ASTOR

SERVICES FOR CHILDREN & FAMILIES

...Because every child deserves a childhood.

Annual Report to the Board of Directors
July 1, 2008 - June 30, 2009

Mission

To provide behavioral and educational services in a caring environment where children and their families find strength, healing, hope and trust.

Vision

To see children meet life's challenges, pursue their dreams and reach their full potential.

...Because every child deserves a childhood.

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EXECUTIVE SUMMARY

It has been said that "surprise is the greatest gift that life can grant us." That is not what most of us were thinking when we faced the beginning of a meltdown in the world economy in September 2008. Astor was just a few months into our fiscal year, and like every organization, business and family, we had to quickly regroup and modify our plans to reflect the sea of change going on around us.

There were so many unknowns, especially with respect to our primary sources of funding (i.e. government budgets). But, as we look back over the past several months, I am proud to say that we all came together and not only withstood the challenges, but built an even more solid foundation on which the Agency can grow.

In addition to weathering the short-term fiscal storm, we have been able to put in place a series of plans and initiatives that bode well for our future; especially for those children and families who rely so heavily on our services. The Astor staff at all levels, our dedicated Board members and all our friends and supporters of Astor deserve a great deal of thanks and credit.

Here are just some of the important accomplishments of this past fiscal year.

Joint Commission Accreditation. Astor was officially re-accredited by The Joint Commission in April 2009. The three surveyors repeatedly remarked on the quality of programming and staff, Astor's core values being reflected in practice, and the professionalism of all involved. Additionally, the knowledge of program staff regarding clients was cited as being a clear strength across the Agency.

Re-Branding. To reflect the scope of our services, in 2009 the Agency's name changed to *Astor Services for Children & Families*. Along with the name change, new communication materials and a new logo were created. We are excited about the refreshment of our image and the opportunity to enhance Astor's presence among all of our audiences.

2009 – 2012 Strategic Plan. Collaboration and input from a variety of our stakeholders – including staff, consumers and Board members – resulted in a dynamic plan for the future. The Strategic Plan is a living, breathing document that will guide us as we face the ongoing challenges.

New Mission and Vision. The strategic planning process also offered an opportunity to take a fresh look at our mission and vision statements. The updates include input from across the Agency and better reflect how we have evolved to serve our constituencies.

Board Commitment. The Board structure continues to serve the Agency well. Committees have been working diligently to help us with both short and long term challenges and opportunities. Board members have gone above and beyond by giving their time and talent to special committees that are looking into specific Agency needs. For example, the Bronx Task Force is developing a strategic plan for our New York City programs, and the Facilities Task Force is looking into the all-important issue of growth and maintenance across our many sites. Finally, we all appreciate the involvement of Board members in supporting the Agency financially. We know that we ask a lot of them and they continue to deliver.

Lean/Six Sigma. In Fiscal Year 2007/08, we announced the beginning of an important effort to improve the efficiencies and productivity of the Agency utilizing a management approach developed by Toyota and made famous by Jack Welch during his tenure as CEO of General Electric. This past year, Lean/Six Sigma processes included successful introduction into the hiring system and preparation for the implementation of electronic health records. Astor's senior staff presented a case study on Lean/Six Sigma at The Joint Commission's Annual Behavioral Health Care Conference.

"Throughout these challenging times, our high-quality services remain a constant."

Jim McGuirk, Executive Director/CEO
Astor Services for Children & Families

Working together, these are a handful of the many successes we have achieved this past year. We have another challenging year ahead of us. Changes in the health care system nationally and in New York State will keep us on our toes. The ongoing economic situation will bring even greater stress to our consumers. But if recent history teaches us anything, it is that we can handle any new surprises that may arise. Throughout these challenging times, our high-quality services remain a constant.

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CONTRIBUTIONS TO THE PROFESSION AND THE COMMUNITY BY ASTOR EMPLOYEES, 2008-2009*

Boyer, S., Hallion, L., Hammell, C., & Button, S. (2009). Trauma as a predictive indicator of clinical outcome in residential treatment. Residential Treatment for Children & Youth, 26(2), 92-104.

Button, S. (2008, October). Engaging families using strengths and collaboration. Training presented at the Coordinated Council for Children in Crisis, New Haven, CT.

Button, S. & Doherty, S. (2009, June). Trauma-informed care and strength-based, collaborative treatment. Workshop presented to the Dutchess County Mental Health Association CASA Program, Poughkeepsie, NY.

Button, S. & Hallion, L. (2009). Data are not mysterious: Understanding, applying, and conducting psychotherapy outcomes studies. In A. A. Drewes (Ed.), Blending play therapy and cognitive behavioral therapy (pp. 71-96). New York: John Wiley & Sons.

Cristantiello, S. (2008). Diamonds in the rough: A strengths-based approach to healing children and families. In D. Crenshaw (Ed.), Child & adolescent psychotherapy: Wounded spirits & healing paths (pp. 63-77) Jason Aronson/Rowman & Littlefield Publishers.

Cusi, A., Abramovitz, R., Carroll, S., Dino, M., & Gould, B. (2008, July). Cross systems trauma treatment: How a joint mental health-foster care project is changing the way clinicians and caseworkers think and practice. Workshop presented at Manhattan Child and Adolescent Services Committee Conference, New York, NY.

Drewes, A.A. (2009). Play therapy. In A. Yasik, B. Mowder, & F. Rubinson (Eds.), Evidence-based practice in infant and early childhood psychology (pp. 289-307). New York: John Wiley & Sons.

Drewes, A.A. (2009, June). Therapeutic play with children after natural and man-made disasters. Training presented at the State University of New York at New Paltz.

Drewes, A.A. (2009, May). School-based play therapy, Training presented at Long Island University, CW Post, Brookville, NY.

Drewes, A.A. (2009, April). Cultural issues in play therapy.Training presented at "Play Therapy Days," annual training at the Fordham University Graduate School of Social Services, New York, NY.

Drewes, A.A. (2009, March). Play Therapy 101. Play therapy techniques for working with angry and aggressive children. Training presented at Pace University/New York Association for Play Therapy/the School and Clinical Divisions of the New York State Psychological Association, New York, NY.

Drewes, A.A. (2009, February). Working with children in the aftermath of trauma. Training presented to the Orange County Department of Mental Health, Disaster Response Unit, Goshen, NY.

Drewes, A.A. (2008). Bobo Revisited: What the research says. International Journal of Play Therapy, 17(1), 52-65.

Drewes, A.A. (2008). Working with Asian families in theraplay: Understanding cultural differences. British Journal of Play Therapy, 4, 45-50.

Drewes, A.A. (Ed.) (2008). Blending play therapy with cognitive behavioral therapy. Evidence-based and other effective treatments and techniques. New York: John Wiley & Sons.

Drewes, A.A. (2008). Cultural considerations of play. In K. Stagnitti & R. Cooper, (Eds.), Play as therapy (pp. 159-173). United Kingdom: Jessica Kingsley.

Drewes, A.A. (2008). Culturally competent supervision of child and play therapists. In A.A. Drewes & J.A. Mullen (Eds.), Supervision can be playful. Techniques for child and play therapy supervisors (pp. 77-90). New York: Jason Aronson, Rowman & Littlefield.

Drewes, A.A. (2008). Applying play therapy in schools. In R.W. Christner & R.B. Mennuti (Eds.), School-based mental health. A practitioner's guide to comparative practices (pp.301-326). NY: Routledge Publishing (Taylor & Francis Group).

Drewes, A.A. (2008, October). If ever we needed play therapy it is now. Play therapy techniques across the ages. School-based play therapy. Workshops presented at the International Congress of the Mexican Association for Play Therapy, Chalula, Pueblo, Mexico.

"In addition to providing state of the art evidence-based treatments, Astor staff are actively engaged in advancing the quality of children's mental health treatment by disseminating knowledge in areas ranging from the treatment of trauma to culturally competent treatment and from clinical supervision to improving organizational efficiency."

Alice Linder, M.D., Medical Director

Drewes, A. A. (2008, August). Integrating play-based interventions with cognitive-behavioral therapy and evidence-based treatments. Panel workshop presented at the American Psychological Association Annual Meeting, Boston, MA.

Drewes, A., Stewart, A., & Hallion, L. (2008, August). Effectively blending play-based techniques with cognitive behavioral child sexual abuse treatment. Panel workshop presented at the American Psychological Association Annual Meeting, Boston, MA.

Drewes, A.A. & Mullen, J.A. (Eds.) (2008) Supervision can be playful! Techniques for child and play therapy supervisors. New York: Jason Aronson/Rowman and Littlefield.

Drewes, A., Schaefer, C., D'Allessio, M. (2008, October). Playfulness: playing from the inside out! Workshop presented at the 25th Annual International Play Therapy Conference of The Association for Play Therapy, Dallas, TX.

Drewes A., Stewart, A., Bratton, S., Benedict, H., & Munns, E. (2008, October). Excellence in supervision and training: Actively exploring Positive Ethics. Panel presented at the International Play Therapy Conference, The Association for Play Therapy, New York, NY.

Gibson, K. (2008, September). Through the eyes of survivors: A qualitative exploration of the San Diego Family Justice Center. Poster presented at the Institute for Violence, Abuse and Trauma's (IVAT) 13th International Conference on Violence, Abuse and Trauma, San Diego, CA.

Gibson, K. (2009, January). Through the eyes of survivors: A qualitative exploration of the San Diego Family Justice Center. Workshop presented at the Rady Children's Hospital Chadwick Center for Children and Families' 23rd Annual San Diego International Conference on Child and Family Maltreatment, San Diego, CA.

Gibson, K. (2009, April). Survey says: What we've learned About FJCs through evaluation & listening to survivors. Workshop presented at the 9th International Family Justice Center Conference, Anaheim, CA.

Helme, J., Cusi, A., Rosado, J., & Codrington, J. (2008, November). A grass roots approach to building a collaborative and culturally sensitive mental health agency in the Bronx. Panel presented at the Lehman College 25th Anniversary Conference on Urban Social Work, Bronx, NY.

Moss, B. & Button, S. (2008, July). The concrete use of strengths and trauma histories in trauma-informed care. Workshop presented at CMHS' National Center for Trauma-Informed Care Annual "Dare to Transform" Conference, Washington, DC.

Norcross, J.C. & Drewes, A.A. (2009). Self-care for child therapists: Leaving it at the office. In A.A. Drewes (Ed.), Blending play therapy with cognitive behavioral therapy. Evidence-based and other effective treatments and techniques (pp. 473-493). New York: John Wiley & Sons.

Schaefer, C. E. & Drewes, A.A. (2009). The therapeutic powers of play and play therapy. In A. A. Drewes (Ed.), Blending play therapy with cognitive behavioral therapy. Evidence-based and other effective treatments and techniques (pp. 3-16). New York: John Wiley & Sons.

Strocchia-Rivera, L. & Goldfarb, C. (2008, July). Postpartum depression. Seminar presented to Hudson Valley Mental Health, Inc., Poughkeepsie, NY.

Tsoubris, K. & Weisberg, M. (2008, December). Six Sigma/Lean Thinking. Workshop presented at The Joint Commission Annual Conference on Behavioral Health Care, Chicago, Illinois.

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*Blue font indicates Astor employee presenting or publishing.

AGENCY-WIDE HIGHLIGHTS 2008-2009

EPOCRATES

Epocrates, a web-based software that allows our psychiatric staff to look at up-to-the-minute medication information, including indications, dosage information and drug interaction information, was previewed and purchased in June. Smart-phones were purchased for psychiatric staff and Epocrates was installed on each staff member's Smart-phone. Phones are being deployed at present. The final step in implementation was the desk-top installation of the software which occurred in the fall.

ARTICLE 31 CLINIC

Agency-wide, our Article 31 Clinics have launched a program improvement initiative required by the NYS Office of Mental Health. The clinics will use physician and patient education, Medicaid prescription data (provided by NYS OMH), and practice changes to reduce cardiometabolic risk in children receiving atypical antipsychotic medication for off-label use.

FACILITIES SUB-COMMITTEE

Facilities Sub-Committee was formed (Board and staff members) and tasked with developing a budget for facilities maintenance as well as prioritizing needed repairs/improvements for all Astor's buildings and grounds.

STRATEGIC PLAN

Astor's FY 2009 – 2012 Strategic Plan was completed and approved by the Board.

Meeting Our Vision...

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Home for Children
Residential Services

PROGRAM HIGHLIGHTS 2008-2009

The Residential Treatment Facility hired its first full-time Residential Family Advocate in August. The Advocate works with families to facilitate collaborative treatment planning and implementation from admission to discharge and beyond.

Our Therapeutic Foster Boarding Home Programs reached new heights in utilization, reflecting a break-through in use by the Dutchess Department of Social Services. By the end of October, TFBH census indicates 42 clients, about 50% higher than historical census levels in this program. Since June, there have been 17 admissions from Dutchess DSS and previously there were no Dutchess DSS placements. The Program Director worked with Dutchess County to improve TFBH's responsiveness to regional needs for flexibility and speed of admissions which likely has resulted in the improved utilization rates.

Our Non-Secure Detention Programs were informed that Orange County (the program's second largest contract for services after Dutchess County) is concerned about the cost of NSD services and has requested a meeting with program leadership. This meeting will happen in the new year, but is part of an ongoing, statewide effort to reduce the use of detention beds.

"When we reflect on why things work for a few students, we can begin to formulate a stance toward *all* students, a stance based on our commitment to respect the depth of their potential and the dignity of their person."
Robert Fried

ASTOR Early Childhood Programs

SERVICES FOR CHILDREN & FAMILIES

PROGRAM HIGHLIGHTS 2008-2009

Astor views parents as primary educators of their children and we encourage their involvement in every aspect of the Early Head Start and Head Start Programs; from volunteering in classrooms and offices, to riding the bus to setting policy. Astor's Early Childhood Programs know that the program is only as effective as the parent involvement. Astor's parent involvement opportunities also include parenting classes which are offered at each of our sites.

Head Start playgrounds were resurfaced at three sites in September. The resurfacing material is state of the art, providing an aesthetically-pleasing, solid surface with fall protection for the children. Its presence decreases risks associated with ingestion of playground surface material and falls, and increases handicap accessibility. The Delafield Street and Mount Alvernia playgrounds were resurfaced using a Federal Head Start Health and Safety Grant, while the Wingdale site resurfacing was funded with a $15,000, 2007 Legislative Grant sponsored by State Senator Vincent Leibell.

Regional collaborations with local school districts continue to provide universal pre-kindergarten services to four-year olds. Universal Pre-K is a movement to provide quality preschool to all four-year olds regardless of income. It is a state-funded program as opposed to a federally-funded program like HS and EHS. We currently have contracts with school districts in Webutuck, Poughkeepsie, Beacon and Dover. These contracts represent over $214,000 in increased revenue for Astor and entail the provision of enhanced pre-kindergarten services for over 80 children.

"This time of economic instability has been an opportunity to rediscover and appreciate the depth of commitment our staff have for the children and families we serve."

Mary Sontheimer
Assistant Executive Director
Early Childhood Programs

The Salt Point Early Childhood Center was closed at the end of June in response to termination of its lease and the challenges of finding available, affordable space. Two of the Salt Point HS classrooms were consolidated into the Delafield Street Center. Space was available after being vacated by Rehab, Inc. One vacated classroom was consolidated into the Mount Alvernia Center.

Early Childhood Program Stats	HS	EHS
Total # Children Served*	462	189
Total # Families Served	435	157
% of Children Completing Medical Exams	100	97.21
% of Children Completing Dental Exams	92	N/A
Average monthly enrollment	418	135
Percent of capacity*	100	100
*Based on 2009 Federal Program Information Report		

PROGRAM HIGHLIGHTS 2008-2009

In December, 22 professional staff participated in a two-week, evidence-based training on how to treat youth who have caused sexual harm. The programs have begun to implement a resulting shift in treatment approaches (from group and individual therapy to family and systemic work), and are developing the recommended health curriculum for these children. Dr. Tsoubris is exploring the possibility of partnering with medical professionals in the community to develop this health curriculum. An outside consultant continues to work with participant staff as they use the training in their practice and as they develop the curriculum.

"In tough economic times when the need for services becomes greater but no one is immune from the downturn, my staff worked hard to reduce our expenses while maintaining our core services at a level that provides effective and timely intervention to children and families in our community."

Konstantinos "Gus" Tsoubris
Assistant Executive Director
Hudson Valley Community-Based Behavioral Health and Prevention Services

Through a leaning and restructuring of administrative responsibilities, staff attrition and increased reliance on information technology, the community-based programs eliminated a total of 3.6 FTE's of administrative support during the reporting period.

A new program, Bridges 2 Health, was implemented this year. Bridges 2 Health is a program for children in foster care with complex medical, developmental or mental health conditions. Services begin while a child is in foster care and continue after the child leaves care. The goal is to support the family's situation and respond appropriately to their needs.

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Bronx Community-Based Behavioral Health and Prevention Services

PROGRAM HIGHLIGHTS 2008-2009

A new roof was installed on the Lawrence F. Hickey Center for Child Development in August 2008. Timberline Natural Shadow architectural shingles were used; they have a projected 30-year life. The old shingles were completely removed and the bare roof was fully inspected. No repairs were necessary.

The initial phase of the "Jean Hickey Speedway," a tricycle path for the Lawrence F. Hickey Center children, was completed during the last week of August 2008. The official dedication of the bike path was in November 2008. The children are enjoying the course on their new tricycles. They are also wearing new bike helmets to ensure their safety. Both the tricycles and the helmets were donated by Larry and Melinda Weisberg.

"This year we focused on a Clinic Plus Implementation with great success.....staff did a great job informing parents about these new services through letters, brochures and participation in Parent Association meetings that were held in schools, Head Start Programs and day care centers."

Joan DiBlasi
Assistant Executive Director
Bronx Community-Based Behavioral Health and Prevention Services

The Bronx Strategy Task Force Committee was formed, and consisted of Board and staff members. This time-limited Committee will work on creating a document that outlines the core mission for Astor's work in the Bronx. The document will detail types of services we want to provide, the target populations and the additional communities we will serve. Opportunities for financial, partnerships, as well as geographic expansions will be explored.

Meeting Our Vision...

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PERFORMANCE IMPROVEMENT INITIATIVES 2008-2009

Our ongoing quest for service excellence includes a five-step program improvement process known as "FADIE." The FADIE Process entails the following steps:

Focus on and identify an area for improvement;
Analyze relevant data;
Develop a plan for improvement;
Implement the improvement plan;
Evaluate whether or not the improvement goal is attained.

During the past year, FADIE's were used to focus on improving aspects of direct-service delivery. Each FADIE involved program leadership and staff and was reported to and analyzed by the Program Quality Assessment and Improvement Committee. Progress was also monitored by the Agency's Central Quality Assessment and Improvement Committee and reported to the Performance Oversight and Monitoring Committee of the Board.

RESIDENTIAL PROGRAMS

Crisis Prevention and Restraint Reduction – ALC/RTF/RTC/HTP
This FADIE was organized in December 2008 in response to an increase in holds during the past year, after a steady decline during the previous five years. The team consists of program leaders and crisis prevention specialists who focus on all aspects of the program's efforts to prevent crises and the need for holds, and on the management of holds and crises when they occur. The primary goal is to make sure that "best practices" are consistently implemented, to minimize unnecessary environmental and programmatic setting conditions and to assure a staff highly proficient in all aspects of crisis prevention, intervention and de-escalation. In particular, the team has been focusing on responses to violent behavior, processes and strategies for meeting the needs of residents who are not responding to the program, the impact of setting conditions as precipitating factors in crises and defining standards and implementation plans for staff training and supervision. The FADIE team has begun the Implementation and Evaluation phases of the project. It is hoped that continued efforts will improve practices and strategies where needed, while validating and reinforcing procedures that are effective.

Childcare Staff Recruitment and Retention – RTF/RTC/HTP
The Residential Programs continue to pursue the Childcare Retention/Recruitment F.A.D.I.E. Turnover of full-time childcare positions was 23% at the end of the 2008-2009 fiscal year. This was a slight improvement compared to a turnover of 33% at the end of 2007-2008. Currently, eight full-time vacancies exist, which is a 14% vacancy factor (compared to 18% last year). A stability factor was computed and analyzed recently which reflects a stability of 75% in the childcare positions. Over 50% of these people have been employed in their positions for two years or more, including 32% with five years or more at Astor. Most recently, the Residential Program planned to re-visit the "Evaluation" phase of the FADIE to assess the elements of the plan that have worked and to address those that have not.

Medication Errors -- Non-Secure Detention Program (NSD)

The NSD has been vigilant in focusing their improvement efforts on reducing medication errors. In October 2007, the program commenced a F.A.D.I.E. to heighten staff awareness regarding the importance of accurate self-administration of medication and to reduce the number and severity of medication errors. The plan targets cases where youth run out of medication, cases where errors in documentation lead to medication errors and cases where staff inattention results in errors. The process of supervising self-administration is now more systematic and involves heightened oversight. In an effort to reduce documentation errors, a Medication Discharge Instruction Sheet and a Pill Count Form for admissions have been developed. In addition, a Shift Checklist that addresses medication administration was created for daily completion. Since the inception of the F.A.D.I.E., new staff continue to receive training in monitoring the self-administration of medication. Program staff have noticed heightened vigilance and realize that a focus of the F.A.D.I.E. must include ensuring that this vigilance does not diminish. There have been few medication errors or omissions during the past fiscal year. Some of the errors that occurred were a result of staff oversight during mealtimes or happened in the course of a youth's admission to the program (intake process). House Managers continue to remind staff to be very vigilant in terms of the admission medication protocols and the "mealtime/medication time plan" in order to avoid similar future errors. The newest strategies involve reminders such as alarm clocks set for the most common self-administration times and whiteboards posted in each of the houses that list the times for medication. This ongoing improvement initiative will require persistent effort and attention and the program continues to brainstorm and implement new protocols to guard against errors.

"Quality is never an accident; it is always the result of high intention, sincere effort, intelligent direction and skillful execution; it represents the wise choice of many alternatives."

William A. Foster

Children's Wellness – Residential Treatment Facilities/Residential Treatment Center/Hard to Place

The Residential Programs continue their efforts to improve care in areas of service delivery regarding nutrition and healthful physical activity. After several attempts over the past few years to define standards for children's nutrition and physical activity/exercise, a rapid increase in obesity among children and adolescents in the United States and the media attention to this issue motivated staff and revitalized their efforts towards improving standards in the Residence. The program initiated a Wellness FADIE in May 2008 and has worked collaboratively to strengthen exercise and nutrition programs for our residents. The committee has most recently finalized the plan which includes protocols for serving meals, the consistency of daily activity, identifying acceptable amounts of "screen time" and establishing guidelines for providing food and snacks for children outside the approved menu. A standing committee was established, including representatives of various departments/disciplines in order to sustain attention to these important issues and to monitor implementation of the plan. In the coming year, recommendations will be made to the Program QA Committee on how best to evaluate the effectiveness of the plan and its implementation.

EARLY CHILDHOOD PROGRAMS

Holds Reduction – Bronx Little Red Schoolhouse (LRS) and Astor Preschool Day Treatment (PSDT)
A review of aggregate data on physical holds revealed a repeated pattern (for two years running) of peaks in holds in both Early Childhood Day Treatment Programs. These peaks occurred in May and June of 2007. Through conference calls, the two programs shared their analysis of the reasons for these peaks (these are times of transition in and out of program, into new classrooms and for teachers and assistants) and brainstormed methods for helping children cope more effectively with these transitions. In June 2008, neither program had holds. The group conferenced again in September 2008 to evaluate the effectiveness of this F.A.D.I.E. PSDT had zero physical holds during the 2008 Fall transition and LRS experienced a transitional increase in the number of holds that Fall. During yet another conference in May 2009, the programs readdressed reasons for holds and strategies to prevent them. PSDT maintained a level of zero physical holds during this past fiscal year. The program attributes their success to the Inclusion Model, which is made possible by an enriched ratio of four staff in each classroom to provide children with one-on-one attention. Higher numbers of holds have continued in the LRS Program. The Program Director discovered a different challenge last Fall when 18 new children came to the program. The high-functioning children previously used as positive role models were discharged to less restrictive settings and it was many of the new students who were being held. LRS will approach the Summer and Fall 2009 transitions in the following ways: increased training for staff about managing transitions, intensive positive reinforcement, environmental support, regular tracking of behaviors, additional structured activity during peak transition times and implementing activities that are known to help kids during times of stress. The programs will conference again after the Fall 2009 transition.

BRONX COMMUNITY-BASED BEHAVIORAL HEALTH AND PREVENTION SERVICES

Strength-Based Collaborative Approach to Therapy with Children and Families – Tilden OPC
Results from Tilden's first Project Impact Quality Assurance Outcome Study revealed that with regard to the strength items of the CANS-MH, outcomes were negligible with children being assessed with the same degree of strength upon discharge as at admission. The Tilden Outpatient Clinic in the Bronx initiated this improvement process in July 2008 after staff concluded that both ethically and clinically, a balanced approach to therapy was desirable and advisable. The main focus is to integrate patient and family presenting problems with patient/family strengths in order to create treatment whose outcome is equally balanced between alleviating problems and enhancing strengths. The team has been working to integrate highlights of staff trainings, collaborative treatment approaches and cultural sensitivity into a format that is complimentary to the traditional deficit-focused model for treatment. The plan was devised in three phases. Phase I was meant to prepare staff and present key concepts prior to Phase II (the working phase). As part of Phase II, the work involved role playing, structured interviews and group brainstorming on real OPC cases for integration and synthesis of the Collaborative Treatment Model. The team will be moving into Phase III in September 2009 which will include another CANS outcome study to measure the integration of strengths and deficits data. The improvement goal of this F.A.D.I.E has been enthusiastically received by OPC staff and efforts to develop a balanced approach to therapy with children and families will continue as the team refines the focus for Phase III of the project.

The agency also continued its use of the Lean/Six Sigma business process tool as a performance improvement approach for systems of governance, management and support. Lean/Six Sigma performance improvement projects are described in the following section.

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SERVICES FOR CHILDREN & FAMILIES

Lean/Six Sigma
2008-2009

LEAN/SIX SIGMA IN THE HIRING PROCESS

To improve efficiency and performance, health care organizations around the country are focusing on reducing waste, ensuring consistency and enhancing quality within their administrative and care processes. In 2008-09 Astor embraced a Lean/Six Sigma approach to performance improvement and initiated a process improvement project to streamline and improve the organization's hiring process. Astor implemented the Lean/Six Sigma Process in our Human Resources Department early this year by completing "Value Stream" (Current State) Mappings in all program areas and the HR Department itself. The current state mappings were followed by a gathering in Founders Hall (Rhinebeck) where we reviewed the findings, created a future state vision and also participated in a "mini" training on the Ideal Hiring Process with additional time for Q and A. The project has been facilitated by Melinda Weisberg and championed by John Bray. Feedback has been very positive. Astor not only improved the efficiency of its hiring process, but also enhanced communication about Lean Six Sigma throughout the organization. Staff became more familiar with Lean/Six Sigma methodology and the benefits of using such an approach.

What is Lean/Six Sigma?

Lean/Six Sigma is a process improvement methodology that fuses together tools from both Lean Manufacturing and Six Sigma - process improvement tools in their own right which have been successfully used in the manufacturing and service industries for years. This fused methodology helps eliminate waste, increase speed and improve quality of a process or group of processes. Using the best aspects of Lean Manufacturing and Six Sigma methodology offers a balanced approach to realizing better quality faster.

Astor uses an "in house" approach to Lean/Six Sigma tailoring the methodology to meet the organization's specific needs. Through the help of grant money from the New York State Department of Labor, Astor was able to send two of its staff members to train in Lean /Six Sigma. The Agency "black belt" was tasked with introducing and incorporating the methodology throughout the organization as part of the 2009-12 Strategic Plan.

HIRING REVIEW

Astor chose to focus on the hiring process because it has a high agency-wide impact and involves a diverse group of staff. Astor hires a mix of employees including direct care childcare workers, cooks, maintenance personnel, Head Start teachers, home workers, psychologists and many more. Implementing a Lean/Six Sigma approach within the hiring process helped improve the efficiency of the process as well as bring visibility, support and understanding of the system. Ultimately, the work will encourage staff retention.

In Lean the motto is "*the tortoise wins,*" so despite staff-turnover challenges in the HR Department, we are extremely pleased to report that significant progress has been made toward our state "charter": *We will decrease time between the submission of a personnel requisition to Astor's HR Department and the day a new employee arrives for their first day of work. We will increase communication between programs and the HR Department during the process. We will improve the process so that the best person is hired and retained who will serve our families and children with respect and competence.*

Some changes include restructuring the responsibility and process for hiring procedures in our NSD Programs and changes in requirements for signatures on the personnel requisitions that have removed waste and frustration from the system. Metrics have been put in place that will soon provide solid data

on improvements and roadblocks. A new public folder to the Astor Outlook Inbox titled "Hiring Resources" gives employees updated information on new procedures and best practices.

Improvement in the flow and quality of the hiring process continued with the completion of a Needs and Usage Assessment for our job posting/marketing efforts. Based on the results, we have developed a new plan for advertising which includes completion of a new contract with Career Builder that will result in real cost savings and enhanced visibility of not only job openings but the organization in general.

In addition, we implemented an online, pre-screen process that has resulted in a significant decrease in receipt of inappropriate applications. This translates into real time savings for staff in screening and in compliance with EEO Regulations.

Our Human Resources Department fully implemented a new staff training database. The database allows programs to document all staff trainings digitally, thus eliminating the inefficiency of sending sign-in sheets to Rhinebeck for hand entry by HR staff. Additionally, the new database allows leadership to access reports on trainings as needed for audits, regulatory requirements and grant-seeking.

LEAN/SIX SIGMA INITIATIVES

Melinda Weisberg received the highest certificate available (called "Black Belt") in Lean/Six Sigma from Villanova University in September. Ms. Weisberg is working with Agency and program leadership on the following improvement initiatives:

Agency-Wide Waste Reduction Kaizens
The Kaizen ("change for the better") is an intense and focused effort to identify waste, remove inefficiencies and put measures in place to assure consistency and compliance. In an effort to improve the workplace environment for staff and proactively address the current climate which threatens our organization with a reduction in resources, "change teams" are being formed throughout the Agency to complete Kaizens in program and administrative areas. Pre-surveys are being completed via Survey Monkey and the first Kaizen with Residential administrative staff in Rhinebeck is scheduled for portions of three days the week of November 17th. We expect these Kaizens to continue throughout the first quarter of 2009 and be the first step in agency-wide implementation of the Lean/Six Sigma process to address recordkeeping. This implementation is a critical first step toward introduction of electronic medical records into our system.

FOCUS ON COMMUNICATION

By using Lean/Six Sigma methodology, Astor affirmed that interagency communication is a key element in improving organization-wide processes. Not only did the results of the hiring process initiative help the organization improve interagency communication but individuals who participated in the improvement effort felt their opinion was valued and respected and were more proactive about getting involved with implementation and improving their communication. In addition to the hiring process, Astor implemented improvement projects targeting billing processes, administrative staff processes, executive staff communications and medical record storage. Going forward we will continue identifying other areas where Lean/Six Sigma might play a significant role in improvement and further enhance internal communications including the implementation of electronic medical records.

ASTOR
SERVICES FOR CHILDREN & FAMILIES

STRATEGIC PLAN 2009-2012

As an organization always striving to achieve excellence in all we do, Astor Services for Children & Families has a great need for a strategic plan which is both far-reaching and pragmatic; one that balances our desire to be on the cutting edge of service provision with our goal of delivering the best possible care, treatment and education to our clients on a daily basis.

The Strategic Plan for 2009 – 2012 recognizes these realities. It builds on the successful processes of the prior plan by becoming more inclusive in both information-gathering and in identifying key issues. The plan is designed to be a living and working document, one that guides our activities over the next three years.

The 2009-2012 Plan was developed through a comprehensive year-long process in 2008. Our Quality Improvement Teams convened as well as focus groups of key staff members from each program area (Early Childhood, Residential, Hudson Valley Community-Based Programs, and Bronx Community-Based Programs) for the purpose of identifying strengths, weakness, opportunities and threats relating to Astor. Discussion of the general environment for next three years and challenges for Astor related to these factors were identified and discussed. Development of the plan continued with a gathering of staff on Leadership Day, an Executive Team Retreat and a Strategic Work Session attended by the AHFC Board of Directors and the Executive Team.

"It's easier to do a job right than to explain why you didn't."

Martin van Buren

Perhaps the most important part of our process this year was gathering valuable input through focus groups conducted with parents of youth and children in our care. The voices of these parents resonates throughout the plan. Our commitment to improving services and access to these families drives the 2009-2012 Strategic Plan that follows and reflects our passion to providing the highest quality of care and healing for our families.

In affirmation of the value we place on parent involvement in every aspect of a child's care, we have committed to forming an agency-wide Parent Council over the next three years. We hope that this opportunity for enhanced family input will assist us to address the anxieties parent's expressed over transition issues, as well as helping us improve access to Agency services.

STRATEGIC GOALS 2009-2012

GOAL ONE:	IMPROVE SERVICES AND PROGRAM ACCESS FOR THE CHILDREN, YOUTH AND FAMILIES WE SERVE.
GOAL TWO:	INSTITUTE A CULTURE OF CARING FOR STAFF.
GOAL THREE:	RETAIN OUR COMMITMENT TO EXCELLENCE.
GOAL FOUR:	INCREASE ASTOR'S PUBLIC PROFILE.
GOAL FIVE:	IMPROVE THE FACILITIES & SYSTEMS THROUGH WHICH ASTOR PROVIDES QUALITY CARE, EDUCATION AND TRAINING TO MEET THE HIGHEST STANDARDS OF SAFETY, ACCESSIBILITY AND THE WORK ENVIRONMENT.
GOAL SIX:	BROADEN RESOURCE DEVELOPMENT OUTREACH AND CAPACITY.

ASTOR
SERVICES FOR CHILDREN & FAMILIES

ASTOR'S CORE VALUES

RESPECT…

- for individuals and families served by the Agency.
- for colleagues.
- for life in all its diversity and potential.
- for the Agency's heritage and its guiding philosophy.

COMPETENCE:

- in developing and implementing effective approaches to the treatment and prevention of emotional disturbance in children.
- through staff development and appropriate research and training opportunities.
- through the employment and retention of qualified personnel.

QUALITY…

- through a commitment to continuous quality assessment and improvement.
- in striving for excellence and the highest level of professional and ethical practice in every aspect of the Agency's operation.

LEADERSHIP…

- among professionals committed to the service of children and families.
- through active participation in groups focused on the development and improvement of services for children and families.
- in exploring new and effective methods of serving hurt and troubled children in an ever- changing environment.
- as advocates for the rights and needs of children and their families.

HOPE…

- through the creation of a climate of optimism among staff, children and their families even in the face of trauma and challenge.
- through acknowledging and supporting the strengths and resiliency of each child and family.
- through welcoming the active participation of children and families in all aspects of treatment and program design.

ASTOR
SERVICES FOR CHILDREN & FAMILIES

OUR CORE VALUES IN ACTION: A STORY OF RESPECT

RESPECT...

- for individuals and families served by the agency.
- for colleagues.
- for life in all its diversity and potential.
- for the Agency's heritage and its guiding philosophy.

Michael came to Astor's Residential Treatment Facility two years ago as a child with aggressive behavioral and mental challenges that needed to be modified. It took his parents years to get him properly evaluated and diagnosed. After navigating the various systems, they received a diagnosis that required Michael to be in a residential program. "Accepting Michael's diagnosis was not hard to accept," says Lynette, "he is who he is...our goal as parents was to make it better for Michael to be self-sufficient and Astor offered that and more!"

During Michael's two years at Astor, Lynette spoke about the high level of treatment Michael received from all members of Astor's staff – from the receptionist who answers the phone to the child care worker, social worker, psychologist and the kitchen staff. This service was also extended to the family. Lynette was comforted to know that she could call anytime of the day or night and whoever answered the phone was able to immediately tell her what her son was doing and where he was. If Michael was in class or participating in an activity that would not allow him to come to the phone, she would leave a message; and when either he called or she called back, she said he always knew she called as he was given the message.

Michael and his father at Astor

"Michael was always kept busy with school and other activities...he has been to so many wonderful places, and have had many great experiences...I could not ask for more than to have my son in such a wonderful, caring environment," says Lynette, she goes on to say that "Astor's staff are authentic, genuine people who care about and for my son as much as we do as parents."

"As hard as it is to have your child away because of his illness, I would not have wanted Michael to be anywhere else but at Astor – his second home!"

Lynette, Michael's mother

In addition, whenever they had any questions about Michael, staff took time to speak and explain the situation to them – staff engaged them in all aspects of Michael's treatment. They not only had a voice in Michael's treatment but through Astor, Lynette had the opportunity to become a child advocate in Albany last winter; something she had not done before. She went with a group of Astor staff and other parents to visit their legislators in Albany to discuss issues affecting their children, them as parents and the agencies that provide these special services. They spoke with their legislators about the importance to continue to support these organizations and to increase their support. Lynette said how nervous she was but Astor's staff prepared her for it and when she got there, she just spoke from her heart. She became "engaged and active not just for Michael but for all the other children with him and all the other children who will come behind him, to make sure they get the quality services we were fortunate to get through Astor."

After two years at Astor, Michael has made tremendous strides and now has the tools to work with his aggressive behavior – he will be reluctantly leaving Astor to a facility for older children. Lynette said she and Michael are apart of the Astor family and that she "...will do anything to help Astor as Astor has done so much for my son and my family." She will continue to advocate on behalf of children.

OUR CORE VALUES IN ACTION: COMPETENCE
TREATMENT MODELS THAT WORK

Since 2006, Astor's Dutchess County outpatient clinics have expanded services to touch the lives of almost 1,000 children each year. This expansion, likely a result of more than 15 years of efforts to serve emotionally disturbed youth in their home communities rather than in restrictive environments, have challenged our clinic providers to identify diverse, quality services for some difficult-to-treat groups of youth.

"The demands for competent, diverse responses to presenting problems are increasing," said Michele Conner, Psy.D., Program Director of Dutchess Counseling Services, "while increased caseloads and risk with more regulatory scrutiny have increased administrative demands on clinicians. Over the past year alone, for example, we have seen the severity of depression and suicidality increase. We see children who regularly feel like hurting or killing themselves."

"Some of the children we serve are acting out in more high risk ways, and when service slots are not available in our community-based programs, it falls to the clinics to manage this risk and provide effective treatment," said Sandy Essington, L.C.S.W. – R., Clinic Supervisor of our Red Hook Counseling Center. "We also see more youth with severe trauma histories," reports Tiffany Teamer, L.M.S.W., Site Supervisor of our Dover Counseling Center. "We no longer see the children whose parents just got divorced and who are having a hard time adjusting. Family struggles are more complex, more multi-generational and difficult to treat effectively."

Leadership and staff in the clinics have risen to the challenge with the implementation of diverse, evidence-based practices to effect change in these difficult populations. Trauma-focused Cognitive Behavioral Therapy (TF-CBT), Parent-Child Interactive Therapy, Pathways to Healthy Living (for children who perpetrate sexual harm), Coping Power and Parent Training for disruptive behavioral disorders, cognitive behavioral therapy for depression and anxiety, structural strategic family therapy, intensive collaboration with home-based services on all shared cases and in-home treatment sessions through Child and Family Clinic Plus are just a small percentage of the specialized treatments that outpatient clinicians are learning and implementing.

COMPETENCE:

- **in developing and implementing effective approaches to the treatment and prevention of emotional disturbance in children.**
- **through staff development and appropriate research and training opportunities.**
- **through the employment and retention of qualified personnel.**

"The TF-CBT has been particularly helpful," reports Sandy Essington. "We introduced it three years ago and have trained most of our therapists in its use with trauma survivors. The basic CBT use of coping skills, thought stopping and relaxation techniques are usable with children who are depressed or anxious as well. TF-CBT calls for the use of a trauma narrative and this approach helps clinicians get into the child's trauma experience, when that child is ready, to help the child rebuild his or her view of that experience. For the first time, there is an evidence-based treatment telling us that we have to help the child and family cope with difficult memories. It seems like a simple step, asking child and family to talk about the trauma experience, but without the specific tools and guidelines of CBT, the clients might never get there. This crucial technique helps children get past their trauma and truly heal."

"More and more is being asked of us by the family courts," says Kim Ellison, L.C.S.W., Clinic Supervisor of the Poughkeepsie Counseling Center. "Because the research says the family therapy is a critical piece for many forensically-involved children, we are challenged to stay faithful to the social work/psychologist view of empowering and building competence and trust while being required to report to the courts on a client's progress. Integrating the family approach supported by outcomes research with the forensic approach is a real challenge here."

Treatment challenges are further complicated by manpower issues. Many clinicians are young and need significant support and seasoning. "We have expanded our supervisory staff," reports Dr. Conner. "We are able to offer an open-door policy to our young clinicians, maintain intensive oversight of high-risk cases and provide monthly peer support focusing on self-care and reducing burnout and stress. Supervisors are highly committed. They give the extra support, the time, the training and the care that the clinicians need."

"Our clinicians are very committed to Astor, to the Mission, to the Agency, and are very willing to go above and beyond the needs of the agency," says Ms. Essington. "We have faced the economic downturn, increased caseloads and billing demands and continued to provide effective treatment by pulling together and staying focused on the kids and families." Ms. Ellison adds, "Our clinicians are truly motivated to learn the best approaches to their cases and they really use these approaches. They make the most of the resources given them by the Agency, which is committed to competence and quality."

"Above all," says Ms. Teamer, "they are committed to the kids. They stay late, come in on their days off, make the extra calls, contacts, referrals and effort necessary to help their kids heal and thrive."

ASTOR
SERVICES FOR CHILDREN & FAMILIES

OUR CORE VALUES IN ACTION: QUALITY
HOW CAN WE DO IT BETTER?

When Harry Brown came to Astor's Residential Programs in Rhinebeck, NY in 1959, he was eight years old and thought he did not have any family as he was being sent from one foster home to another – a total of seven prior to arriving at Astor. Harry described his years at Astor as the "best years of my life…and I did not want to leave when it was time to do so," as he found the "family" he was looking for where he received unconditional love, care, encouragement and acceptance and where "everyone involved with Astor made sure that kids got to be kids."

Harry discussed how important it was for him to have people in his life who encouraged and supported him in whatever his interests were. He loved to read, listen to music, build model airplanes, ships and cars; and his teachers and counselors all were very supportive. In fact, he fondly recalled having all sorts of model airplanes and cars displayed in his room.

Harry's wanderlust for life was developed and encouraged by Astor's staff. He was given a globe that he kept in his room and would read about all the places in the world he could visit some day. This wanderlust was realized when Harry had the opportunity to visit many of those places he read about. He went to Vietnam and came out of the service in 1979. He then used his training as a radio technician and was a merchant seaman for many years working on cargo lines. He saw parts of Asia, Europe, Latin America and many other places in between.

Harry and his wife, Laura

Harry spoke of one special therapist who first introduced him to horses by taking him to the Fairgrounds in Rhinebeck. There he had the opportunity to spend time with the horses (i.e., grooming them and eventually learning how to ride). This experience has impacted his love and affection for horses throughout his life. Today, he owns and trains horses where he lives in California.

Although there was some readjusting for Harry when he left Astor at age 14, he relied on the high-quality foundation that he was given at Astor to navigate throughout some of the difficult times he encountered. Harry credits Astor for his exceptional academic training. When he left Astor, for example, he was advanced two years in the public school he attended. He went on to get an Associate Degree from Boston University. He is also a Master Radio Technician.

"It is so important for Astor's staff to know that what they do have value...the time, energy, commitment and unconditional love they give to each child is meaningful…it helped me achieve a lot in life."

QUALITY…

- **through a commitment to continuous quality assessment and improvement.**
- **in striving for excellence and the highest level of professional and ethical practice in every aspect of the Agency's operation.**

ASTOR
SERVICES FOR CHILDREN & FAMILIES

OUR CORE VALUES IN ACTION: LEADERSHIP

> **"Astor's Early Childhood Programs know that the program is only as effective as the parent involvement."**
> ***Mary Sontheimer, AED, Dutchess County Early Childhood Programs***

Astor's philosophy of service is family-centered and seeks to nurture and sustain the strengths of the parents and others who care for children at home. Our parents not only guide us as important members of the Astor team, but often serve as leaders in advocacy efforts as well.

For the past several years, parents from our Hudson Valley Community-Based and Bronx Programs have braved the weather and traveled to Albany to participate in the Children's Coalition for Mental Health Services Advocacy Day. The groups' goal- to increase advocacy for children and families receiving, and in need of, mental health services- was inspired by Tom O'Claire, the parent and driving force behind *Timothy's Law.*

One group member recalls the intimidation he first felt when visiting an area legislator's office in the Capitol. Since that time, the group welcomes the opportunity to pack the day full of as many visits with representatives and senators from Astor's districts as possible. Parents meet singly and in groups, either accompanied by Astor staff or alone, to passionately and purposefully support issues important to the quality and access of services for their children. Issues range from adequate training for staff to transition issues for children aging out of the system.

Astor's Early Childhood Programs view parents as primary educators of their children and we encourage involvement in every aspect of the Early Head Start and Head Start Programs. Parents volunteer in classrooms and offices as well as riding buses with the children. We encourage parents to participate in parenting classes which are offered at each of our sites. The Head Start Policy Council meets monthly and plays an active role in decision-making, planning and ensuring the quality of care for our youngest children. Policy council member responsibilities include review of funding applications and involvement in strategic planning and assessment. They serve as a link between parents, other agencies and program management.

LEADERSHIP...

- among professionals committed to the service of children and families.
- through active participation in groups focused on the development and improvement of services for children and families.
- in exploring new and effective methods of serving hurt and troubled children in an ever- changing environment.
- as advocates for the rights and needs of children and their families.

In the Bronx, parents of school age and nursery children serve on Consumer Advisory Boards. They meet quarterly to provide input and advice on services. The staff of Astor gains strength from the resiliency of our parents. We are inspired by their persistence and motivated by their courage.

ASTOR
SERVICES FOR CHILDREN & FAMILIES

OUR CORE VALUES IN ACTION: A MESSAGE OF HOPE

Josie became acquainted with Astor several years ago when one of the children in her extended family, at three years old, was having problems speaking – he would only grunt. The family was very concerned but did not know what to do. During a visit to their pediatrician, it was recommended that Josie contact Astor's Early Childhood Program in Wingdale. Josie said that was the day that opened up a lot of possibilities for her and her family.

Josie was not sure what she would encounter when she contacted Astor but was immediately put at ease from the very first phone conversation she had with a staff person and onwards – the staff instantly made her feel welcomed and that there was hope for addressing Christopher's problems. She said the dedication of the teaches and staff to helping Christopher through his problem was amazing: they spent one-on-one time with him; and they were equally as committed to making sure that he got what he needed as she and her family were. Staff would go to their home to help them, not only with Christopher's case, but with navigating the social service system (i.e., filling out paperwork, etc.). In addition, the teachers sent home tools to assist the family so they could work with Christopher at home.

HOPE...

- **through the creation of a climate of optimism among staff, children and their families even in the face of trauma and challenge.**
- **through acknowledging and supporting the strengths and resiliency of each child and family.**
- **through welcoming the active participation of children and families in all aspects of treatment and program design.**

"I can't begin to tell you how fortunate I feel to have had Christopher and the many other children in my family go through Astor's Early Childhood Programs," says Josie. She goes on to say that "...the children were taken care of and supervised well; have good nutritional meals; many activities for them; and no matter what the issue is...whether pertaining to the children or the family, the staff are always there for them to help them through it. They prepare the children and family for every step of the way. If the staff cannot take care of an issue for you they will find out for you who can...they would find somebody who will...they are always there for parents."

In addition, through Josie's experience with Astor, she became involved with the Parent Advisory Council, where with the help of Astor's staff and other parents, she has the opportunity to learn and become active in advocating on behalf of their children. Today, Christopher is matriculated in middle school and is flourishing as are the many other children in Josie's extended family who went through Astor's Early Childhood Program in Wingdale.

Josie is currently the guardian of Issys, a child looking forward to entering kindergarten in Astor's Early Childhood Program in Wingdale in the Fall. Josie is excited to know that Issys' experience will be a very positive one as Astor's staff has already helped her with the transitional process from pre-kindergarten to kindergarten.

Meeting Our Vision...

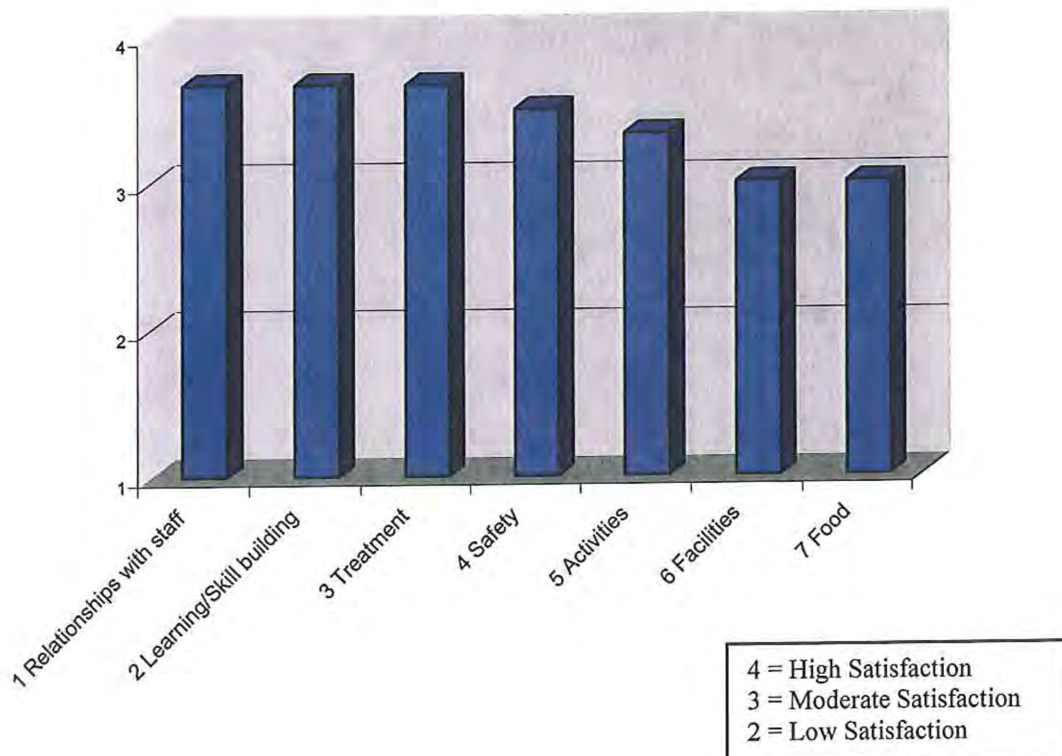
To see children meet life's challenges, pursue their dreams and **reach their full potential.**

...Because every child deserves a childhood.

ASTOR
SERVICES FOR CHILDREN & FAMILIES

ANNUAL CONSUMER SATISFACTION SURVEYS
2008-2009 AGENCY-WIDE AGGREGATE FINDINGS

For the past 16 years, Astor Services has collected annual, comprehensive feedback about the quality of our services from the most important source of information we have: our consumers. Information collected in our Annual Consumer Satisfaction Surveys is summarized below.



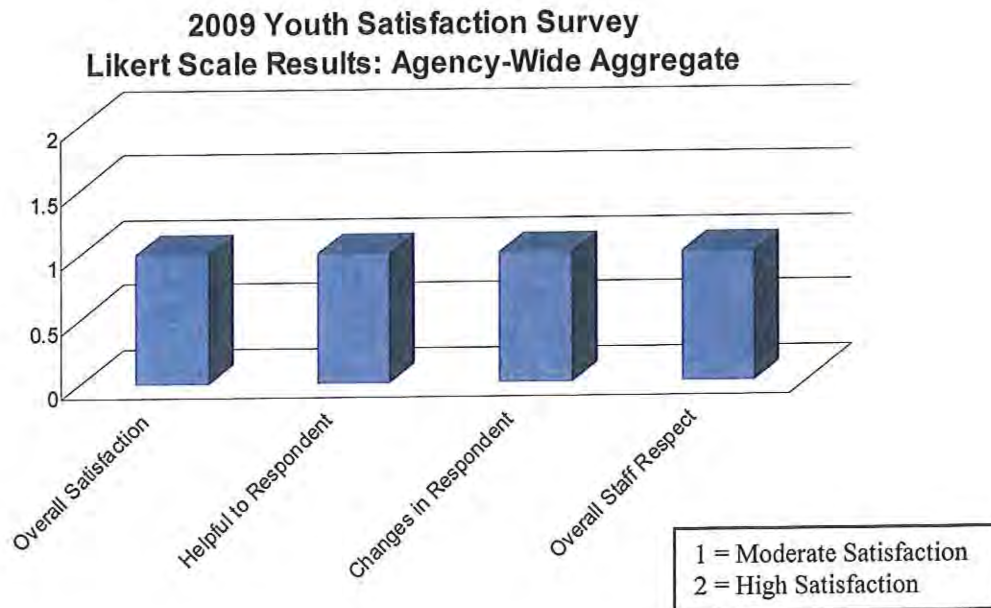
161 children were surveyed in our residential, foster care, family- based and school-age day treatment programs. Responses across all programs suggested a high degree of satisfaction with the quality of care at Astor. In the residences, children expressed satisfaction with nursing services, teachers and therapists for their helpfulness. Relationships with staff seem to be a strong point in each of the programs. Children reported feeling safe, listened to and understood by the staff members who care for them. Children also reported satisfaction with the trips and activities planned at Astor. Foster care and family-based treatment clients reported markedly positive feelings about all aspects of the care they receive (foster care and family-based treatment clients reported an overall satisfaction rate of 100% and 97%, respectively).

only moderate satisfaction with learning about reasons for consequences and with crisis counselors helping them to calm down.

YOUTH ASSESSMENT OF CARE SURVEY

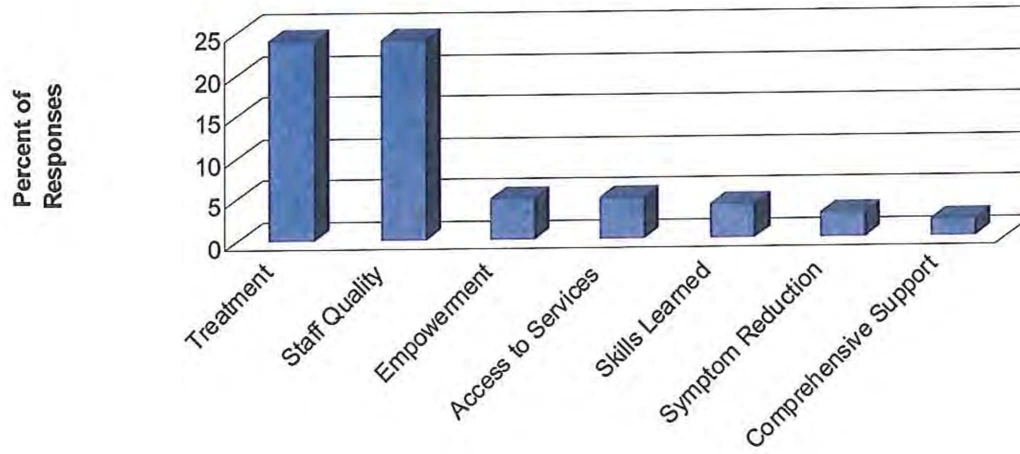
For the first time this year, over 300 surveys were distributed to youth age 12 and older in treatment programs across the Agency. An impressive 242 surveys were completed and returned. The survey resembled our previously-distributed family survey and posed 27 questions pertaining to questions concerning quality of services, impact of services to child and family, and the respect, collaboration and cultural-sensitivity of program staff.

Responding youth endorsed moderate overall satisfaction when asked questions about the quality of services, helpfulness of services to the respondent and the respectfulness, responsiveness and cultural-sensitivity of Astor employees when providing care.

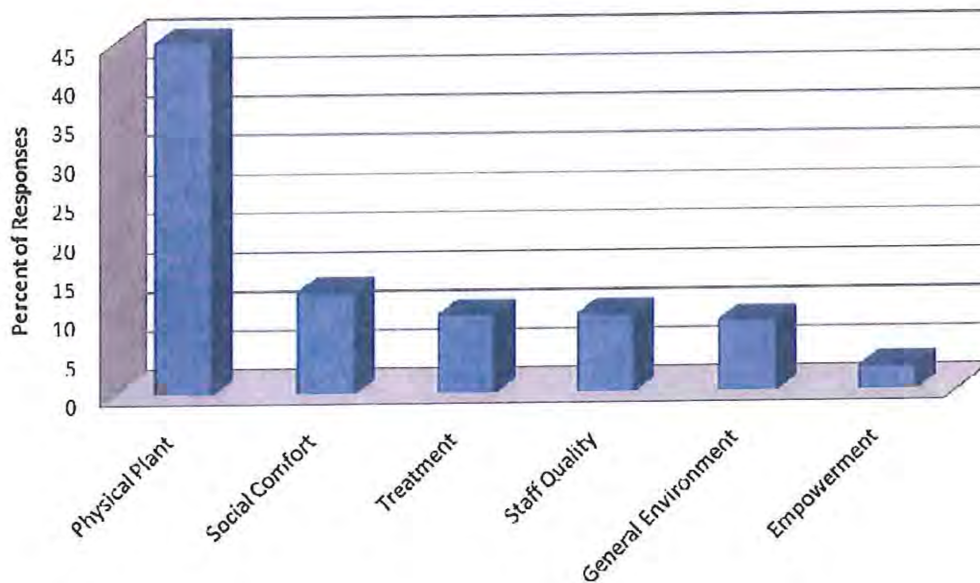


Respondents were offered the opportunity to respond to open-ended questions at the end of the survey. They were asked to identify what they found "best" about Astor Services and what they would change about Astor Services. Almost 25% of youth endorsed the quality of treatment and/or the quality of staff as "best" about care at Astor Services. These findings suggest that our agency-wide efforts to increase the effectiveness and quality of treatment are having a positive impact on the youth we serve.

2009 Youth Satisfaction Survey Agency Aggregate
Categories Identified as "Best" about Astor on Open-Ended Items



A summary of areas identified as "needing change" by surveyed youth can be seen in the chart below. Respondents most frequently noted facilities-related concerns. Specifically, youth identified a lack of needed materials or poor quality materials as needing change. Respondents also reported a need for non-coed, treatment group care environments because of discomfort with disclosure to individuals of the opposite sex.

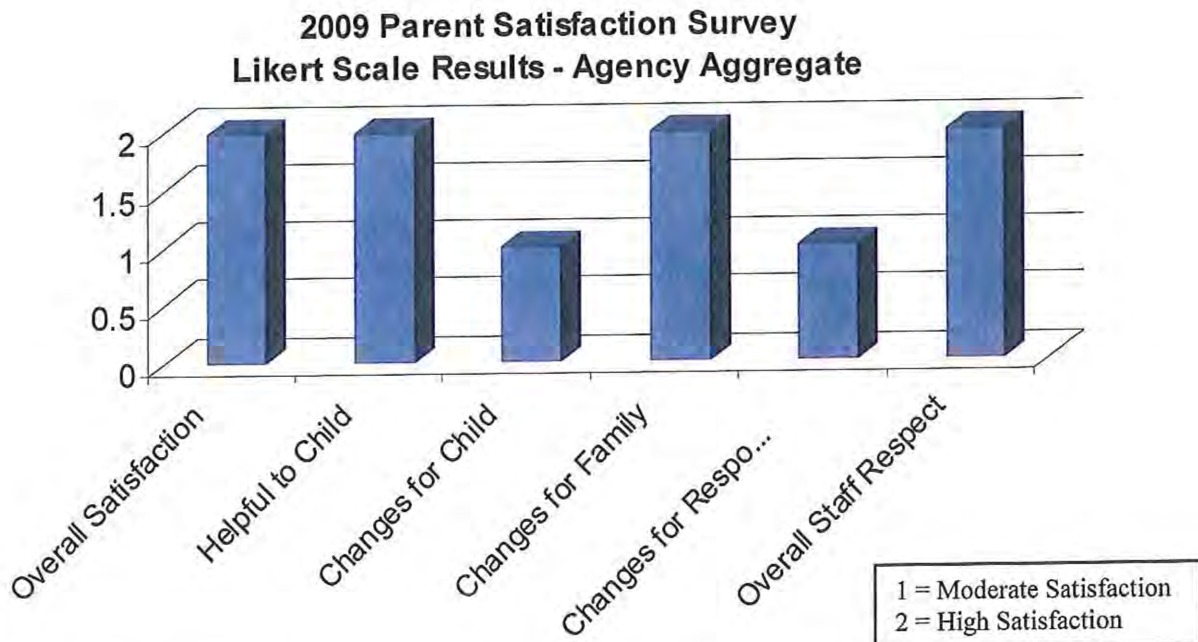


FAMILY ASSESSMENT OF CARE SURVEY

Over 1000 surveys were mailed to caregivers of children in treatment across the Agency in March 2009. 331 surveys were completed and returned. The survey posed 45 questions concerning quality of services, impact of services to child and family, and the respect, collaboration and cultural sensitivity of program staff.

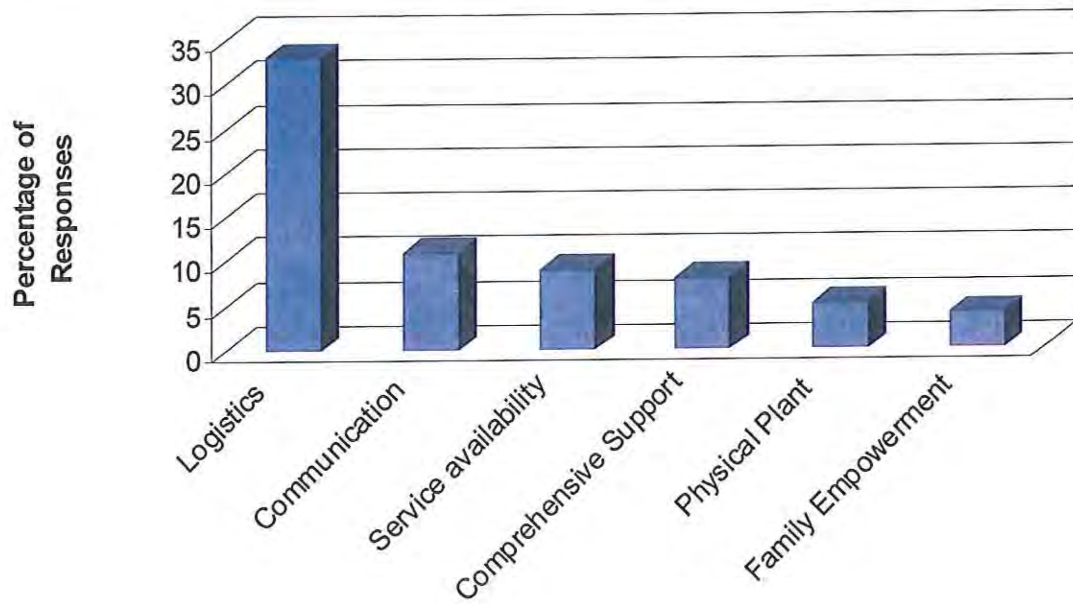
Respondents reported high overall satisfaction with the quality of services, helpfulness of services to their child, helpfulness of services to their family and the respectfulness, responsiveness and cultural sensitivity of Astor employees when providing care. Respondents endorsed moderate satisfaction concerning positive changes in their child resulting from treatment as well as positive changes in themselves due to services provided.

Caregivers reported the highest satisfaction, when asked questions about the overall quality of employees providing care.



Respondents were offered the opportunity to respond to open-ended questions at the end of the survey. They were asked to identify what they found "best" about Astor Services and what they would change about Astor Services. Similarly to previous years' results, high percentages of responses identified satisfaction with the excellence of treatment and the quality of Astor staff.

A summary of dimensions of Astor Services identified as needing change in the open-ended items is presented in the chart below. The most frequently identified logistical issues noted were the location of services and transportation to services (these findings replicate last year's family concerns). Respondents also reported length of treatment sessions (too short) and intake processes (too complex and repetitive) to be areas in need of improvement.


2009 Parent Satisfaction Survey Agency Aggregate
Aspects Identified as Needing Change on Open-Ended Items
Percentage of Responses
35
30
25
20
15
10
5
0
Logistics
Communication
Service availability
Comprehensive Support
Physical Plant
Family Empowerment

ASTOR
SERVICES FOR CHILDREN & FAMILIES

AGENCY-WIDE RESTRAINT REDUCTION INITIATIVE PROGRESS IN 2008-2009

For nearly 20 years, Astor has continued to make steady reductions in the use of physical holds. Our Agency remains a leader in establishing a culture that encourages infrequent use of holds and continued steady reductions reflect that leadership. Since 1999, the number of holds has decreased by as much as 86%. Significant reduction over the last several years is a result of effective organizational leadership and consistent involvement of all program staff.

Agency-wide implementation of staff training in Cornell University's Therapeutic Crisis Intervention Model, along with other risk assessment and treatment planning tools, has supported our efficacy in this area. An overall innovative and therapeutic approach to treatment is seen as critical to the Agency's success in this area.

The chart on the next page displays the frequency of physical holds, by age groups served across the Agency for each of the past ten fiscal years. The Preschool and Adolescent Services maintained, and improved upon, a pattern of infrequent holds during 2008-2009. Our residential services and programs serving our school-age population experienced an increase in the use of holds during the 2008-2009 fiscal year. Specifically, the Astor Learning Center exhibited an unusually high number of holds during certain months. The pattern raised concern and the Program has intensified their focus on integrating evidence-based and best practices with the children.

Of note is the fact that the living units of our residential programs have had entire months during the past year in which no physical holds were used. In our Residential Treatment Center, for example, no holds were used in August, December, January, March or April of this past fiscal year. In our Hard-to-Place Program, holds were not used in August 2008. In the OMH-licensed Residential Treatment Facility, zero holds were used in March 2009.

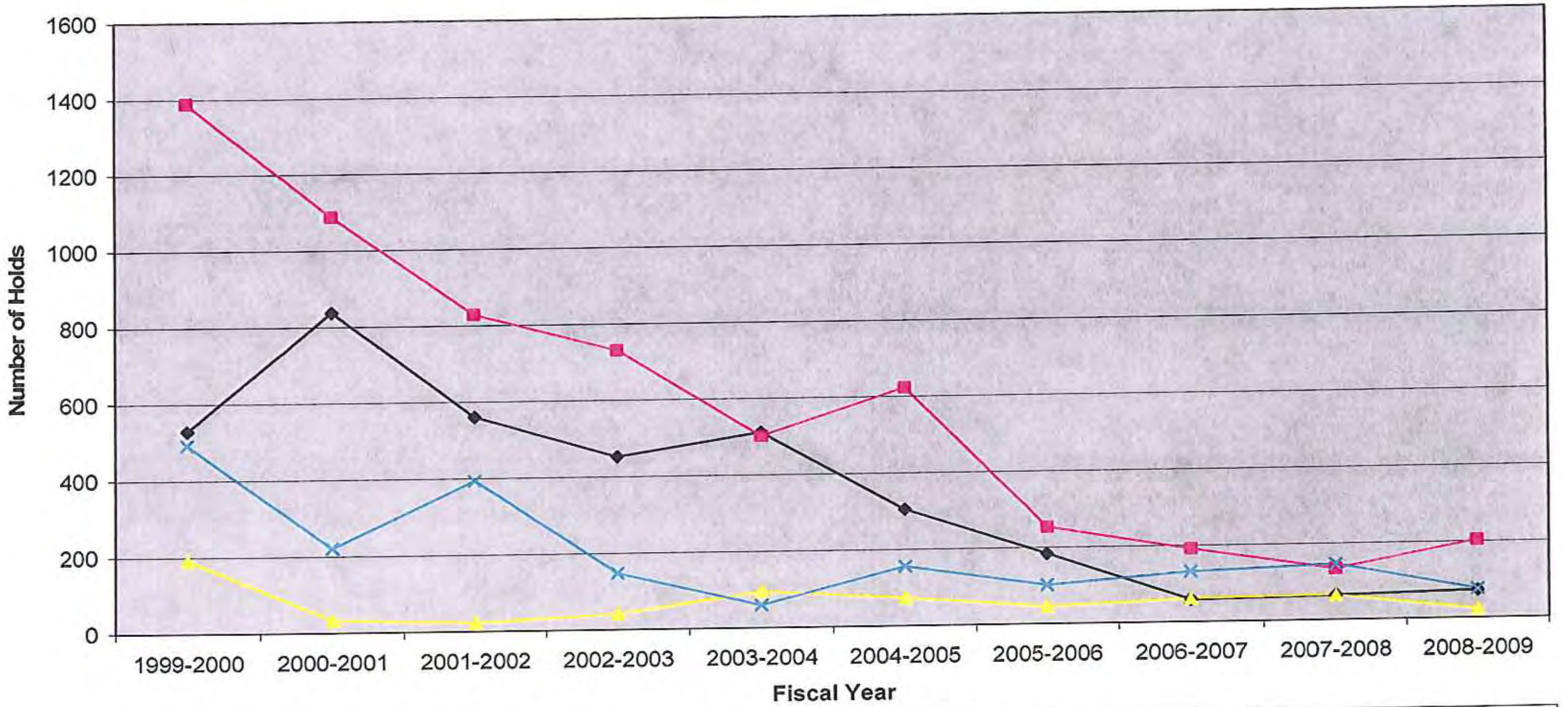
Other programs had very few holds overall for the past fiscal year. The Dutchess School-Aged Day Treatment Program had just seven in 2008-2009 and Poughkeepsie Pre-School Day Treatment had only one. In the Bronx, there were eight holds in the Byron Day Treatment Program. These numbers are very low, especially when compared to years past.

"By shifting the focus from a mindset of restraint reduction to one of restraint prevention, we have broadened the scope of this initiative in a more meaningful way. It becomes less about numbers and favorable statistical outcomes, and much more focused on the overall betterment of the lives of the children in our care."

Richard Heresniak, ALC Crisis Prevention and Management Specialist

ASTOR
SERVICES FOR CHILDREN & FAMILIES

Number of Physical Holds in Each Astor Age Group: Fiscal Years 2000 - 2009



School-Aged Residential Services: RTC, RTF, HTP
School-Aged Outpatient Services: Tilden Day Treatment, SADT, ALC
Adolescent Services: Byron Day Treatment, NSD
Preschool Services: LRSH, PSDT

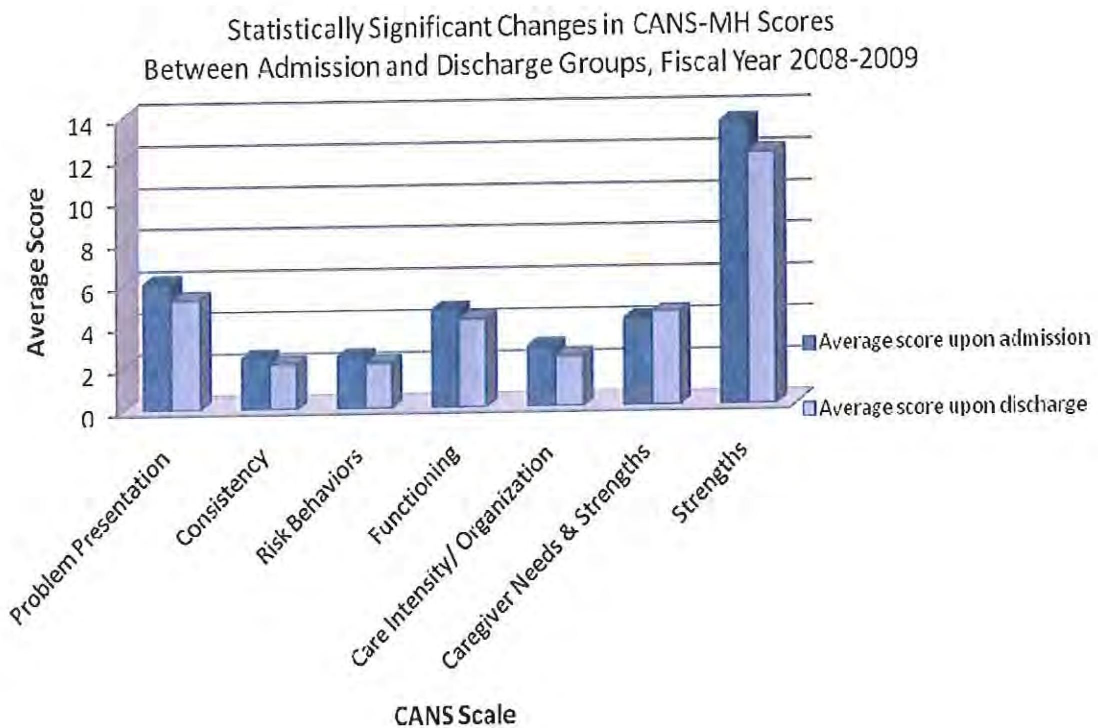
ASTOR
SERVICES FOR CHILDREN & FAMILIES

CHILD AND ADOLESCENT NEEDS AND STRENGTHS MENTAL HEALTH FINDINGS (AGENCY TREATMENT OUTCOMES) 2008-2009 FISCAL YEAR

In our ongoing effort to improve services to clients through the use of an outcomes/effectiveness measurement system, all clinical programs in the Agency continue to assess clients at admission, annually and at discharge using the *Child Adolescent Needs & Strengths-Mental Health version (CANS-MH, Lyons, 2001)*. The measure provides a structured assessment (of children and caregivers) on dimensions considered key in treatment planning and has been in use across the Agency since 2005. Individual CANS-MH scores are used to influence treatment planning while aggregate program and Agency CANS-MH data are used for program evaluation.

> **"One of the great mistakes is to judge policies and programs by their intentions rather than their results."**
> ***Milton Friedman***

The chart below shows the results of an Agency aggregate analysis for the past fiscal year. Average scores for all clients in all clinical programs were calculated at admission and at discharge. Through an analysis of variance, significant changes between average scores at admission and average scores at discharge were identified.



Univariate analysis revealed that clients discharged from treatment across Agency programs tended to exhibit decreased problems and symptoms and improved functioning and strengths upon discharge, as measured by the CANS-MH. Average discharge scores were lower than average admission scores on scales measuring the presence of psychiatric symptoms (Problem Presentation), situational consistency (Consistency), dangerous behaviors (Risk Behaviors) and problems with physical and academic functioning (Functioning). Average scores in the presence of strengths and needs in client's primary caregiver (Caregiver Needs and Strengths) were significantly higher at discharge indicating a strong relationship between individual child/adolescent gains and their equivalent strengths in the family context. Average scores in client strengths were also higher at discharge. Of note is the fact that clients Agency-wide exhibited significant improvements in all areas measured by the CANS-MH.