

## Assessing the Implementation of a Residential Facility Organizational Change Model: Pennsylvania's Implementation of the Sanctuary Model

Many youth in residential treatment facilities (RTF) have been exposed to a variety of traumas in their lives and are often among the highest risk youth. There is great need to improve the services such youth receive in RTFs. Implementing evidence-based clinical interventions in RTFs poses a number of challenges including serving youth with severe and varied clinical issues, high rates of staff turnover, and high youth to clinician ratios.

As a result, efforts to improve the care of youth in RTFs have increasingly focused on the therapeutic nature of the residential care environment. The Sanctuary Model<sup>®</sup> is one such intervention. The Sanctuary Model<sup>®</sup>, developed by Sandra Bloom, MD is a trauma-informed method for creating or changing an organizational culture. The Sanctuary Model<sup>®</sup> is a full-system intervention that focuses on helping injured children recover from the damaging effects of interpersonal trauma through changing the organizational culture. Because it is a full system approach, effective implementation of the Sanctuary Model<sup>®</sup> requires extensive system level leadership involvement in the process of change as well as staff and client involvement at every level of the process. The Sanctuary Model<sup>®</sup> is designed to improve client and staff outcomes through building a shared language and vision enhancing the culture of participating organizations by encouraging all members of the community to commit to change.

Community Care has played a leadership role in supporting efforts to bring the Sanctuary Model<sup>®</sup> to many residential treatment facilities. Many Community Care staff and in-network providers have participated in Sanctuary training as part of their commitment to advancing quality of care. To better understand the Sanctuary Model's impact on Community Care members, we examined the use of services by youth following discharge from Sanctuary trained facilities.

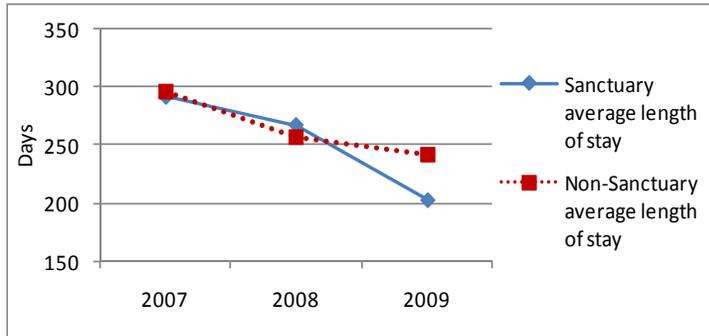
### *What we did*

We examined data for youth admitted to residential facilities in 2007, 2008, and 2009. We identified those RTFs where the Sanctuary Model<sup>®</sup> had been implemented, and compared average length of stay, and rates of use of any outpatient services, inpatient mental health services, and residential treatment services 90 days post RTF with those RTFs where the Sanctuary Model<sup>®</sup> had not been implemented.

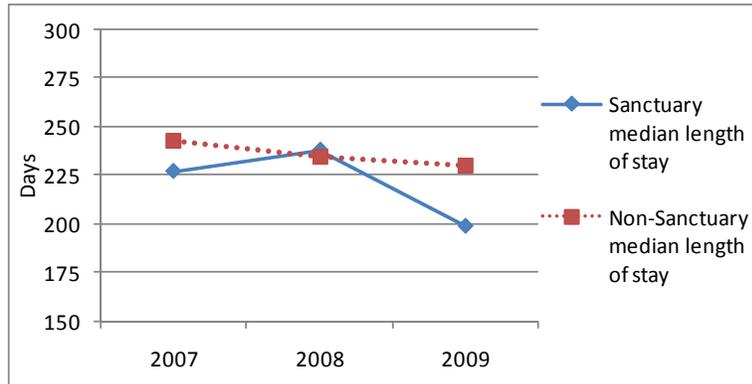
- The Sanctuary Model<sup>®</sup> is a full-system intervention focused on helping injured children recover from the damaging effects of interpersonal trauma through changing the organizational culture
- Many Community Care staff and providers have participated in Sanctuary training
- The Sanctuary Model<sup>®</sup> appears to be having a beneficial impact, with youth discharged from Sanctuary RTFs more likely to receive outpatient services and less likely to be readmitted to an RTF

*What we learned*

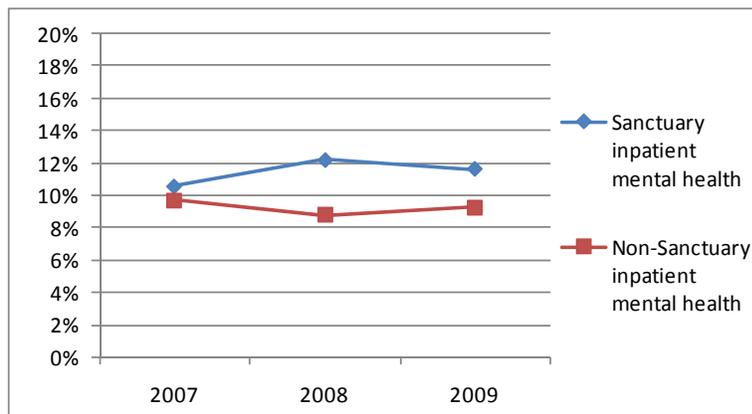
We found that RTFs from both groups had a similar average (mean) length of stay in 2007, the year prior to Sanctuary implementation. However, by 2009, RTF providers implementing Sanctuary had a substantially shorter length of stay than RTF providers not implementing the Sanctuary Model®.



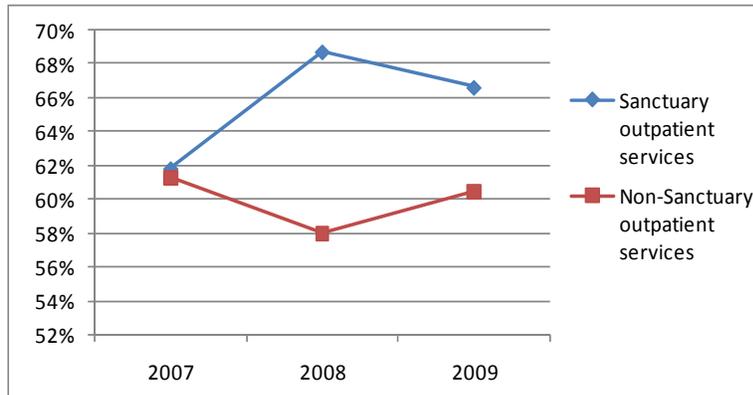
We also found that RTF providers implementing Sanctuary also had a somewhat greater decrease in median length of stay from 2007 to 2009 than did RTF providers that did not implement Sanctuary.



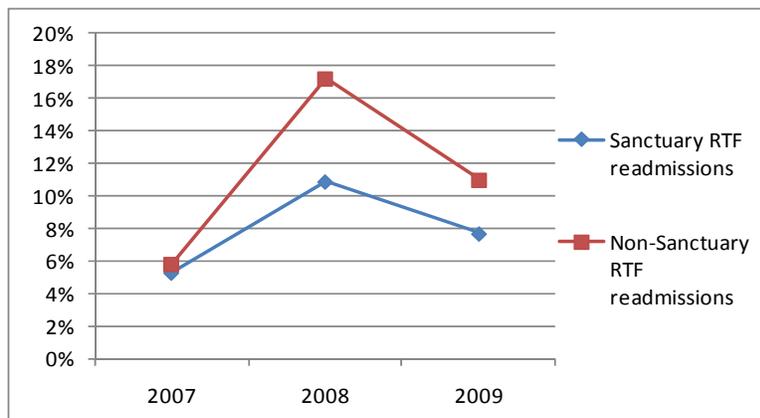
Despite the decreased length of stay, there was little difference in the percentage of discharged youth hospitalized in the 90 days following discharge.



These differences are potentially related to the fact that we found that Sanctuary implementing RTFs had a substantial increase in the percentage of youth discharged receiving outpatient services in the three months following discharge, in contrast with a slight decrease in the percentage of youth discharged from non-Sanctuary implementing RTFs over the same period.



Finally, we found a greater increase in the percentage of children readmitted to RTFs in the 90 days following discharge among RTFs not implementing Sanctuary when compared to the readmission rate of RTFs implementing the Sanctuary Model®.



### *What next?*

Youth in residential treatment facilities often face some of the most challenging clinical and social issues, and Community Care is consistently striving to improve the care being provided to youth in RTFs and their families. To achieve this, Community Care's Quality Department has implemented a comprehensive approach to support RTF quality improvement. Supporting the implementation of the Sanctuary Model® is yet another effort by Community Care to improve the care of members being served in RTFs. Our preliminary analysis suggests that this trauma informed intervention provided in RTFs may be having a beneficial impact upon youth following RTF discharge.