with Board review and full implementation and analysis of results
- Learning collaboratives at a state or regional level
Next Steps

- Agencies and states using the SAT to drive and measure practice change.
- Correlating functional outcomes with the SAT process indicators.
- Establishing a repository of information regarding how and where the SAT is being used.
- Developing user friendly instructions and implementation guides.
Contact Information…

Gary Blau, Ph.D.
(240) 276-1980 /Gary.Blau@samhsa.hhs.gov

Robert E. Lieberman, M.A., LPC
(541)956-4943 ext. 1117/rlieberman@soastc.org

Sandra Heine, Parent Support Specialist
(541) 956-4943, 1117/sheine@soastc.org

Steven Elson, Ph.D.
805-445-7801/SElson@casapacifica.org

Jody Levison-Johnson
(585) 613-7648/jlevison-johnson@ccsi.org
Question and Answer Session

- We will attempt to address as many questions as possible.
- Follow the operator’s instructions for submitting questions to the presenters.
- Questions submitted during the presentation via chat feature will be addressed first.

*Please note that sending a question does not guarantee its inclusion in the webinar.*
CE Credits – Post Test and Evaluation

1. Please use the link provided to take the post-test and complete the required CE evaluation.


3. There are multiple pages. Be sure to look for and use the ‘Next’ button until you have completed all pages.

4. You must complete the post-test and CE evaluation by 6 p.m. Eastern today.
Thank you for participating in today’s webinar!