



Fariborz gave a background of why he called this meeting. All but one person was able to read the email and questions ahead of time. He asked what everyone felt about it.

Questions from QMHPs:

- Do you really want to know?
- Why? What is the purpose? What's driving it?

Fariborz explained that he has been at the OYA for 2 months. Everyone he has met has the main purpose of serving youth, although he has noticed a disconnect between the Central Office and what happens within the facilities, with parole/probation staff, etc. The role of leadership is to set clear expectations. He is not coming here to tell people how to do their work. He will be meeting with various groups and individuals. He wants to know why that disconnect exists and how to bridge it? He *is* interested in finding out how everyone feels.

Fariborz next asked whether these are the right questions to ask? Are there questions missing? The consensus was to move ahead and other questions may develop throughout the conversation.

Responses to the questions:

The direction is still in its infancy. CBT is a good example. It was discovered that it's just rehashing the same material over and over, and in doing so they are losing good people. In the past, there was not good direction. Criteria changed when the legislature wanted to change to evidence-based practices. There is only one treatment program that has been researched for young people ART—all other treatment programs have been for adults. There was also an attempt to have line staff "teach" (running groups, etc.)—this has been an area that has been really great for youth and workers. This is a positive change that the expectation is that everyone is doing this—it was a good effort. Another thing is when getting into curriculum based programs, you lose the individuality—the youth learn what to say and do in order to pass, but they don't actually internalize the information. It was explained that there used to be more conversations with youth to find out what got them to the place they're in now, instead of what happens now of ignoring the past and telling them what they should or shouldn't do. The current treatment is more psycho-educational, and does not delve into the past to find out the root of the problems.

This group has never really had a voice in the past. One explained how as trying to use CBT, they were told by Central Office that they must use curriculum-based treatment because it reduces recidivism.

A newer person, when first started job, asked what was working and not working. CBT worked well for the GLC's. However, there was a disconnect between what CBT really is and a manual approach. Staff seem to take a black and white view of this. Staff were unhappy that they are now unable to review the youth's history because they would be "bringing up the past." However, it is standard practice in A&D and SO work to

bring up the past to work through it—but now that has been lost. CBT doesn't allow for individual differences between the youth. Sometimes kids cannot go directly into a treatment group if their thoughts are so instilled in the past. They need to be able to do emotional processing.

The curriculums make it easy to “count and measure” and take to the legislature. They are also good for line staff, but were not designed for professionals to use. It makes the professionals be stuck, you are unable to work with youth individually. What is the real goal? Mental health? Or recidivism?

Fariborz asked what programs might work better than what they're using?

It was agreed that ART seems to be the best, a very good entry-level group; although there have also been problems with it also. It is a good group for younger youth—middle school age. Older youth don't get much from it. COB is torturous for older youth—20-25 year olds. Creativity, as clinicians and counselors, has been pigeon holed. Seems that a piece is missing in order to get to the heart of the matter. The youth are saying that it's “not what it used to be.”

Consequences—immediate consequences—are unclear. Line staff seem to be afraid of this, and therefore don't do anything. You need to look for positives and negatives.

Paperwork that comes along with evidence-based treatment is a big thing.

Several years ago, GLCs running groups are sometimes 5 minutes long. It seemed to be a big joke to everyone, “gotta do our skill cards,” “gotta do our groups.” A lot of resistance that ending up hurting what they wanted to do. Currently, the skill of GLCs is getting better as there is a clearer expectation. All the GLCs who tried and did a good job with this, ended up being promoted.

There is a big disconnect between treatment and corrections orientation. Newer staff are treatment oriented, easily shaped and open to learning; although there are still a lot of GLC staff who feel that there is only treatment or corrections. There should be a crossover between treatment and corrections, but there is not.

A lot of staff have been lost over the past three years. Either to parole/probation or other agencies. Some reasons were the desire of more “normal” hours, administration, etc.

It was agreed that CYT is not effective for youth, although now everyone is going to be expected to use it. It's a pabulum approach—the skill cards are way too basic, they seem to insult to the youth's intelligence.

The CPC audit process: feels that they are held to those standards and get “dinged” for things that they have no control over. There have been attempts to talk about this in meetings—how to make it work, frustrations are different for staff because they all have different youth (i.e., violent offenders vs. special needs). The material is set up so that everyone must go through the same information with all youth. CPC comes up 3-4 months before the process; it's like studying for the task. It becomes a competition between the units as to who has the highest score—not what's best for the kids or what's the best treatment.

The only program that was ineffective was because they were “too honest.” They were being reviewed by people who had never worked on a unit before. A mix-match of youth in a unit causes a lower score; yet unit placements are out of the unit leadership team’s control. If you are honest about your population and you run the group with the people available you get dinged.

It was voiced that, if CPC is used correctly, it gives good feedback. However, population management with mixing youth with different problems causes many problems. If the scoring were taken away, and everyone was just honest about the results, would be much more helpful for the agency. You cannot put a 23-year-old through a treatment that he has already taken three times, and is designed for a much younger youth. Some youth have been here for years, and have already attended all the various treatment programs. Credit is only given for curriculum that is used. With regard to the effectiveness, would the youth agree? Everyone agreed that they would, but they would be harsher. They are brutally honest that the groups are not doing much good, and that they are only there because they have to be. The youth would like to get to the reason why they got to the place where they were with, for example, a major drug addiction. The QMHPs don’t have an avenue to be able to help them. There is currently no treatment within OYA that addresses victim empathy, although it is a question when a youth is screened for Second Look.

Evidence-based and research-based are used because they are measurable. Psycho-behavioral (psychodynamic) tools are difficult to measure. What is really being looked at? Recidivism. They are other tools that can be used to get to the ultimate outcome, but are not allowed to be used.

The big SB 267 push changed the dynamics of OYA and got people thinking about treatment in another way other than just the corrections thought process.

It would have been better to have more training before they were required to just jump in. As QMHPs, they should have been more involved in setting up the treatments; they were involved a little bit, but then their ideas were not included. In those meetings, when ideas were brought up, they were told that it was a good idea, but not the direction the Program Office wanted to go in. The youth are of the mindset that they will do what they have to do to get the certificate, but they end up not being any less of a risk when they go back into the community. The youth feel that once they’ve gone through the treatment, they’re done—although the QMHPs agreed that even though they finish training, they haven’t been “cured.” Many times, parole officers ask for the youth to be pushed quickly through treatment so they can be released.

Youth must be in groups to receive their treatment. Because there is an open bed in a cottage, a youth is oftentimes put in that cottage just because there is a bed, although they don’t fit into that particular group. This makes it harder to run the groups because now the youth that are living together are all so different.

Common amongst all QMHPs, TM and UC that the paperwork takes such a long time. Agency isn’t concerned about the substance, just as long as boxes are checked. Erin is a new supervisor and is actually checking the case plans, which has never been done in the past. There is no consistency on where all the paperwork goes; JJIS is cumbersome; none of the paperwork/computer work is easy to use. They get rated on the number of forms they fill out. Their jobs are about working with youth; however, if they don’t fill out the paperwork instantly, they get dinged. In addition, if they don’t see youth on the same day each week, they also get dinged. They are also supposed to document every single youth they talk to; they see them everyday, several times a day and it would take more time to document each and every time you talk and take away from the time you should be spending with them.

The group doesn’t feel that their expertise is recognized by the OYA. They are paid to be professionals and their expertise, but often get challenged by the judgments they make and are resented by staff. One person shared that the biggest decision she made over the past two days was whether

a unit could have extra safety blankets! A person whose expertise is in SO was moved to CIU—each Q has their own specialty, but they moved to areas outside of their expertise due to “numbers,” as well as contract issues.

Morale among the Qs:

Two years ago, not high, but has changed recently. He now feels supported. Due to a pilot program that he is now involved in—one that addresses empathy, etc.

Came back a few years after leaving OYA. Then was moved to a program that did not draw from his expertise, became uncertain as to whether he should have come back. Morale is getting better, in part due to Erin.

Morale is getting better because there are now leaders. Still a morale issue because downtown says one thing, but they are expected to do something else.

Morale is getting better because they have a supervisor, and there’s a superintendent.

When treatment was first implemented, he had never worked with a group. Whole units were trained together (a “traveling unit” came and filled in so everyone could train together). This was the most effective thing he’s seen, although training is no longer done in this manner—staff are now sent one at a time. One person cannot get the entire unit motivated to start new skills that the rest of the unit have not been trained in.

It is a frustration as to who is chosen to be trained. The Qs would have to advocate for GLCs to be sent to training. Oftentimes staff are sent to training who will never use it—they go “just to learn about it.” Treatment managers are not always involved in doing groups. Some do; many don’t. There is a struggle between TMs and Qs and the responsibilities of each—Qs are not managers, but are oftentimes put in a managerial role. Staff wants to be trained—to attend the same training that the managers and Qs go to, not just to be trained by someone else who did take the training.

Youth have been assigned reading as part of their treatment, but then they get punished for not participating in group.

The biggest improvement is having a supervisor and superintendent—there was a time when the Qs were not allowed to meet as a group.

There is a synchronicity now in place to go to the next level. He is optimistic for the agency.

Faribroz asked everyone to send in their written answers to the questions if they chose to do so. He went on to ask how do we move forward from here—two or three things to make the situation better.

Everyone in Central Office should work in a facility for 90 days.

When it’s time to look at the treatment modalities, those who have the expertise in the appropriate areas should be making the decisions.

A different approach to population management—not moving kids to unit that are not appropriate to be in. A unit with 16 year olds and younger who have behavior issues, he has 19 year old untreated sex offenders placed in with his other youth. Therefore, he doesn’t really know the population he is currently supposed to have.

Whenever possible, the freedom to use staff strengths and creativity in treatment for youth (*i.e.*, cooking, athletics, etc.). It would be refreshing to be able to do some of these other things, and would also help morale.

The Qs need agency direction with regard to bridging the gap between corrections and treatment.

It was noted that this group needs to honor the diversity within their group. Each person is important; whether it's a grumpy GLC or someone else, it doesn't matter, everyone has their strengths.

Fariborz closed that we can't focus on a specific person, but we need to focus on the behavior that we expect to be modeled in this agency. The Central Office has the same goals as everyone else—for the youth to succeed. He agrees that everyone needs to come together to find solutions. This is a culture change process. He is trying to bring everyone together to work toward a common goal.