



What is your view of the direction that OYA has taken in the last three years in regards to treatment approach?

- Much emphasis on group therapy and not enough on individual therapy. Groups are good but some youth don't benefit from them.
- Curriculum has a good base but not enough flexibility.
- Many people seem to be unhappy with the approach; they want more flexibility and allowing for creativity.
- I understand that there is a new sex offender treatment curriculum but no one has told me about it. I hear about it from the kids. The kids seem to like it since they see it as easier and shorter to complete.
- Not a good direction with mental health programs.
- Love doing EBT but not OYA's rigid approach and adherence to it.
- EBT is good, CBT is great.
- Narrow range of therapy options; should look to broaden the offerings.
- As an agency we are not addressing trauma issues.
- There seems to be a big disconnect between the theory and what occurs on the ground.
- Much more training is required for better outcomes.
- Delivery of treatment across facilities needs more standardization.
- When I came here, I loved doing treatment; it had a unified approach.
- The focus is solely on recidivism. I am a cognitive behavioral therapist and I was appalled by the lack of appreciation for the theory as a whole.

What is your assessment of the effectiveness of CBT, COB, and ART Groups, as well as Skill Cards and CBA; also, the CPC audit process?

- OYA's approach to CBT is too basic. Many of the older or more advance kids don't benefit from it.
- CBT is not new and not specific to juvenile justice.
- Some of these programs are very good but there are many other effective ways to practice EBP. CBT does listen to the emotions rather than ignore them. There is a massive conflict of interest with Latessa. He is a good salesman but does not have specialty in in-patient adolescents.

What do you believe is the youths' perspective toward the effectiveness of the current treatment programs?

- Kids seem to enjoy the ART groups; not so with Pathways.
- I think they get some benefit from COB and ART. The ones who have had these treatments don't want to go through them again.
- Mixed depending on the youth.
- Most of them will tell you "it sucks."

What is your view of the amount of time that is devoted to paperwork vs. direct treatment services by TMs, UCs and QMHPs?

- Some Qs are too overstretched running up to 13 groups.
- It's quite a burden but necessary for me; may not be so for the Qs; so I hear.

How would you assess your morale as a staff person in the last three years?

- This is the first time in 10 years that anyone has asked me about what I think. I see as many kids in OYA as any other physician and given my number of years with OYA, you would think I'd know something about what is working or not and yet no one has

ever asked. It could have been a simple 15 minute phone call. The fact that people sit in Salem and design treatment programs and I know nothing about that demonstrates a major shortcoming and disconnect.

- In general, I am treated well and respected.
- Things are lousy but still much better than they were.
- Line staff are demoralized and focused on surviving.
- Poor; anyone on campus will say that. When you see your leader on the front page of the Oregonian involved in a scandal you can't expect much else. I've been with OYA for many years and the amount of cronyism and existence of cliques is more than anywhere I've worked. But, hopefully, this is all in the past. Under the previous leadership people were selected not based on their credentials but by being part of the good ole boys and girls network; people with no background in medicine, no knowledge and no credentials.
- I love working with the kids but my commitment has not been great for the past few years. It is very frustrating, as a psychologist, to know what you need to do but not be allowed to do it.
- Communication has been very poor. I constantly ask who is my supervisor; who do I show the value of the time I spend here, show what OYA is getting in return for the money they pay me, and how do I serve my agency better.

Do you feel that your expertise has been recognized and tapped by OYA in planning new developments? Do you feel that you have a sense of permission or encouragement to initiate or develop programs consistent with a cognitive behavioral treatment approach?

- We are accredited through National Commission on Correctional Health Care, adhering to 73-75 standards. Representatives from the institute come every three years and spend two days here auditing our process and practice. We are the only facility within OYA that is accredited.
- Five years ago we tried to set up a TB prevention program. Every correctional institution has one and CDC in Atlanta has standards for it. We had a dozen meetings and it took five years to get it in place. To have had no one in the central office with medical background was bad. We would meet and people would vote. All we were trying to do was to go to standards that were already in place. We voted and voted and nothing would be accomplished.
- Dr. Adams is the first person to be hired in the Central Office with medical credentials.

- For a suicide investigation, OYA brought in an outside investigator who happened to be very competent, The problem was that they never talked to me or asked my perspective on the suicides.
- We fought and fought over who had access to the medical and psychiatric records of the youth. Administrators were deciding which youth goes off campus to get medical treatment. We had our accreditation suspended. There is a disconnect that goes to the lack of trust.

How would you modify the OYA treatment approach, if at all, in order to create better outcomes for youth?

- Would love to see more mentoring and more advance groups for higher functioning kids.
- Be more creative and flexible with treatment.
- Nothing wrong with EBP and CBT but we could be doing more.
- More advanced training for higher level kids can be helpful.
- OYA spends much money on Qs, treatment managers, psychiatry, etc. and yet everyone does their own thing. Hiring Erin Fultz was a huge step in the right direction.
- Do a better job training and do more for the kids. Some of them leave here with no idea of how they will survive out there.
- Credentials of mental health and medical staff. Ensure more training and education outside of OYA.
- We need a continuing education program not just in OYA but outside as well. There is a National Commission on Correctional Health Care conference that we should send one of our nurses to. No one should be working here more than five years without obtaining ongoing outside education.
- Skill acquisition is good for the youth but not enough. We need to make sure we are helping the person as an individual.
- Implement individualized treatment of trauma; train QMHPs.
- Allow a pilot program for treatment such as Dialectical Behavioral Therapy.
- Do more research. There is all kinds of data for adult population but the data sets for juvenile is not strong enough.

- Some treatment that used to be practiced such as re-enactment helped many youth and was very effective. When abuses happen with a particular treatment program, address the problem rather than throwing the whole thing out.
- If OSH cannot respond to the severe mental health needs of our youth, we may want to have our own mental health unit to deal with these cases.
- A forum to communicate with other OYA psychologists/psychiatrists/psychiatric nurse practitioners will be a good investment and time well spent.

Do you have any recommendations for improving morale and better involving staff in treatment?

- Provide more mental health training for staff in practical issues. Help them learn and know the symptoms and teach them what kind of behavior management can help.
- Provide training around crisis intervention to help them deal with staff assault.
- Provide self care training; this is a stressful environment.
- Allow for some sort of process groups where staff can come together and express themselves in a safe environment.
- Would like to know when a curriculum is changing.
- We don't expect you to take our advice but at least listen to us.
- Free the staff up to do more treatment rather than putting out fires.
- Reduce paperwork and allow more time for treatment.
- I can share with you so many positive stories about kids who have left this system and are successful. If it was not because of OYA, they would be in prison today.
- Improve communication.
- Train staff agency wide on identifying/recognizing mental health problems and discerning them from behavioral problems.
- Better communication; I don't even have access to OYA email and can't communicate with my colleagues and the QMHPs.

- Establish clear lines of authority along with roles and responsibilities.

Good things:

- Mike Riggan; has been very good. He has a discussional and consensus approach.
- Glad see Dr. Adams here; look forward to her leadership.
- Less rigid approach to nurses' working hours.
- We deliver 1/4 million doses of medicine a year; pharmacy continues to improve.
- The lab has been upgraded.
- Good relationship with National Commission on Correctional Health Care.
- New Treatment Services manager who will unify our approach to mental health treatment.
- Lory Humbert is outstanding.
- There are some very good Qs here though some are not so good.
- You being here listening to us.

Other Issues/Concerns:

- Contracted physicians don't have access to JJIS so we don't see the history and past behavioral issues with the kids. The way it is set up now it can feel isolating as a contracted physician and would appreciate a more collaborative process in place between OYA staff and contracted physicians.
- Seems like we are getting many more lower functioning kids with psychosis and other complex issues that require individual treatment/attention. Frustrated that we cannot deal with them properly. I also hear comments such as we are a correctional facility not a mental hospital. While this is true that we are a correctional facility, we are getting many youth with mental health

issues and need to address these issues properly in order for them to have the best chance at success when released back into the community. Otherwise, we are doing the community a disservice.

- Disconnect between the program office and myself; unclear about chain of command.
- Understaffed, too much overtime, staff are burned out.
- There is no planning time built in for MDs and psychologists.
- The parole officers have very little contact with psychologists/psychiatrists. They don't have access to treatment notes. How could they know the needs of the youth?
- Many kids have A & D issues but can appear to have mental health issues. It takes a while to work through their issues and do the correct diagnosis.
- The gangs are really using their power in cottages. They coach other kids and tell them how to describe symptoms to get particular meds.
- Better communication and awareness around release date will help with appropriate prescriptions considering factors such as affordability of medication after release.
- I only have time to prescribe medication and identify needs. I used to provide training and other value added services.
- Don't put all DOC kids in one category. Some can really benefit from our programs and can help us with our work; some others should be moved to DOC. You see some of the OYA kids go after the DOC kids because they know they can get them in trouble and sent to DOC.
- From an intake perspective you should create a better system to have the youth record and diagnostic history, what kind of treatment they have had, etc. prior to the assessment by the physician. There is a 2-3 week lag time (which is needed) between the time the youth comes in and the time they are seen by a physician for a mental health assessment. This is plenty of time to have the complete background ready for the physician and yet this is not happening.
- MacLaren by and large is a good place but I hear that some staff swear at the youth. These are impressionable kids. Disrespectful and abusive staff should be dealt with.
- Some of the gang kids have no remorse and not open to treatment.

- Some of the DOC kids don't belong in prison. One size does not fit all.
- Need more psychiatrists; seeing 30 kids a day is like being on a treadmill.
- This place has changed tremendously over the past 30 years. We have more gangs and criminals and have seen a tremendous surge in mental health issues over the past five years. Twenty years ago we had ten kids on psychotropic medications; today we have 140. Our medicine bill was \$200 a month, now it is \$90,000.
- This is becoming an adolescent mental health hospital. That is partly because of fewer programs in the state for serious adolescent mental health problems. Some of our physicians and doctors are amongst the best in the nation. Also because we have good security at MacLaren, mental health kids are sent here from other facilities.
- Centralization of authority without communication hurts morale and removes individual ownership from programs.
- Rigid, one size fits all policy development. You can't expect Burns to operate like McLaren.
- Communication is a big issue. Would be nice if central office said, "We are creating this policy that impacts you; would you like to look at it?"
- More gang violence and injuries. We've been slowed down since more physician and nurse time is spent dealing with these. We need more infirmary space and 24 /7 coverage.
- We need a nursing supervisor to coordinate nursing issues centrally OYA-wide.
- We have a different goal and clientele mission than DOC; don't mix them.
- Some of the DOC kids should not be sent to DOC.
- The majority of the Qs time is spent in crisis management. If you can get ahead of that curve, you can substantially reduce wasted time.
- We need medication administration aides. Medication administration should be done by medical staff not GLCs. We are putting the nurses' licenses at risk by doing this.
- When you hire people with no credentials, insecurity develops; then rigidity; and then a shift toward politics. What looks good politically becomes more important than what is right; then retaliation against those who stand up.

- Health services structure in OYA is not conducive to achieving desired goals and outcomes. In many organizations health services, including nursing, is usually structured under one umbrella. Nursing staff reports to a nursing director as part of Health Services and the Health Services Section reports to the Medical Director. This is the way things are structured in DOC as well. There is no forum in OYA to get medical issues changed or improved.
- Physical health in OYA has taken a back seat to behavioral health. The assumption has been that behavioral health has a direct impact on recidivism while physical health does not.
- Cost of care in some facilities is driven by budget. We may not send a youth for root canal because of budget issues. This can cause huge liability down the road; medical decisions should be made by medical personnel.