# MOVING FROM A CULTURE OF COMPLIANCE AND RISK-AVOIDANCE TO CONTINUOUS QUALITY IMPROVEMENT

Keeping People Safe and Elevating the Well-Being of All

AW

# SITUATION:

Many residential units, group homes, foster homes, behavioral rehabilitation services (BRS), and day treatment programs are now refusing to accept youth with a recent history of aggression to reduce staff turnover and manage risk.

AW

# BACKGROUND:

- Aggressive behavior is a major cause of youth placement in temporary lodging.
- Youth churn through programs, homes, and communities damaging their sense of future, self-agency, hope, and trust.
- Most of these youth have a mental health diagnosis and have had exposure to traumatic life experiences

# CAUSES OF AGGRESSION IN YOUTH:

(AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY)

- Previous aggressive or violent behavior
- Being the victim of physical abuse and/or sexual abuse
- Exposure to violence in the home and/or community
- Being the victim of bullying
- Genetic (family heredity) factors
- Exposure to violence in the media (TV, movies, etc.)
- Use of drugs and/or alcohol
- Combination of the stressful family socioeconomic factors (poverty, severe deprivation, marital breakup, single parenting, unemployment, loss of support from extended family)
- Brain injury

RH

# A CALL TO ACTION:

- Oregon's System of Care Advisory Council (SOCAC) was asked to hold a time-limited task force evaluating our current situation and recommending next steps.
- Description of process
- Results articulated in the Safety Workgroup Report
- Why are we here today

# FINDINGS: THE YOUTH EXPERIENCE

- Some youth and their families experience facilities as places where they are retraumatized directly or indirectly by the lack of a therapeutic and safe environment
- This can create a cycle of youth despondency and behavioral escalation
- Once escalated, youth are less likely to be accepted to less restrictive settings, creating a cycle of rejection and hopelessness
- Youth from marginalized communities are at higher risk of these adverse experiences

A
J

# FINDINGS: THE PROVIDER EXPERIENCE
# RISK AVOIDANCE DRIVES DECISION MAKING

- Oregon uses child abuse and neglect statutes for oversight for child serving agencies.
- Treatment program staff and foster parents report concern that they will be investigated for abuse or neglect in the context of supporting youth with high needs. This adds stress and decreases empathetic decision making when youth are demonstrating aggressive behaviors.
- This stress has a negative influence on behavior, attitudes, relationships and decisions of both the caregivers and youth.
- Treatment program staff and foster parents fear injury because of inadequate training to prevent behavioral escalation and fear they can not safely intervene when youth are struggling with aggressive behaviors.
- Staff in programs turn over frequently, well before achieving a sense of competence or success further decreasing the quality of services provided.

A
J

# INFLUENCES ON LICENSED MEDICAL AND BEHAVIORAL HEALTH PROGRAMS

- COMPLIANCE: Licensing expectations are well defined and overseen by regulatory practices carried out by Oregon Health Authority. LIMITED OR ADVERSE IMPACT ON QUALITY OF CARE

- RISK AVOIDANCE: Staff and programs fear the repercussions of adverse treatment outcomes, injury to staff or youth and findings of abuse or neglect. LIMITED OR ADVERSE IMPACT ON QUALITY OF CARE

- CONTINUOUS QUALITY IMPROVEMENT: Processes focused on training and continuous assessment using measurement-based care, creating a cycle of practice, learning and improvement in a trauma informed environment: HIGH POSTIVE IMPACT ON QUALITY OF CARE

A
J

# CURRENT EMPHASIS


- Youth with aggressive behavior are often unable to access appropriate behavioral health treatment.
- Youth and family members are at risk of injury.
- Youth and family members use emergency departments as a last resort.
- Some youth cause enough harm that they are charged with crimes and enter the juvenile justice system. These youth should have gotten treatment prior to offending.

A
J

# FUTURE STATE


- The system understands how trauma affects youth, family members, workers, and investigators and has strategies to reduce and remedy that trauma.
- Treatment providers feel they can safely treat youth with histories of aggression.
- Youth are supported in pursuing wellness in collaboration with their family.
- Reduction in temporary lodging, juvenile justice, and state-hospital levels of care due to meeting youths' needs sooner and closer to home.

A
J

# WHERE DO WE START?

- A focus on improving access to trauma informed, evidence informed treatment
  - Funding will be needed to do this well
- Opportunities for learning collaboratives that create safe spaces for shared Continuous Quality Improvement (CQI)
- Opportunities to bring agencies and providers together for collaborative “case based” and system focused conversations

# THE PATH TO A TRAUMA INFORMED SYSTEM

- Trauma-informed care seeks to understand a person's life experiences to deliver effective care and has the potential to improve engagement and health outcomes.
  - Empowerment: Using people's strengths to empower them in the development of their care;
  - Choice: Informing people regarding treatment options so they can choose the options they prefer;
  - Collaboration: Maximizing collaboration among health care staff, patients, and their families in care planning;
  - Safety: Developing health care settings and activities that ensure physical and emotional safety;
  - Trustworthiness: Creating clear expectations with patients about what proposed treatments entail, who will provide services, and how care will be provided.

RH

# STRUCTURE OF A TRAUMA INFORMED SYSTEM

- Legislation sets standards such as requiring treatment providers to be trained in clinical best practices and trauma informed care and provides the necessary financial support
- Regulators, in collaboration with system users and providers, determine minimum standards for certification through Rule
- Providers ensure standards are met through their policies, training, oversight, and supervision in a continuous learning environment
- Families and youth have safe opportunities to report concerns to providers, regulators, and legislators when they observe violations
- Ensuring policies exist at the correct level allows a complex system to improve over time as research evolves and improves, without requiring a complex legislative process.

# EXAMPLE: IMPLEMENTING COLLABORATIVE PROBLEM SOLVING ON A PSYCHIATRIC UNIT

- One and done training versus a process to create cultural and practice changes over the long-term
- Fidelity training, supervision, and long-term implementation of evidence-based practices is expensive up front
- Cost reductions over the long-term are much larger
  - Reduced moral emotional and physical injury to youth and staff
  - Reduced staff absences / compensation/ churning
  - Improved program culture and confidence
  - Improved youth and family outcomes

AW

# WHAT NOW?

- Create safe forums for providers to discuss and resolve practice challenges, solutions, and funding
- Create opportunities for agencies and providers to meet to discuss and resolve child specific barriers and systemic barriers
- Create a menu of trauma informed practices and funding streams for implementation efforts at the residential, day treatment, group home, and foster parent level of services

AW

# WHAT NEXT?

- Reconvening the Safety Workgroup, focus on youth and family voice/input
- Return to this committee for future conversations
- Determine legislative support for these initiatives:  technical assistance and grants for a menu of approved trainings such as Presence/Sanctuary Model, Collaborative Problem Solving (CPS), Attachment Regulation and Competency (ARC), Nurtured Heart Approach (NHA), or other evidence informed practices.

# Questions?