

**Sanctuary Survey**  
**Final State Report**  
**September 29, 2011**

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**2011 Sanctuary Survey Final State Report**

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## **2011 Sanctuary Survey Final State Report**

### **Overview**

As part of the Pennsylvania Department of Public Welfare's efforts to reduce and eliminate restraints, DPW entered into a partnership with Andrus Children's Center to bring the Sanctuary Model to Pennsylvania. The University of Pittsburgh worked with Pennsylvania Department of Public Welfare, the Sanctuary Institute of the Andrus Children's Center, and participating provider residential sites to conduct an open evaluation of the implementation of the Sanctuary Model. Below, we provide a summary of the evaluation efforts and results that have been shared with stakeholders over the last three years along with some recent analyses around trends in service utilization for youth served through residential treatment in Pennsylvania.

### **Background**

In January 2006, the Pennsylvania Department of Public Welfare released the Special Transmittal for reducing and eliminating restraints and formed the Alternatives to Coercive Techniques (ACT) Restraint Free initiative. As part of the ACT initiative, a cross systems DPW work group held forums across Pennsylvania to discuss with providers strategies for becoming restraint free. The number one request was "training," specifically trauma informed training. In response, DPW entered into a partnership with Andrus Children's Center to bring the Sanctuary Trauma Informed Care Model to Pennsylvania.

The Sanctuary Model ®, developed by Sandra Bloom, MD is a trauma-informed method for creating or changing an organizational culture. The Sanctuary Model is full-system intervention focused 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 requires extensive leadership involvement in the process of change as well as staff and client involvement at every level of the process.

Applications were sent to all 3800 licensed facilities, of which 35 applied and 29 were selected. These 29 facilities then completed a 5 day initial intensive training. Over a several year period, residential facilities implementing Sanctuary received on site consultation visits, consortium telephone conferences, and a variety of other technical assistance supports to facilitate the successful implementation of the Sanctuary Model.

The Sanctuary Model is designed to improve client and staff outcomes through building a shared language and vision, and to enhance the culture of participating organizations. The model encourages all members of the community to commit to changing the culture of the organization across seven domains. These include creating 1) a Culture of Nonviolence – developing, using and modeling safety skills to eliminate potential for violence or harm in all ways; 2) a Culture of Emotional Intelligence – learning how emotions impact us, and teaching and modeling affect management skills; 3) a Culture of Inquiry & Social Learning – building and modeling cognitive skills and an environment in which members learn

collaboratively and from each other; 4) a Culture of Shared Governance – creating and modeling civic skills of self-control, self-discipline, and healthy administration of authority; 5) a Culture of Open Communication – teaching healthy boundaries and identifying and overcoming barriers to direct communication to reduce acting-out and enhance self-protective and self-correcting skills; 6) a Culture of Social Responsibility – establishing and rebuilding skills and experiences of healthy attachment, relationship and social connection skills; and, 7) a Culture of Growth and Change – instilling a focus on accepting and managing change and growth to work towards the future and restore hope, meaning and purpose. Through changing the culture of participating organizations, the Sanctuary Model is designed to improve a range of organizational, client and staff outcomes, including decreased restraints.

### **Evaluation Approach**

To better understand the impact of implementing the Sanctuary Model in Pennsylvania, the Pennsylvania Department of Public Welfare contracted with the Andrus Children’s Center who contracted with the University of Pittsburgh to conduct an open evaluation of the implementation of the Sanctuary Model. The planned evaluation was designed to examine the following questions regarding the implementation of the Sanctuary Model overall and at implementing sites.

- 1) Following Sanctuary Model adoption, are the core components of the Sanctuary Model being implemented with fidelity?
- 2) Does implementation of the Sanctuary Model result in cultural and organizational changes within the organization?
- 3) What impact does the Sanctuary Model have on staff/client level outcomes?

The evaluation of the Sanctuary Model in Pennsylvania was designed to build upon the prior work completed by the Andrus Children’s Center to evaluate the implementation and impact of the Sanctuary Model. The evaluation also aimed to supplement information available regarding the implementation of the Sanctuary Model in Pennsylvania. The goal was to conduct an independent evaluation while ***minimizing evaluation burden to participants.***

The nature and timing of the assessments were intended to, when possible, 1) make use of information being routinely gathered; and 2) work closely with Andrus and DPW to make use of existing structures and relationships in order to facilitate the timely gathering of information in a way that is least burdensome to participants.

To assess the implementation of the Sanctuary Model with fidelity and organizational change, the evaluation used a refined version of the Andrus Environmental Scale to assess the 7 Sanctuary Commitments. To assess changes in the organizational culture and climate, the evaluation used a modified version of the Organizational Social Context (OSC) scale. The assessment of client outcomes focused on the use of restraints, physical aggression, and property damage. The assessment of staff outcomes examined verbal aggression between staff and staff turnover.

Data was collected from residential facilities monthly and reported to DPW bi-annually and used to assess client and staff outcomes. The University of Pittsburgh created an optional electronic document to facilitate the residential facilities' daily and/or weekly tracking of client and staff outcomes being collected by DPW. Surveys conducted approximately annually with residential facility staff were used to obtain information regarding the implementation of the Sanctuary Model and the residential facilities' culture and climate.

The first annual survey of residential facilities implementing Sanctuary was conducted from November 19, 2008 through January 30, 2009. Across the 29 participating residential organizations, there were 2381 respondents to the survey, with 856 participants using a paper version and 1525 participants completing an internet-based electronic version. The second annual survey of residential facilities implementing Sanctuary was conducted from December 3, 2009 through January 22, 2010. A total of 2188 surveys were received from participating residential facilities during the second annual survey. One residential facility did not have any staff members submit a completed survey. Of the 2188 second annual survey respondents, 760 completed the survey using the paper version and 1428 used the web-based version, with 360 of the web surveys being accessed via the new process of a personalized web link. The third annual survey of residential facilities implementing Sanctuary was conducted from October 20, 2010 through December 10, 2010. A total of 2203 surveys were received from participating residential facilities during the third annual survey. Of the 2203 survey respondents, 664 completed the survey using the paper version and 1539 completed the survey using the web-based version. For more information on the methods of each annual survey, please see Appendices 1, 2, and 3.

### **Findings from the Annual Surveys**

The first annual survey was conducted shortly after a number of residential facilities had completed their initial intensive training. High level findings from the first annual survey suggest that in the early stages of implementing the Sanctuary Model:

- Child residential facility staff endorse that their organizations are either neutral or tending toward agreement with the Sanctuary Commitments.
- Staff report higher levels of agreement regarding the Commitment to Nonviolence and the Commitment to Growth and Change, with lesser agreement regarding the Commitment to Shared Governance and the Commitment to Open Communication.
- Child residential facility staff report feeling competent and proficient at their jobs as well as engaged and invested in the youth that they are serving

The second annual survey was conducted in the midst of ongoing consultation and technical assistance as residential sites were implementing Sanctuary. It also occurred at a time of significant economic turmoil and uncertainty at many sites, with many staff members concerned about the financial stability of the program and potential layoffs. Despite stressors faced by organizations related to the broader economic environment, the level of perceived implementation of the Sanctuary Model commitments was sustained in the second annual survey. Additional findings include:

- Child residential facility staff members continued to perceive that their organizations were implementing the Sanctuary commitments.
- Consistent with the first annual survey, staff reported higher levels of perceived implementation of the Commitment to Nonviolence and the Commitment to Growth and Change, with lower rates of perceived implementation of other commitments such as the Commitment to Shared Governance and the Commitment to Open Communication
- There was variation by residential sites in the perceived implementation of Sanctuary commitments.
- Organizations with the greatest reported implementation of Sanctuary Commitments of Nonviolence and Social Responsibility were commonly those with the most rapid observed decrease in restraints and resident aggression.
- As organizations continued to implement the Sanctuary Model, there was a stronger correlation across all commitments and the rate of decrease in restraints and aggression
- Staff at organizations reporting greater implementation of the Sanctuary Commitments also reported lower levels of staff stress, higher levels of engagement and competency in their jobs, and higher levels of job satisfaction and commitment to the organization.

The third annual survey was conducted as sites had or were in the process of completing their Sanctuary implementation, with 13 residential sites proceeding to become Sanctuary certified. In the third annual survey, we began to see greater variation across the facilities with respect to staff reporting on the implementation of the Sanctuary Model. Highlights from the third annual survey include:

- Across all sites and respondents, the perceived implementation of the Sanctuary Model commitments was the same or greater in 2010 than it was in 2009.
- Consistent with the first two annual surveys, staff reported higher levels of perceived implementation of the Commitment to Nonviolence and the Commitment to Growth and Change, with lower rates of perceived implementation of other commitments such as the Commitment to Shared Governance and the Commitment to Open Communication.
- Across all respondents and residential sites, we found that approximately 60% of respondents felt that Sanctuary had improved their ability to work with the children in their residential site.
- There was substantial variation by residential sites in the perceived implementation of Sanctuary commitments.
- There was a clear and persistent trend for more positive outcomes at those residential sites where staff endorsed a greater level of implementation of the Sanctuary Commitments.
- Sites in which staff reported more effective implementation of Sanctuary had significantly lower staff stress and higher staff morale.
- Sites in which staff reported more effective implementation of Sanctuary reported feeling more competent and proficient at their jobs and more invested in the individuals they serve.

- Of the residential sites that were in the top seven in implementing Sanctuary, there were three of the seven sites that also had the greatest rate of decline in overall restraints.

For more detailed reports for each of the annual surveys, please see Appendices 1, 2, and 3.

### **Summary and Additional Findings from the Implementation of the Sanctuary Model in Pennsylvania**

Our evaluation of the implementation of the Sanctuary Model in residential facilities found that greater implementation of the Sanctuary Model was associated with a number of positive outcomes. Specifically, effective implementation of the Sanctuary Model was significantly associated with lower staff stress and higher staff morale, and also with staff feeling more competent and proficient at their jobs and more invested in the individuals they serve. The implementation of the Sanctuary Model was also significantly associated with improved organizational culture and climate. There was also a substantial decrease in the reported use of restraints by many sites over the course of the Sanctuary implementation. Among a number of the other sites, the baseline level of restraints per residents was low enough that there was no opportunity for a substantial decrease. However, there were other interventions being implemented simultaneously that likely also contributed to the decrease in restraints, and we were not able to confidently determine to what extent the Sanctuary Model contributed to the decrease in restraints. However, we did find that sites which more successfully implemented the Sanctuary Model also appeared to have had greater success at rapidly decreasing restraints, and may also have had a modest decrease in the rate of staff turnover. These findings are encouraging and reflect the benefits of the hard work and commitment of many of these organizations across Pennsylvania in implementing the Sanctuary Model.

A recent analysis conducted by Community Care suggests that the positive impacts of the Sanctuary Model for residents may persist after their discharge from residential facilities. In an analysis of service utilization from 2007-9 of children discharged from residential treatment facilities (RTF) implementing the Sanctuary Model versus other RTFs, the implementation of Sanctuary appears to have had a positive impact on service utilization. Specifically:

- Both groups (Sanctuary implementing and non-Sanctuary implementing) had a similar average (mean) length of stay in 2007. However, by 2009 RTF providers implementing Sanctuary had a substantially shorter length of stay than RTF providers not implementing the Sanctuary Model
- 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 between the two groups in the percentage of discharged youth hospitalized in the 90 days following discharge
- Sanctuary-implementing RTFs had a substantial increase in the percentage of youth discharged who received outpatient services in the three months following

discharge, in contrast there was a slight decrease in the percentage of youth discharged from non-Sanctuary implementing RTFs who received outpatient services in the three months following discharge.

- 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 Sanctuary.

The full report is available in Appendix 4 or online at:

[http://www.ccbh.com/pdfs/articles/Sanctuary\\_Model\\_3Pager\\_20110715.pdf](http://www.ccbh.com/pdfs/articles/Sanctuary_Model_3Pager_20110715.pdf).

In summary, the implementation of the Sanctuary Model in residential facilities in Pennsylvania appears to have had a positive impact, with the greatest benefits being seen by residents and staff of those sites who were most successful in implementing the full Sanctuary Model. These positive outcomes occurred at a time of uncertainty and programmatic and staffing change in many facilities, which speaks to the dedication of all involved in the implementation of Sanctuary. At the same time, the variation observed in implementation does suggest an opportunity to consider strategies to support future implementation efforts, as well as the need for providing continued support to sites that have implemented Sanctuary to ensure sustained positive outcomes.

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## **Appendix 1**

### **2008 Sanctuary Survey State Report**

#### **Executive Summary**

- During the period of November 19, 2008 through January 30, 2009, an Evaluation Team at the University of Pittsburgh conducted a survey of staff at 29 child residential facilities across Pennsylvania that is implementing the Sanctuary Model. The purpose of the survey was to assess child residential facility staff perceptions of organizational morale, satisfaction, and culture and climate in relation to implementation of the Sanctuary Model. Across the 29 organizations, there were 2381 respondents to the survey. The survey was completed by 856 participants using the pencil/paper version and 1525 participants over the internet.
- Survey results reflect perspectives from a broad range of child residential facility staff including administrators, direct care staff, and auxiliary staff (e.g., IT, HR, facilities) with a range of experience in behavioral health and time employed within the organization.
- Overall, results suggest that in the early stages of implementing the Sanctuary Model:
  - Child residential facility staff endorse that their organizations are either neutral or tending toward agreement with the Sanctuary Commitments.
  - Staff report higher levels of agreement regarding the Commitment to Nonviolence and the Commitment to Growth and Change, with lesser agreement regarding the Commitment to Shared Governance and the Commitment to Open Communication.
- Overall, child residential facility staff reports feeling competent and proficient at their jobs as well as engaged and invested in the youth that they are serving.
- In subsequent analyses and reports, results from this survey will be combined with other data to examine the impact of the Sanctuary Model implementation in the child residential facilities providing information on:
  - To what extent the perceptions of the organization change over time as the Sanctuary Model is implemented.
  - The impact of the Sanctuary Model on improved outcomes for child residential facility clients and staff.
  - To what extent organizational factors are associated with improved outcomes for child residential facility clients and staff.

#### **Background**

The Sanctuary® Model, developed by Sandra Bloom, MD is a trauma-informed, full-system intervention focused on helping injured children recover from the damaging effects of trauma through creating or changing the organizational culture. Because it is a full system approach, effective implementation of the Sanctuary Model requires extensive leadership involvement in the process of change as well as staff and client involvement at every level of the process.

The Sanctuary Model 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 the culture of the organization across seven domains. These include creating a 1) Culture of Nonviolence – developing, using and modeling safety skills to eliminate potential for violence or harm in all ways; 2) Culture of Emotional Intelligence – learning how emotions impact us, and teaching and modeling affect management skills; 3) Culture of Inquiry & Social Learning – building and modeling cognitive skills and an environment in which members learn collaboratively and from each other; 4) Culture of Shared Governance – creating and modeling civic skills of self-control, self-discipline, and healthy administration of authority; 5) Culture of Open Communication – teaching healthy boundaries and identifying and overcoming barriers to direct communication to reduce acting-out and enhance self-protective and self-correcting skills; 6) Culture of Social Responsibility – establishing and rebuilding skills and experiences of healthy attachment, relationship and social connection skills; and, 7) Culture of Growth and Change – instilling a focus on accepting and managing change and growth to work towards the future and restore hope, meaning and purpose. Through changing the culture of participating organizations, the Sanctuary Model is designed to result in improvements in a range of organizational, client and staff outcomes. The Sanctuary Model is currently being implemented in 29 child residential facilities within Pennsylvania.

As part of our evaluation of the implementation and impact of the Sanctuary Model in child residential facilities in Pennsylvania, the University of Pittsburgh has recently completed the first of three annual surveys of staff in 29 child residential facilities to assess the fidelity of implementation of the Sanctuary Model, climate and culture change in relation to the Sanctuary Model and broader organizational change. This report provides the preliminary findings from this survey.

### Survey Implementation

Prior to the fielding of the survey, the University of Pittsburgh worked with Pennsylvania Department of Public Welfare and the Sanctuary Institute of the Andrus Children's Center to identify individuals at each of the 29 child residential facilities who had primary responsibility of addressing Sanctuary implementation activities at their site. A web-based link to the Annual Sanctuary Staff Survey was emailed to provider contacts on November 4, 2008 so each contact person could familiarize themselves with the survey and provide input. Several information sessions via phone were held with the contact persons to explain the survey process and answer questions, and contact individuals received information to assist them in answering questions from other staff at the site. Follow up emails were exchanged between the Pitt Evaluation Team and contact persons to address questions or concerns. Contact individuals were also responsible for distributing emails with a web link to the online version of the survey and paper versions of the survey to staff in their organizations. The cooperation, efforts, and support provided by the contact individuals prior to and during the course of the survey was critically important to the remarkably high level of response achieved by a large number of the participating sites.

An email containing information about the survey and a link to the online survey were sent to contacts to distribute to staff on November 19, 2008. Several days later, provider contacts received paper versions of the survey and postage-paid return envelopes to distribute to staff that did not have internet access or preferred to complete the survey on paper. Individual email updates were sent regularly to all provider contacts informing them of the number of web and paper surveys completed at their site and any sub-sites. Email message content was tailored based on how well provider sites were doing with regard to survey completion and submission rates. These updates were sent on December 4, 11, 19, and 22. Several provider contacts approached the evaluators for specific ideas to motivate staff to complete surveys. To address this inquiry, providers with high rates of survey completion were solicited for their strategies and ideas. A summary of successful strategies was emailed to all provider contacts on December 10th. Examples of strategies that were shared included daily reminders, completing the paper survey at regularly scheduled team meetings, adding a reminder and link to the survey to the provider website home page, and generally stressing the importance of completing the survey to staff. At the start of the survey process, the Evaluation Team offered the opportunity to staff at all sites to submit their completed survey by December 15 to be entered into a lottery to receive \$100.00. There was one lottery drawing per provider organization. One additional email was sent to contacts on December 12 extending the lottery deadline from December 15 to December 23 in order to address the concerns that some sites had about delays in distributing paper versions to all of their sub-sites. The survey was open for completion through January 30, 2009.

### Measures

To assess the impact of implementation of the Sanctuary Model on resulting organizational change, we used a modified version of the Andrus Environmental Scale to assess staff reactions to items related to the 7 Sanctuary Commitments. The Andrus Environmental Scale has been used in a number of prior efforts to assess the impact of implementation of the Sanctuary Model. Due to the need for a briefer survey, the University of Pittsburgh worked with Andrus, drawing on their prior use of the Environmental Scale, to identify a smaller set of items.

To assess broader organizational culture and climate change occurring as a result of the Sanctuary Model implementation, we used the Organizational Social Context (OSC) scale.<sup>1</sup> The OSC is derived from the Organizational Culture Survey and Organizational Climate Survey,<sup>2,3</sup> measures that have been used to survey staff to assess organizational culture and climate in child serving systems. The OSC measures an organization's culture and climate, as well as individuals' work attitudes and satisfaction with work, and is being used in the large-scale studies of care of children with emotional and behavioral problems.<sup>4</sup>

### Results

#### *Response rate*

There are an estimated 2700 individuals working across the 29 child residential facilities implementing the Sanctuary Model. A total of 2381 surveys were received from

participating child residential facilities during this initial survey, for an average of 82 surveys per child residential facility, estimating a response rate of 88.2%. In some cases, however, organizations had individuals from sites of the organization not directly involved with the implementation of the Sanctuary Model complete the survey, meaning that the actual response rate from Sanctuary implementing sites may be somewhat lower. While we are unable to calculate a precise response rate of the survey, the range of response rates for the majority of residential facilities was comparable to or substantially greater than what is commonly seen in surveys of this nature.

### *Respondents*

The majority of respondents were women, 65%; 82% were white, 11% African American, and 3% Hispanic. Twenty-five percent of the respondents had advanced degrees, 39% Bachelors, 22% Associates or some college, 3% vocational or technical school, 10% high school education and 2% less than high school education. Over one third of respondents had worked in the mental health field for more than 10 years, with 16% working 7-10 years, 18% 4-6yrs, 21% 1-3 years, and 9% less than 1 year.

There was substantial variation with respect to professional experience and familiarity with the Sanctuary Model among survey respondents. In regard to professional role, the majority of respondents, 58%, were direct service providers with regular contact with clients, 16% were managers or supervisors with some client contact, 5% were senior management, and 22% indicated that they were other staff including IT, HR, facilities, administrative support, etc. In terms of experience, 21% of respondents had worked at their facility for more than 10 years, 13% 7-10 years, 17% 4-6 years, 30% 1-3 years and 19% less than 1 year. 92% were full-time staff. Sixty-four percent of respondents indicated that they felt very confident in performing their job in their current position, 30% felt confident, 5% were somewhat confident and only 1% reported feeling not confident. When asked to describe their experience with the Sanctuary Model, 20% indicated being trained in the Sanctuary Model (staff training or leadership training), 39% were in the process of being trained in the model, 30% were familiar with the model but not trained in it, and 11% reported not being familiar with the Sanctuary Model. The socio-demographic and experiential information of respondents are summarized in Table 1.

Table 1. Socio-demographic Characteristics of Sanctuary Survey Respondents\*

<b>Characteristic</b>	<b>n</b>	<b>Percent</b>
<b>Gender</b>		
Female	1525	65
Male	836	35
<b>Race/Ethnicity</b>		
White	1917	82
African American	266	11
Hispanic	62	3
Other	38	4
<b>Education</b>		
Grade School	38	2
High School Graduate or GED	235	10
Some College	284	12
Vocational or Technical School	76	3
Associates Degree	224	10
Bachelors Degree	929	39
Masters Degree or Above	583	25
<b>Experience in Mental Health</b>		
Less than 1 year	211	9
1-3 years	483	21
4-6 years	414	18
7-10 years	372	16
More than 10 years	873	37
<b>Role of Respondent</b>		
Direct Service Provider	1361	58
Manager/supervisor	367	16
Senior/Executive Management	123	5
Other Staff	511	22
<b>Position Status</b>		
Full-time	2179	92
Part-time	189	8

Table 1. Socio-demographic Characteristics of Sanctuary Survey Respondents\* (continued)

<b>Characteristic</b>	<b>n</b>	<b>Percent</b>
<b>Confidence in Performing Job</b>		
Not confident	15	1
Somewhat confident	123	5
Confident	718	30
Very confident	1515	64
<b>Experience with the Sanctuary Model</b>		
Not familiar	257	11
Familiar, has not attended trainings	331	14
Familiar, has not completed training	365	16
Currently completing training	920	39
Completed staff training	314	13
Completed Sanctuary leadership training	173	7

\* To protect confidentiality, we provide ranges rather than exact numbers for cells with small numbers of respondents.

### *Sanctuary Commitments*

To assess the current fidelity to Sanctuary implementation within organizations, survey participants were asked whether they Strongly Agree, Agree, Neither Agree/Disagree, Disagree, or Strongly Disagree with a series of statements related to the 7 Sanctuary Commitments.

Table 2 provides the mean score and standard deviation (SD) for each of the Sanctuary Commitments. A score of 1.0 indicates that respondents strongly disagree with the statements associated with the implementation of that commitment, a score of 3.0 indicates participants neither agree nor disagree, and a score of 5.0 indicates participants strongly agree.

Table 2. Commitments of the Sanctuary Model

<b>Sanctuary Commitment</b>	<b>Mean</b>	<b>SD</b>
Commitment to Nonviolence	3.68	0.67
Commitment to Creating an Emotionally Intelligent Environment	3.30	0.90
Commitment to Culture of Inquiry and Social Learning	3.41	0.80
Commitment to Shared Governance	3.11	0.82
Commitment to Open Communication	3.27	0.70
Commitment to Social Responsibility	3.40	0.84
Commitment to Growth and Change	3.71	0.76

These results suggest that in the current early stages of implementing the Sanctuary Model, that overall child residential facility staff believe that their organizations are either neutral or tending toward agreement with the Sanctuary Commitments. There are also some differences among the Commitments, with higher levels of agreement regarding the Commitment to Nonviolence and the Commitment to Growth and Change, with lesser agreement regarding the Commitment to Shared Governance and the Commitment to Open Communication. Subsequent analyses will examine how these scores change over time as the Sanctuary Model is implemented, as well as assess the association between these commitments and improved outcomes for child residential facility clients and staff.

More detail regarding responses to individual Sanctuary Commitment items can be found in Appendix A, and Appendix B provides information regarding levels of agreement and disagreement to each Sanctuary Commitment item.

#### *Child Residential Facility Culture and Climate*

To assess the organizational characteristics of participating providers, respondents were asked if they agreed with a series of statements in the Organizational Social Context (OSC) questionnaire. Response options included, “Not At All, A Slight Extent, A Moderate Extent, A Great Extent, or A Very Great Extent.” Items pertaining strictly to resident-staff member interactions included a Not Applicable option for staff members without routine interactions with residents. Items were grouped into 7 domains according to the OSC.

Table 3 provides the mean score and standard deviation (SD) for each of the domains of the OSC. A score of 5 indicates that respondents agreed to A Very Great Extent with the statements associated with that domain and a score of 1 indicates that participants agreed Not At All with the statements of that domain. Table 3 also provides a summary of what higher scores and lower scores in each domain mean. In Appendix C, we provide examples of questions from each scale.

Table 3. Organizational Social Context Results

<b>Organizational Domain</b>	<b>Mean</b>	<b>SD</b>	<b>Higher Scores</b>	<b>Lower Scores</b>
Rigidity	2.90	0.53	Staff feel that the organization is more rigid and centralized	Staff feel that the organization is less rigid and run more locally
Proficiency	3.90	0.64	Staff feel that they and their colleagues are more competent and proficient at their jobs	Staff feel that they and their colleagues are less competent and proficient at their jobs

Table 3. Organizational Social Context Results (continued)

<b>Organizational Domain</b>	<b>Mean</b>	<b>SD</b>	<b>Higher Scores</b>	<b>Lower Scores</b>
Resistance	2.28	0.57	Staff feel that they and their colleagues are more passive in their jobs and/or more critical of their colleagues	Staff feel that they and their colleagues are less passive in their jobs and/or less critical of their colleagues
Stress	2.50	0.72	Staff feel that the organization is a more stressful and bureaucratic place to work	Staff feel that the organization is a less stressful and bureaucratic place to work
Engagement	3.86	0.57	Staff feel that they and their colleagues are more engaged and personally invested with the individuals they serve	Staff feel that they and their colleagues are less engaged and personally invested with the individuals they serve
Functionality	3.17	0.64	Staff feel that there are greater opportunities for growth and advancement	Staff feel that there are fewer opportunities for growth and advancement
Morale	3.41	0.73	Staff feel that they and their colleagues have higher levels of job satisfaction and commitment to the organization	Staff feel that they and their colleagues have lower levels of job satisfaction and commitment to the organization

These results suggest that overall child residential facility staff feel competent and proficient at their jobs as well as engaged and invested in the youth that they are serving. At the same time, however, many staff reported feeling that staff at their organization is often passive in their jobs and/or critical of others. Subsequent analyses will examine to what extent the perceptions of the organization change over time as the Sanctuary Model is implemented, as well as to what extent these organizational factors are associated with improved outcomes for child residential facility clients and staff.

## Summary

As part of our evaluation of the implementation and impact of the Sanctuary Model in child residential facilities in Pennsylvania, this report reflects preliminary results of child residential facility staff perspectives on fidelity, climate change and satisfaction with implementation of the Sanctuary Model, and broader organizational change. Overall, results suggest that in the early stages of implementing the Sanctuary Model, organizations are making progress in implementing this trauma informed model and child residential facility staff feel competent and proficient at their jobs as well as engaged and invested in the youth that they are serving.

In subsequent analyses and reports, results from this survey will be combined with other data including monthly data reported by organizations to DPW on child and staff outcomes such as use of restraints, physical aggression, property damage, verbal aggression between staff and staff turnover. Future reports will reflect the extent to which staff members' perceptions of the organization change over time in relation to the Sanctuary Commitments and improved outcomes for child residential facility clients and staff as the Sanctuary Model is further implemented.

## 2008 Report: APPENDIX A

## Mean and Standard Deviation of Individual Sanctuary Commitment Items

Sanctuary Commitment Item	Mean**	SD
<b>Commitment to Nonviolence</b>		
Destructive or violent incidents are addressed nonviolently and openly reviewed as soon as possible.	3.88	0.98
I often feel unsafe at the facility.*	2.12	1.06
Destructive or violent incidents are viewed as problems of and for the entire community.	3.49	1.05
Destructive or violent incidents are viewed as opportunities for new learning and information gained contributes to change.	3.48	0.99
<b>Commitment to Creating an Emotionally Intelligent Environment</b>		
Emotion management skills training is available to staff.	3.12	1.14
Regular team meetings are held with representatives from all levels of staff.	3.60	1.20
My supervisor talks with me about work-related stress and helps me manage that stress in appropriate ways.	3.17	1.20
<b>Commitment to Culture of Inquiry and Social Learning</b>		
Every staff member has regular supervision.	3.48	1.15
There is an expectation that leaders, staff and clients will learn from everyday experience and from each other.	3.84	0.90
All major decisions are made using a team approach.	3.16	1.16
Educational materials (e.g. books, handouts, and videos) are easily available to clients and staff.	3.27	1.18
Problem solving involves parties affected by the problem and is generally done by consensus.	3.28	0.98
<b>Commitment to Shared Governance</b>		
I am able to question decisions made by administrators, manager, and other staff.	3.12	1.15
Managers and administrators regularly take time to listen to what I have to say and respond in meaningful ways.	3.39	1.09
Policies, procedures and practices are reviewed regularly by staff at all levels.	3.24	1.06
Important community/facility decisions (e.g. hiring, program changes etc.) are often made without warning or discussion.*	3.31	1.05
<b>Commitment to Open Communication</b>		
The schedule of the program activities and events are available and accessible to clients and staff.	3.70	0.89
There is a regular and helpful; communication between staff in different shifts or groups (e.g. direct care, clinical, etc).	3.29	1.06
Staff are often unaware of decisions made around clients.*	2.96	1.01
All staff are aware of decisions made around policies and procedures.	3.17	1.03
Difficult topics can be discussed openly and directly within the community.	3.14	1.04

Mean and Standard Deviation of Individual Sanctuary Commitment Items (continued)

Sanctuary Commitment Item	Mean**	SD
<b>Commitment to Social Responsibility</b>		
Most administrators, manager, and staff do not model positive behavior. *	2.37	1.02
Staff and leaders are able to challenge each other, disagree, collaborate, resolve conflicts, and learn from the process.	3.29	1.03
Relationship problems (e.g., between clients, clients and staff, or staff and leadership) are addressed and viewed as an opportunity for learning.	3.28	1.02
<b>Commitment to Growth and Change</b>		
Administrators, managers, and staff truly believe in the potential for positive change in the clients we serve.	3.92	0.90
Change is often discouraged and not supported. *	2.39	0.99
Inspiration in any form is sought after, appreciated and supported.	3.58	0.93

\* These items were reversed scored in the calculation of the means for the overall commitment scales

\*\* Scale: 1=Strongly Disagree with the statements; 3=Neither Agree Nor Disagree with the statements; 5=Strongly Agree with the statements

## 2008 Report: APPENDIX B

## Percent Agreement for the Sanctuary Commitments

<b>Sanctuary Commitment</b>	<b>% Strongly Agree or Agree</b>	<b>% Neither Agree nor Disagree</b>	<b>% Strongly Disagree or Disagree</b>
<b>Commitment to Nonviolence</b>			
Destructive or violent incidents are addressed nonviolently and openly reviewed as soon as possible.	74.1	15.4	10.4
I often feel unsafe at the facility. *	12.7	15.3	72.0
Destructive or violent incidents are viewed as problems of and for the entire community.	57.1	23.7	19.2
Destructive or violent incidents are viewed as opportunities for new learning and information gained contributes to change.	56.8	27.0	16.2
<b>Commitment to Creating an Emotionally Intelligent Environment</b>			
Emotion management skills training is available to staff.	43.5	24.4	32.1
Regular team meetings are held with representatives from all levels of staff.	64.8	12.6	22.6
My supervisor talks with me about work-related stress and helps me manage that stress in appropriate ways.	45.2	24.5	30.3
<b>Commitment to Culture of Inquiry and Social Learning</b>			
Every staff member has regular supervision.	60.7	16.0	23.2
There is an expectation that leaders, staff and clients will learn from everyday experience and from each other.	74.2	17.1	8.7
All major decisions are made using a team approach.	46.1	22.5	31.4
Educational materials (e.g. books, handouts, and videos) are easily available to clients and staff.	49.4	24.2	26.4
Problem solving involves parties affected by the problem and is generally done by consensus.	47.4	31.4	21.2
<b>Commitment to Shared Governance</b>			
I am able to question decisions made by administrators, manager, and other staff.	47.1	21.8	31.1
Managers and administrators regularly take time to listen to what I have to say and respond in meaningful ways.	56.5	21.6	21.9
Policies, procedures and practices are reviewed regularly by staff at all levels.	48.0	25.7	26.3
Important community/facility decisions (e.g. hiring, program changes etc.) are often made without warning or discussion. *	45.7	30.2	24.0

Percent Agreement for the Sanctuary Commitments (continued)

Sanctuary Commitment	% Strongly Agree or Agree	% Neither Agree nor Disagree	% Strongly Disagree or Disagree
<b>Commitment to Open Communication</b>			
The schedule of the program activities and events are available and accessible to clients and staff.	68.2	21.5	10.3
There is a regular and helpful; communication between staff in different shifts or groups (e.g. direct care, clinical, etc).	50.0	24.6	25.4
Staff are often unaware of decisions made around clients. *	31.5	32.6	35.9
All staff are aware of decisions made around policies and procedures.	44.2	26.6	29.2
Difficult topics can be discussed openly and directly within the community.	42.3	30.5	27.2
<b>Commitment to Social Responsibility</b>			
Most administrators, manager, and staff do not model positive behavior.*	15.3	21.1	63.6
Staff and leaders are able to challenge each other, disagree, collaborate, resolve conflicts, and learn from the process.	51.1	26.0	22.9
Relationship problems (e.g., between clients, clients and staff, or staff and leadership) are addressed and viewed as an opportunity for learning.	49.7	26.9	23.4
<b>Commitment to Growth and Change</b>			
Administrators, managers, and staff truly believe in the potential for positive change in the clients we serve.	77.7	14.1	8.2
Change is often discouraged and not supported.*	15.1	22.1	62.7
Inspiration in any form is sought after, appreciated and supported.	62.1	24.5	13.4

\* These items were reversed scored in the calculation of the means for the overall commitment scales

2008 Report: APPENDIX C

Organization Social Context Domains: Sample Items

<b>Sample Items</b>
<b>Rigidity</b>
<i>I have to ask a supervisor or coordinator before I do almost anything</i>
<i>There is only one way to do the job – the boss’s way</i>
<b>Proficiency</b>
<i>Members of my organizational unit are expected to find ways to serve clients more Effectively</i>
<i>Members of my organization unit are expected to be thoughtful and considerate</i>
<b>Resistance</b>
<i>Members of my organizational unit are expected to go along with group decisions</i>
<i>Members of my organizational unit are expected to be competitive with coworkers</i>
<b>Stress</b>
<i>I feel burned out from my work</i>
<i>To what extent are you constantly under heavy pressure on your job</i>
<i>How often do you feel unable to satisfy the conflicting demands of your supervisors</i>
<b>Engagement</b>
<i>I have accomplished many worthwhile things in this job</i>
<i>I worry that this job is hardening me emotionally (reversed scored)</i>
<b>Functionality</b>
<i>This agency emphasizes growth and development</i>
<i>I know what the people in my agency expect of me</i>
<i>When I face a difficult task, the people in my agency help me out</i>
<b>Morale</b>
<i>This organization really inspires the very best in me in the way of job performance</i>
<i>How satisfied are you with the feeling of accomplishment you get from your job</i>

## References

1. Glisson C, Landsverk J, Schoenwald S, Kelleher K, Hoagwood K. Assessing the Organizational Social Context (OSC) of Mental Health Services for Implementation Research and Practice. *Administration and Policy in Mental Health and Mental Health Services Research*. In Press.
2. Glisson C, James LR. The cross-level effects of culture and climate in human service teams. *Journal of Organizational Behavior*. 2002;23:767-794.
3. Glisson C, Hemmelgarn A. The effects of organizational climate and interorganizational coordination on the quality and outcomes of children's service systems. *Child Abuse & Neglect*. May 1998 1998;22(5):401-421.
4. Glisson C, Schoenwald SK, Kelleher K, et al. Therapist turnover and new program sustainability in mental health clinics as a function of organizational culture, climate, and service structure. *Adm Policy Ment Health*. Mar 2008;35(1-2):124-133.

## **Appendix 2**

### **2009 Sanctuary Survey Final State Report**

#### **Executive Summary**

- During the period of December 2009 through January 2010, an evaluation team at the University of Pittsburgh conducted the second annual staff survey across child residential organizations that are currently implementing the Sanctuary Model in Pennsylvania.
- The purpose of the survey was to assess child residential facility staff perceptions of implementation of the Sanctuary Model commitments, organizational morale, culture, and climate and its association with the implementation of the Sanctuary Model commitments, and the association of Sanctuary commitments with outcomes reported to the state (e.g., restraints, aggression).
- The overall response rate was similar to the first annual survey conducted in 2008-2009. Across participating residential facilities, 2188 staff members completed the survey as compared to 2381 staff members who completed the survey last year. Since the time of the first survey in late 2008, two sites are no longer participating in Sanctuary implementation and two new sites have joined and are in the early stages of implementation.
- Survey results reflect perspectives from a broad range of child residential facility staff including administrators, direct care staff, and auxiliary staff (e.g., IT, HR, facilities) with a range of experience in behavioral health and time employed within the organization.
- Overall, the level of perceived implementation of the Sanctuary Model commitments has sustained over the past year, despite stressors faced by organizations related to the broader economic environment.
  - Child residential facility staff members continue to perceive that their organizations are implementing the Sanctuary commitments.
  - Consistent with last year, staff report higher levels of perceived implementation of the Commitment to Nonviolence and the Commitment to Growth and Change, with lower rates of perceived implementation of other commitments such as the Commitment to Shared Governance and the Commitment to Open Communication
  - There was variation by residential sites in the perceived implementation of Sanctuary commitments.
- Organizations with the greatest reported implementation of Sanctuary Commitments of Nonviolence and Social Responsibility were commonly those with the most rapid observed decrease in restraints and resident aggression.
- As organizations have continued to implement the Sanctuary Model over the past year, there was a stronger correlation across all commitments and the rate of decrease in restraints and aggression
- Staff at organizations reporting greater implementation of the Sanctuary Commitments also reported lower levels of staff stress, higher levels of engagement and competency in their jobs, and higher levels of job satisfaction and commitment to the organization.

## Background

The Sanctuary Model ®, developed by Sandra Bloom, MD is a trauma-informed method for changing an organizational culture. The Sanctuary Model is full-system intervention focused 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 requires extensive leadership involvement in the process of change as well as staff and client involvement at every level of the process.

The Sanctuary Model is designed to improve client and staff outcomes through building a shared language and vision enhancing the culture of participating organizations. This is accomplished by encouraging all members of the community to commit to change the culture of the organization across seven domains. These include creating a 1) Culture of Nonviolence – developing, using and modeling safety skills to eliminate potential for violence or harm in all ways; 2) Culture of Emotional Intelligence – learning how emotions impact us, and teaching and modeling affect management skills; 3) Culture of Inquiry & Social Learning – building and modeling cognitive skills and an environment in which members learn collaboratively and from each other; 4) Culture of Shared Governance – creating and modeling civic skills of self-control, self-discipline, and healthy administration of authority; 5) Culture of Open Communication – teaching healthy boundaries and identifying and overcoming barriers to direct communication to reduce acting-out and enhance self-protective and self-correcting skills; 6) Culture of Social Responsibility – establishing and rebuilding skills and experiences of healthy attachment, relationship and social connection skills; and, 7) Culture of Growth and Change – instilling a focus on accepting and managing change and growth to work towards the future and restore hope, meaning and purpose. Through changing the culture of participating organizations, the Sanctuary Model is designed to result in improvements in a range of organizational, client and staff outcomes. The Sanctuary Model is currently being implemented in residential facilities within Pennsylvania.

As part of our evaluation of the implementation and impact of the Sanctuary Model in residential facilities in Pennsylvania, the University of Pittsburgh has recently completed the second of three planned annual surveys of staff in residential facilities to assess the perceived implementation of the Sanctuary Model commitments by residential facility staff and residential facility culture and climate change. We are also examining the relationship between these factors and residential facility outcomes reported to the state, such as restraints and aggression. This report provides a summary of results from the current year and, when appropriate, a comparison to last year's results.

## Survey Implementation

The results of the first annual survey were mailed to sites in March 2009. Since the completion of the first survey, two new sites have begun implementation of Sanctuary and two sites are no longer participating in Sanctuary implementation. Prior to the fielding of the second annual survey, the University of Pittsburgh worked with the Pennsylvania Department of Public Welfare, the Andrus Children's Center, and Andrus consultants to confirm the names and contact information for Sanctuary key contacts at each organization

and identify key contacts at the two new organizations. Emails were sent to the key contacts at the 27 residential facilities, which participated in the first survey, on Oct 8, 2009 to begin preparations for the second annual survey and request updated contact information. Additional emails were sent on October 14 and November 4, 2009 to confirm sub-site information and request information on the number of staff currently employed at each facility. Additional follow-up phone calls and emails were exchanged with University of Pittsburgh evaluation team members and survey contacts from a few organizations to address specific concerns.

After a careful review of the processes implemented during the first annual survey, several changes were made including the addition of a new optional method for completing the survey. The methods incorporated the use of personalized emails and tokenized links to the survey, so that staff members who provided an email address with their completed the survey were sent a personalized email and link to the survey. Each survey link was specific and could not be shared with any other staff member. Staff persons who completed the survey using this method were automatically entered into the incentive lottery.

The two new residential organizations were contacted in mid November 2009 and received additional information and instruction on the survey processes. Two information sessions were held via conference call on December 2 and 3, 2009 with the contact persons from all organizations to review the survey process and answer questions. Follow up emails were exchanged between the University of Pittsburgh evaluation team and contact persons to address any additional questions or concerns. Contact individuals were also responsible for distributing emails with a web link to the online version of the survey and paper versions of the survey to staff in their organizations. The cooperation, efforts, and support provided by the contact individuals prior to and during the course of the survey was critically important to the remarkably high level of response achieved by a large number of the participating residential facilities.

An email containing information about the survey and a link to the online survey were sent to contacts to distribute to staff on December 3, 2009. The personalized emails containing the survey links were also sent on this date. Several days later, provider contacts received paper versions of the survey and postage-paid return envelopes to distribute to staff that did not have internet access or preferred to complete the survey on paper. Individual email updates were sent regularly to all provider contacts informing them of the number of web and paper surveys completed at their organization. Email message content was tailored based on how well provider organizations were doing with regard to survey completion and submission rates. These updates were sent on December 11 and December 22, 2009 and January 6, 13 and 20, 2010. Several provider contacts also requested additional information regarding the number of surveys requested by individual sub-sites. This information was sent to each requesting provider contact.

At the start of the survey process, the evaluation team offered the opportunity to staff at all organizations to submit their completed survey by December 23, 2009 to be entered into a lottery to receive \$100.00. There was one lottery drawing per provider organization. At the end of December, an update email also explained that the deadline for the lottery had been extended from December 23, 2009 to January 22, 2010. The survey was open for completion through January 22, 2010.

## Measures and Analysis

To assess the implementation of the Sanctuary Model with fidelity and the resulting organizational change, we used a modified version of the Andrus Environmental Scale to assess the 7 Sanctuary Commitments. The Andrus Environmental Scale has been used in a number of prior efforts to assess the implementation of the Sanctuary Model. Due to the need for a briefer survey, the University of Pittsburgh worked with Andrus Children's Center colleagues, drawing on the foundation's prior use of the Environmental Scale, to identify a smaller set of items to assess the 7 Sanctuary Commitments. After a careful review of the results of the first annual survey, four additional items were added to the survey. Two measured the Sanctuary Commitment to Nonviolence and two measured the Sanctuary Commitment to Creating an Emotionally Intelligent Environment.

To assess broader organizational culture and climate change occurring as a result of the Sanctuary Model implementation, we modified a well established measures assessing an organization's culture and climate, as well as individuals' work attitudes and satisfaction with work, that have previously been used to survey staff to assess organizational culture and climate in child serving systems and in large-scale studies of systems serving children with emotional and behavioral problems.

We explored the relationship between residential staff reported implementation of Sanctuary as assessed by the perceived implementation of the Sanctuary Commitments and outcomes of interest, including restraints, aggression, and residential facility culture and climate. We tested for statistically significant correlations, but also examined the data graphically to identify any potentially important statistically non-significant trends. In examining trends, we identified those residential facilities with the highest rate of improvement over the observed period for outcomes reported to the state (e.g. restraints, aggression) as well as those facilities whose rates of improvement were the lowest. We then examined the relationship between the highest and lowest performers and their reported endorsement of each of the Sanctuary Commitments. By doing so, we sought to identify a consistent relationship between being among the highest and lowest performers in rate of improvement in state reported outcomes and endorsement of Sanctuary Commitments.

## Results

A total of 2188 surveys were received from participating residential facilities during this year's survey, for an average of approximately 75 surveys per organization. One organization did not submit any completed surveys. Of the 2188 survey respondents, 760 completed the survey using the pencil and paper version and 1428 completed the survey using the web-based version, with 360 of the web surveys being accessed via the new process of a personalized web link.

### *Respondents*

The socio-demographic and experiential information of respondents is summarized in Table 1 along with a comparison to last year's survey information. The gender and race/ethnicity of survey participants was very similar to the previous year. The majority of

respondents were women, 64%; 82% were white, 12% African American, and 2% Hispanic. Marginal changes from last year were seen in the educational and experience level of participants who tended to be slightly more educated and more experienced in the mental health field. Twenty-six percent of the respondents had advanced degrees, 41% Bachelors, 22% Associates or some college, 3% vocational or technical school, 8% high school education and 1% less than high school education. Over one third of respondents had worked in the mental health field for more than 10 years, with 17% working 7-10 years, 17% 4-6yrs, 20% 1-3 years, and 7% less than 1 year.

The professional and facility experience of respondents was largely unchanged. In regards to professional role, the majority of respondents, 59%, were direct service providers with regular contact with clients, 16% were managers or supervisors with some client contact, 6% were senior management, and 19% indicated that they were other staff including IT, HR, facilities, administrative support, etc. In terms of experience, 24% of respondents had worked at their facility for more than 10 years, 14% 7-10 years, 18% 4-6 years, 30% 1-3 years and 15% less than 1 year. 93% were full-time staff. Sixty-five percent of respondents indicated that they felt very confident in performing their job in their current position, 29% felt confident, 5% were somewhat confident and only 1% reported feeling not confident.

As expected, significant changes were observed in participants' experience with the Sanctuary Model. When asked to describe their experience with the Sanctuary Model, 49% indicated being trained in the Sanctuary Model (staff training or leadership training), 31% were in the process of being trained in the model, 7% were familiar with the model but not trained in it, and 6% reported not being familiar with the Sanctuary Model. At the time of the first annual survey, only 30% of participants had completed training in the Sanctuary Model.

Table 1. Socio-demographic Characteristics of Sanctuary Survey Respondents

Characteristic	2008 Results		2009 Results	
	N	%	N	%
<b>Gender</b>				
Female	1525	65	1301	64
Male	836	35	740	36
<b>Race/Ethnicity</b>				
White	1917	82	1737	82
African American	266	11	244	12
Hispanic	62	3	49	2
Other	38	4	98	4
<b>Education</b>				
Grade School	38	2	25	2
High School Graduate or GED	235	10	173	8
Some College	284	12	252	12
Vocational or Technical School	76	3	60	3

Characteristic	2008 Results		2009 Results	
	N	%	N	%
Associates Degree	224	10	206	10
Bachelors Degree	929	39	868	41
Masters Degree or Above	583	25	543	26
<b>Experience in Mental Health</b>				
Less than 1 year	211	9	143	7
1-3 years	483	21	423	20
4-6 years	414	18	360	17
7-10 years	372	16	354	17
More than 10 years	873	37	849	40
<b>Role of Respondent</b>				
Direct Service Provider	1361	58	1269	59
Manager/supervisor	367	16	355	16
Senior/Executive Management	123	5	124	6
Other Staff	511	22	419	19
<b>Position Status</b>				
Full-time	2179	92	1989	93
Part-time	189	8	144	7
Not employed			1	0
<b>Confidence in Performing Job</b>				
Not confident	15	1	18	1
Somewhat confident	123	5	103	5
Confident	718	30	629	29
Very confident	1515	64	1387	65
<b>Experience with the Sanctuary Model</b>				
Not familiar	257	11	132	6
Familiar, has not attended trainings	331	14	144	7
Familiar, has not completed training	365	16	158	7
Currently completing training	920	39	673	31
Completed staff training	314	13	851	39
Completed Sanctuary leadership training	173	7	210	10

*Sanctuary Commitments*

To assess the perceived implementation of the seven Sanctuary Commitments within child residential facilities, survey participants were asked whether they Strongly Agree, Agree, Neither Agree/disagree, Disagree, or Strongly Disagree with a series of statements.

Table 2 provides the mean score for each of the Sanctuary Commitments for both 2008 and 2009 surveys.

Table 2. Commitments of the Sanctuary Model

<b>Sanctuary Commitment</b>	<b>2008 Mean</b>	<b>2009 Mean</b>
Commitment to Nonviolence	3.68	3.70
Commitment to Creating an Emotionally Intelligent Environment	3.30	3.39
Commitment to Culture of Inquiry and Social Learning	3.41	3.38
Commitment to Shared Governance	3.11	3.06
Commitment to Open Communication	3.27	3.30
Commitment to Social Responsibility	3.40	3.38
Commitment to Growth and Change	3.71	3.69

\* A score of 1.0 indicates that respondents strongly disagree with the statements associated with the implementation of that commitment, a score of 3.0 indicates participants neither agree nor disagree, and a score of 5.0 indicates participants strongly agree.

These results suggest that overall the level of agreement with Sanctuary commitments was sustained from the first to second year of implementation. Consistent with last year, staff report higher levels of agreement regarding the Commitment to Nonviolence and the Commitment to Growth and Change, with lesser agreement regarding the Commitment to Shared Governance and the Commitment to Open Communication

More detail regarding responses to individual Sanctuary Commitment items can be found in Appendix A, and Appendix B provides information regarding levels of agreement and disagreement to each Sanctuary Commitment item.

### *Child Residential Facility Culture and Climate*

To assess the organizational characteristics of participating organizations, respondents were asked if they agreed with a series of statements. Response options included, "Not At All, A Slight Extent, A Moderate Extent, A Great Extent, or A Very Great Extent." Items pertaining strictly to resident-staff member interactions included a 'Not Applicable' option for staff members without routine interactions with residents. Items were grouped into seven different domains of organizational culture and climate.

Table 3 provides the mean score and for each of the culture and climate domains for both 2008 and 2009 surveys. A score of 5 indicates that respondents agreed to A Very Great Extent with the statements associated with that domain and a score of 1 indicates that participants agreed Not At All with the statements of that domain. Table 3 also provides a summary of what higher scores and lower scores in each domain mean. In Appendix C, we provide examples of questions from each scale.

Table 3. Organizational Culture and Climate Results

<b>Organizational Domain</b>	<b>2008 Mean</b>	<b>2009 Mean</b>	<b>Higher Scores</b>	<b>Lower Scores</b>
Rigidity	2.90	2.91	Staff feel that the organization is more rigid and centralized	Staff feel that the organization is less rigid and run more locally
Proficiency	3.90	3.86	Staff feel that they and their colleagues are more competent and proficient at their jobs	Staff feel that they and their colleagues are more are less competent and proficient
Resistance	2.28	2.30	Staff feel that they and their colleagues are more passive in their jobs and/or more critical of their colleagues	Staff feel that they and their colleagues are less passive in their jobs and/or less critical of their colleagues
Stress	2.50	2.56	Staff feel that the organization is a more stressful and bureaucratic place to work	Staff feel that the organization is a less stressful and bureaucratic place to work
Engagement	3.86	3.80	Staff feel that they and their colleagues are more engaged and personally invested with the individuals they serve	Staff feel that they and their colleagues are less engaged and personally invested with the individuals they serve
Functionality	3.17	3.10	Staff felt that there are greater opportunities for growth and advancement	Staff felt that there are fewer opportunities for growth and advancement
Morale	3.41	3.29	Staff feel that they and their colleagues have higher levels of job satisfaction and commitment to the organization	Staff feel that they and their colleagues have lower levels of job satisfaction and commitment to the organization

*Results of Selected Outcome Measures since the Start of Sanctuary Implementation*  
 Selected outcome measures have been tracked and reported to the State during the implementation of Sanctuary. Figures 1-4 below display aggregate rates of physical restraints, direct care staff turnover, acts of aggression, and calls to police. The incidence

rates for use of physical restraints, acts of aggression, and calls to police was determined by dividing the number of outcome event occurrences by the number of residents each month. The incidence rate for direct care staff turnover was determined by dividing the number of direct care staff who left employment each month by the number of direct care staff employed each month. The graphs below display the means of the incidence rates across all sites and months for which data was reported from January 2008 to February 2010.

As depicted below, the rates of physical restraints and direct care staff turnover have changed modestly during Sanctuary implementation. The rate of acts of aggression has slightly increased since the early stages of Sanctuary. The rate of calls to police has remained low throughout the period of Sanctuary implementation.

Figure 1. Use of physical restraints since the start of Sanctuary implementation

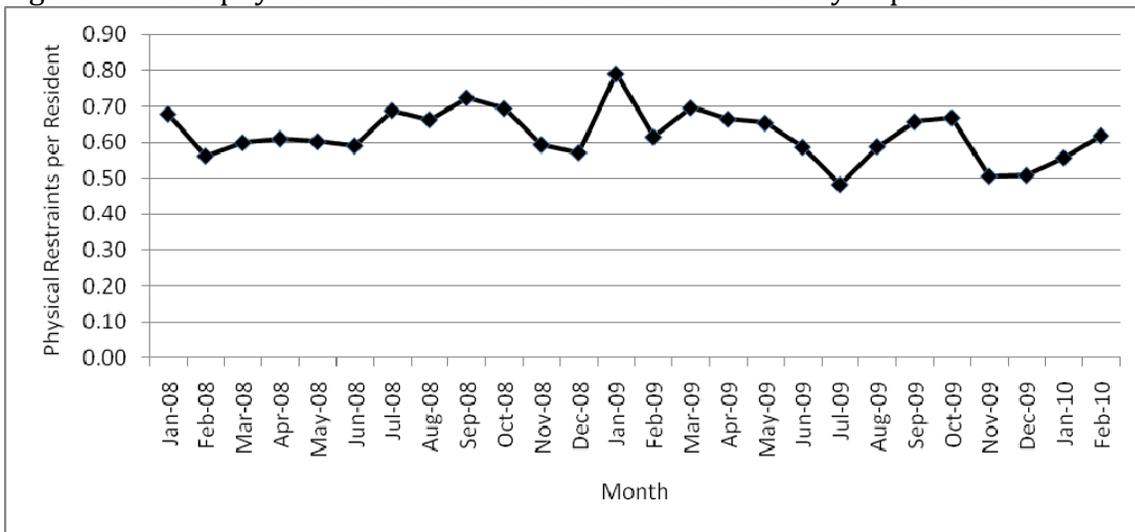


Figure 2. Turnover of Direct care Staff since the Start of Sanctuary implementation

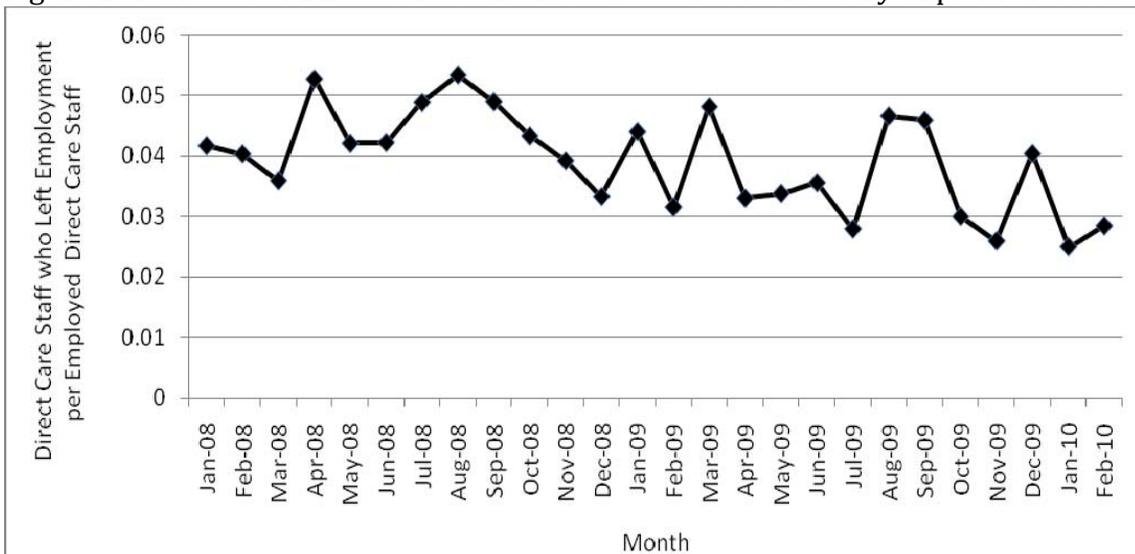


Figure 3. Acts of aggression since the start of Sanctuary implementation

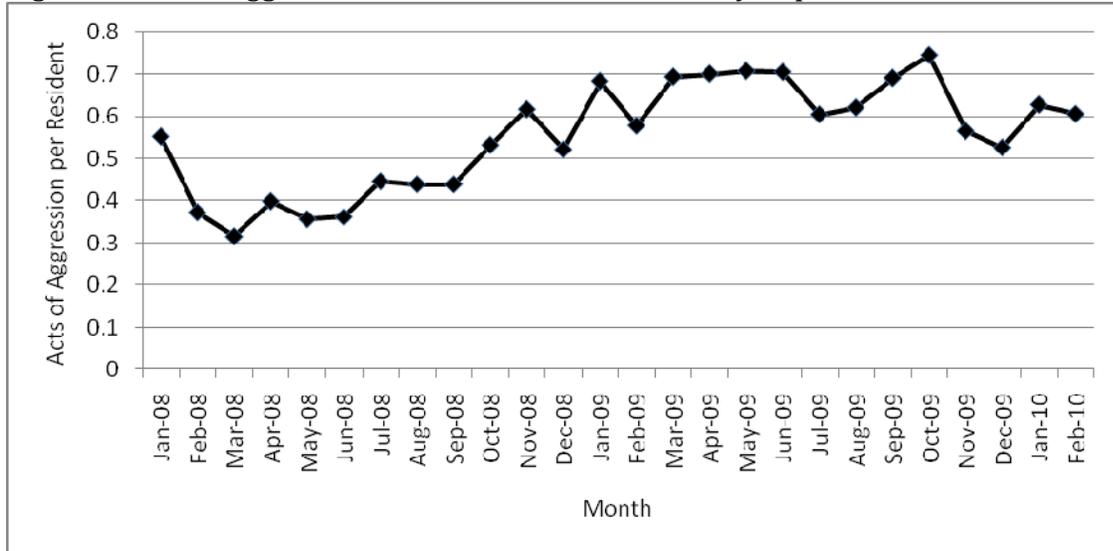
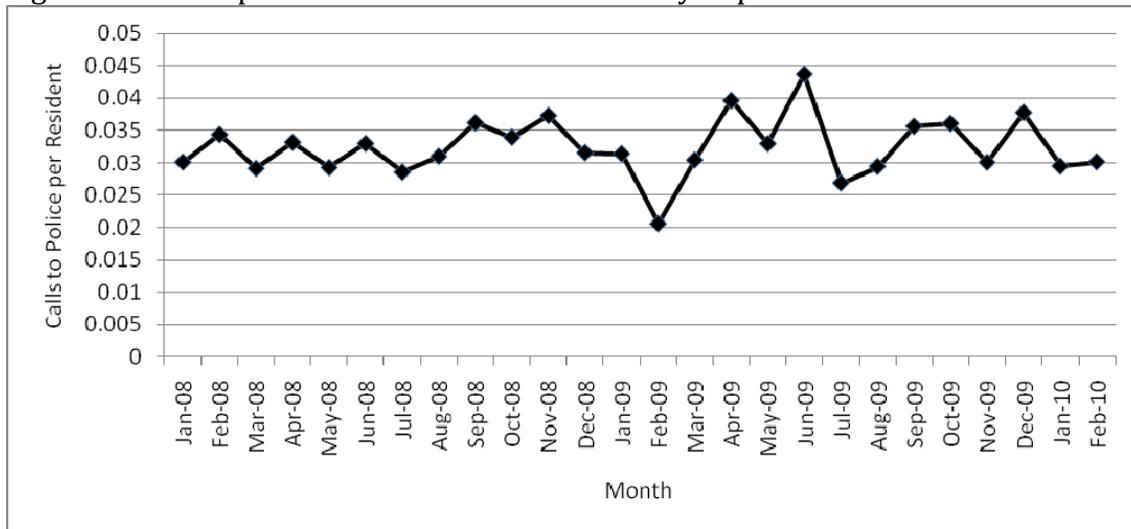


Figure 4. Calls to police since the start of Sanctuary implementation



*Relationship between Sanctuary Implementation and Outcome Measures*

Consistent with what was observed previously, there continues to be a relationship between residential sites whose staff reported higher levels of implementation of the Sanctuary Commitment of Non-violence and greater improvement in site report of use of restraints and aggression. That is, four of the six residential facilities with the greatest improvement in reported use of restraints were also in the highest level for the Sanctuary Commitment to Nonviolence. Similarly, four of the top six facilities with the greatest improvement in reported aggression among residents were in the highest level for the Sanctuary Commitment to Nonviolence. A similar pattern was observed for organizations in the highest report levels for the Sanctuary Commitment to Social Responsibility, with three of the top six with the greatest improvement in reported use of restraints and three of the top six with the greatest improvement in reported aggression among residents.

Moreover, that there was a clear pattern between the Sanctuary Commitment scores of the residential facilities in 2008 and 2009 and the improvements observed in restraints and aggression among residents over time. Specifically, for every Sanctuary Commitment, there was a stronger correlation seen between endorsement of the Sanctuary Commitment in 2009 and improvement in both restraints and aggression than was seen in 2008. This is consistent with the observation that between 2008 and 2009 the depth of commitment and breadth of exposure to the Sanctuary Model among staff increased across many organizations. The strongest associations between Sanctuary Commitments and the rate at which restraints decreased were seen for the Growth and Change, Nonviolence, and Social Responsibility Commitments.

Our findings also strongly suggest that the Sanctuary Model is achieving its impact through having a profound impact on the culture and climate of the child residential facilities. There was a consistent relationship between staff endorsing improvements in Sanctuary Commitments and improvements in their working culture and climate. Specifically, the organizations where staff reported greater perceived implementation of the Sanctuary Commitments also reported that they and their colleagues were more competent and proficient at their jobs, the organization was a less stressful place to work, they and their colleagues were more engaged and personally invested with the individuals they serve, they had greater opportunities for growth and advancement, and they had higher levels of job satisfaction and commitment to the organization. Please see Table 4 below.

Table 4. Correlations Between in the Change in Sanctuary Commitment Scores between 2008 and 2009 and Improvements in the Organizational Culture and Climate

<b>Sanctuary Commitment</b>	<b>Culture and Climate Domain</b>						
	<b>Rigidit y</b>	<b>Proficienc y</b>	<b>Resistanc e</b>	<b>Stress</b>	<b>Engagemen t</b>	<b>Functionality</b>	<b>Morale</b>
<b>NonViolence</b>	-0.12	0.76 ***	-0.04	-0.60**	0.48*	0.60**	0.65***
<b>Creating an Emotionally Intelligent Environment</b>	0.07	0.68***	-0.19	-0.47*	0.47*	0.70***	0.59**
<b>Culture of Inquiry and Social Learning</b>	0.11	0.80***	-0.08	-0.54**	0.54**	0.85***	0.78***
<b>Shared Governance</b>	-0.23	0.61**	-0.17	-0.43*	0.44*	0.66***	0.68***
<b>Open Communication</b>	0.07	0.59**	-0.17	-0.28	0.46*	0.58**	0.54**
<b>Social Responsibility</b>	-0.05	0.17	-0.17	-0.12	0.23	0.19	0.22
<b>Growth and Change</b>	-0.27	0.74***	-0.47*	-0.54**	0.75***	0.62**	0.67***

\*p<.05 ; \*\*p<.01; \*\*\*p<.001

Summary

As part of our evaluation of the implementation and impact of the Sanctuary Model in child residential facilities in Pennsylvania, this report reflects two years of survey data results of staff perspectives on Sanctuary implementation, residential facility organizational culture and climate change, and outcomes. Overall, results suggest that organizations are maintaining a commitment to the Sanctuary Model despite the additional stressors that

existed in child residential service delivery systems in the second year of Sanctuary implementation. As we might expect, there continues to be variation across child residential facilities in their perceptions of the level of facility commitment to Sanctuary and reports of changes in organizational culture and climate. We found that in organizations where Sanctuary commitment increased the most, there are significant positive changes in culture and climate, as well as notable improvements in important child outcomes in many of the facilities where Sanctuary commitment is the highest. These findings are encouraging and reflect the benefits of the hard work being done and the commitment of many of these organizations across Pennsylvania. The results also provide information for areas of child residential service delivery that is in need of relative improvement.

In subsequent analyses and reports, we will continue to report on the stability of Sanctuary Model implementation and results from the annual survey will again be combined with other data including routine information that is reported by organizations to DPW on child and staff outcomes. Future reports will reflect the extent to which perceptions over longer periods of time in Sanctuary Model implementation and organizational factors are associated with improved outcomes for child residential facility residents and staff.

## 2009 Report: APPENDIX A

## Mean and Standard Deviation of Individual Sanctuary Commitment Items

<b>Sanctuary Commitment Item</b>	<b>2008 Mean*</b>	<b>2009 Mean*</b>
<b>Commitment to Nonviolence</b>	3.68	3.70
Destructive or violent incidents are addressed nonviolently and openly reviewed as soon as possible.	3.88	3.89
I often feel unsafe at the facility.**	2.12	2.27
Destructive or violent incidents are viewed as problems of and for the entire community.	3.49	3.54
Destructive or violent incidents are viewed as opportunities for new learning and information gained contributes to change.	3.48	3.50
De-escalation maneuvers occur routinely***		3.83
Small escalations are promptly addressed***		3.73
<b>Commitment to Creating an Emotionally Intelligent Environment</b>	3.30	3.39
Emotion management skills training is available to staff.	3.12	3.30
Regular team meetings are held with representatives from all levels of staff.	3.60	3.67
My supervisor talks with me about work-related stress and helps me manage that stress in appropriate ways.	3.17	3.13
Emergency/spontaneous team meetings are held when necessary***		3.74
Affect management skills training is embedded in the program***		3.13
<b>Commitment to Culture of Inquiry and Social Learning</b>	3.41	3.38
Every staff member has regular supervision.	3.48	3.37
There is an expectation that leaders, staff and clients will learn from everyday experience and from each other.	3.84	3.77
All major decisions are made using a team approach.	3.16	3.14
Educational materials (e.g. books, handouts, and videos) are easily available to clients and staff.	3.27	3.28
Problem solving involves parties affected by the problem and is generally done by consensus.	3.28	3.32
<b>Commitment to Shared Governance</b>	3.11	3.06
I am able to question decisions made by administrators, manager, and other staff.	3.12	3.09
Managers and administrators regularly take time to listen to what I have to say and respond in meaningful ways.	3.39	3.30
Policies, procedures and practices are reviewed regularly by staff at all levels.	3.24	3.22
Important community/facility decisions (e.g. hiring, program changes etc.) are often made without warning or discussion. **	3.31	2.62
<b>Commitment to Open Communication</b>	3.27	3.30
The schedule of the program activities and events are available and accessible to clients and staff.	3.70	3.73
There is a regular and helpful; communication between staff in different shifts or groups (e.g. direct care, clinical, etc).	3.29	3.36
Staff are often unaware of decisions made around clients. **	2.96	2.94
All staff are aware of decisions made around policies and procedures.	3.17	3.15
Difficult topics can be discussed openly and directly within the community.	3.14	3.19

Mean and Standard Deviation of Individual Sanctuary Commitment Items (continued)

<b>Sanctuary Commitment Item</b>	<b>2008 Mean*</b>	<b>2009 Mean*</b>
<b>Commitment to Social Responsibility</b>	3.40	3.38
Most administrators, manager, and staff do not model positive behavior **	2.37	2.46
Staff and leaders are able to challenge each other, disagree, collaborate, resolve conflicts, and learn from the process.	3.29	3.29
Relationship problems (e.g., between clients, clients and staff, or staff and leadership) are addressed and viewed as an opportunity for learning.	3.28	3.31
<b>Commitment to Growth and Change</b>	3.71	3.69
Administrators, managers, and staff truly believe in the potential for positive change in the clients we serve.	3.92	3.88
Change is often discouraged and not supported. **	2.39	2.38
Inspiration in any form is sought after, appreciated and supported.	3.58	3.55

\*Scale: 1=Strongly Disagree with the statements; 3=Neither Agree Nor Disagree with the statements; 5=Strongly Agree with the statements

\*\*These items were reversed scored in the calculation of the means for the overall commitment items.

\*\*\*These items were not included on the first annual survey.

## 2009 Report: APPENDIX B

## Agreement and Disagreement with Individual Sanctuary Commitment Items

<b>Sanctuary Commitment</b>	<b>% Strongly Agree or Agree</b>	<b>% Neither Agree nor Disagree</b>	<b>% Strongly Disagree or Disagree</b>
<b>Commitment to Nonviolence</b>			
Destructive or violent incidents are addressed nonviolently and openly reviewed as soon as possible.	74.1	15.1	10.8
I often feel unsafe at the facility. *	17.6	15.9	66.6
Destructive or violent incidents are viewed as problems of and for the entire community.	59.5	22.7	17.9
Destructive or violent incidents are viewed as opportunities for new learning and information gained contributes to change.	58.7	25.8	15.5
De-escalation maneuvers occur routinely**	71.8	20.5	7.7
Small escalations are promptly addressed**	70.6	16.2	13.2
<b>Commitment to Creating an Emotionally Intelligent Environment</b>			
Emotion management skills training is available to staff.	51.1	23.0	25.9
Regular team meetings are held with representatives from all levels of staff.	68.1	13.0	19.0
My supervisor talks with me about work-related stress and helps me manage that stress in appropriate ways.	44.1	24.1	31.8
Emergency/spontaneous team meetings are held when necessary**	70.3	16.7	13.0
Affect management skills training is embedded in the program**	39.5	33.4	27.1
<b>Commitment to Culture of Inquiry and Social Learning</b>			
Every staff member has regular supervision.	55.9	19.0	25.2
There is an expectation that leaders, staff and clients will learn from everyday experience and from each other.	71.9	18.8	9.4
All major decisions are made using a team approach.	44.8	23.4	31.8
Educational materials (e.g. books, handouts, and videos) are easily available to clients and staff.	49.0	26.0	25.0
Problem solving involves parties affected by the problem and is generally done by consensus.	48.7	32.2	18.9

## Agreement and Disagreement with Individual Sanctuary Commitment Items (continued)

<b>Sanctuary Commitment</b>	<b>% Strongly Agree or Agree</b>	<b>% Neither Agree nor Disagree</b>	<b>% Strongly Disagree or Disagree</b>
<b>Commitment to Shared Governance</b>			
I am able to question decisions made by administrators, manager, and other staff.	45.4	22.8	31.8
Managers and administrators regularly take time to listen to what I have to say and respond in meaningful ways.	53.5	21.6	24.9
Policies, procedures and practices are reviewed regularly by staff at all levels.	47.7	25.6	26.7
Important community/facility decisions (e.g. hiring, program changes etc.) are often made without warning or discussion. *	46.0	32.6	20.7
<b>Commitment to Open Communication</b>			
The schedule of the program activities and events are available and accessible to clients and staff.	68.0	22.7	9.3
There is a regular and helpful; communication between staff in different shifts or groups (e.g. direct care, clinical, etc).	51.9	27.4	20.7
Staff are often unaware of decisions made around clients. *	29.7	34.2	36.2
All staff are aware of decisions made around policies and procedures.	42.0	29.0	29.0
Difficult topics can be discussed openly and directly within the community.	44.5	30.0	25.5
<b>Commitment to Social Responsibility</b>			
Most administrators, manager, and staff do not model positive behavior.*	17.2	23.3	59.5
Staff and leaders are able to challenge each other, disagree, collaborate, resolve conflicts, and learn from the process.	49.4	27.9	22.7
Relationship problems (e.g., between clients, clients and staff, or staff and leadership) are addressed and viewed as an opportunity for learning.	50.3	27.8	21.9
<b>Commitment to Growth and Change</b>			
Administrators, managers, and staff truly believe in the potential for positive change in the clients we serve.	75.5	16.4	8.1
Change is often discouraged and not supported.*	14.1	23.6	62.3
Inspiration in any form is sought after, appreciated and supported.	58.7	27.8	13.5

\* These items were reversed scored in the calculation of the means for the overall commitment items.

\*\* These items were not included on the first annual survey.

## 2009 Report: Appendix C: Organization Culture and Climate Domains: Sample Items

<b>Sample Items</b>
<b>Rigidity</b>
<i>I have to ask a supervisor or coordinator before I do almost anything</i>
<i>There is only one way to do the job – the boss's way</i>
<b>Proficiency</b>
<i>Members of my organizational unit are expected to find ways to serve clients more Effectively</i>
<i>Members of my organization unit are expected to be thoughtful and considerate</i>
<b>Resistance</b>
<i>Members of my organizational unit are expected to go along with group decisions</i>
<i>Members of my organizational unit are expected to be competitive with coworkers</i>
<b>Stress</b>
<i>I feel burned out from my work</i>
<i>To what extent are you constantly under heavy pressure on your job</i>
<i>How often do you feel unable to satisfy the conflicting demands of your supervisors</i>
<b>Engagement</b>
<i>I have accomplished many worthwhile things in this job</i>
<i>I worry that this job is hardening me emotionally (reversed scored)</i>
<b>Functionality</b>
<i>This agency emphasizes growth and development</i>
<i>I know what the people in my agency expect of me</i>
<i>When I face a difficult task, the people in my agency help me out</i>
<b>Morale</b>
<i>This organization really inspires the very best in me in the way of job performance</i>
<i>How satisfied are you with the feeling of accomplishment you get from your job</i>

## **Appendix 3**

### **2010 Sanctuary Survey State Report**

#### **Executive Summary**

- During the period of October through December 2010, an evaluation team at the University of Pittsburgh conducted the third annual staff survey across child residential organizations that are currently implementing the Sanctuary Model in Pennsylvania.
- The purpose of the survey was to assess child residential facility staff perceptions of implementation of the Sanctuary Model commitments, organizational morale, culture, and climate and the association of Sanctuary commitments with outcomes reported to the state (e.g., restraints, aggression).
- The overall response rate was similar to the first and second annual surveys conducted in 2008 and 2009. Across participating residential facilities, 2203 staff members completed the survey as compared to 2188 staff members who completed the survey last year and 2381 who completed the first annual survey.
- Survey results reflect perspectives from a broad range of child residential facility staff including administrators, direct care staff, and auxiliary staff (e.g., IT, HR, facilities) with a range of experience in behavioral health and time employed within the organization.
- Across all sites and respondents, the perceived implementation of the Sanctuary Model commitments was the same or greater in 2010 than it was in 2009.
- Consistent with the previous years, staff report higher levels of perceived implementation of the Commitment to Nonviolence and the Commitment to Growth and Change, with lower rates of perceived implementation of other commitments such as the Commitment to Shared Governance and the Commitment to Open Communication.
- Across all respondents and residential sites, we found that approximately 60% of respondents felt that Sanctuary had improved their ability to work with the children in their residential site.
- There was substantial variation by residential sites in the perceived implementation of Sanctuary commitments.
- There was a clear and persistent trend for more positive outcomes at those residential sites where staff endorsed a greater level of implementation of the Sanctuary Commitments.
- Sites in which staff reported more effective implementation of Sanctuary had significantly lower staff stress and higher staff morale.
- Sites in which staff reported more effective implementation of Sanctuary reported feeling more competent and proficient at their jobs and more invested in the individuals they serve.
- Of the residential sites that were in the top seven in implementing Sanctuary, there were three of the seven sites that also had the greatest rate of decline in overall restraints.

## Background

The Sanctuary Model ®, developed by Sandra Bloom, MD is a trauma-informed method for changing an organizational culture. The Sanctuary Model is a full-system intervention focused 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 requires extensive leadership involvement in the process of change as well as staff and client involvement at every level of the process.

The Sanctuary Model is designed to improve client and staff outcomes through building a shared language and vision enhancing the culture of participating organizations. This is accomplished by encouraging all members of the community to commit to change the culture of the organization across seven domains. These include creating a 1) Culture of Nonviolence – developing, using and modeling safety skills to eliminate potential for violence or harm in all ways; 2) Culture of Emotional Intelligence – learning how emotions impact us, and teaching and modeling affect management skills; 3) Culture of Inquiry & Social Learning – building and modeling cognitive skills and an environment in which members learn collaboratively and from each other; 4) Culture of Shared Governance – creating and modeling civic skills of self-control, self-discipline, and healthy administration of authority; 5) Culture of Open Communication – teaching healthy boundaries and identifying and overcoming barriers to direct communication to reduce acting-out and enhance self-protective and self-correcting skills; 6) Culture of Social Responsibility – establishing and rebuilding skills and experiences of healthy attachment, relationship and social connection skills; and, 7) Culture of Growth and Change – instilling a focus on accepting and managing change and growth to work towards the future and restore hope, meaning and purpose. Through changing the culture of participating organizations, the Sanctuary Model is designed to improve a range of organizational, client and staff outcomes. The Sanctuary Model is currently being implemented in residential facilities within Pennsylvania.

As part of our evaluation of the implementation and impact of the Sanctuary Model in residential facilities in Pennsylvania, the University of Pittsburgh has recently completed the third and final of three planned annual surveys of staff in residential facilities to assess the perceived implementation of the Sanctuary Model commitments by residential facility staff and residential facility culture and climate change. We have also examined relationships between these factors and residential facility outcomes reported to the state, such as restraints and aggression. This report provides a summary of results from the current year and, when appropriate, a comparison to the previous two years of results.

## Survey Implementation Process

The results of the second annual survey were mailed to child residential organizations in July 2010. Prior to the fielding of the third annual survey, the University of Pittsburgh worked with the Pennsylvania Department of Public Welfare, the Andrus Children's Center, and Andrus consultants to confirm the names and contact information for Sanctuary key contacts at each organization and identify key contacts at the two new organizations. Emails were sent to the key contacts at the 27 residential facilities that participated in the

first and second surveys, to begin preparations for the third annual survey and request updated contact information. Follow-up phone calls and emails were exchanged with University of Pittsburgh evaluation team members and survey contacts from a few organizations to address specific concerns.

Two information sessions were held via conference call on October 19 and 20, 2010 with the contact persons from all organizations to review the survey process and answer questions. Follow up emails were exchanged between the University of Pittsburgh evaluation team and contact persons to address any additional questions or concerns. Contact individuals were responsible for distributing emails with a web link to the online version of the survey and paper versions of the survey to staff in their organizations. Contact individuals were also asked to inform their staff of the tokenized emails which were sent to facility staff who completed the survey at least one of the two previous years and provided an email address. The cooperation, efforts, and support provided by the contact individuals prior to and during the course of the survey was critically important to the remarkably high level of response achieved by a large number of the participating residential facilities.

The personalized emails containing the tokenized survey links were sent on Wednesday October 20, 2010. A couple days later, an email was sent to site contacts containing a link to the online survey. Site contacts were asked forward the link to all staff members with email access. Next, provider contacts received paper versions of the survey and postage-paid return envelopes to distribute to staff that did not have internet access or preferred to complete the survey on paper. Individual email updates were sent regularly to all provider contacts informing them of the number of web and paper surveys completed at their organization. Email message content was tailored based on how well provider organizations were doing with regard to survey completion and submission rates. These updates were sent on October 29, November 11, November 23, December 1 and December 7, 2010. Additional updates were provided via phone call throughout the survey implementation period. Several provider contacts also requested additional information regarding the number of surveys requested by individual sub-sites. This information was sent to each requesting provider contact.

At the start of the survey process, the evaluation team offered the opportunity to staff at all organizations to submit their completed survey by November 24, 2010 to be entered into a lottery at each provider organization to receive \$100.00. The November 23, 2010 email update also explained that the deadline for the lottery had been extended from November 23 to December 10, 2010. The survey was open for completion through December 10, 2010. The deadline for two sites was extended an additional week to accommodate specific requests made by the site contacts.

### Measures and Analysis

To assess the implementation of the Sanctuary Model with fidelity and the resulting organizational change, we used a modified version of the Andrus Environmental Scale to assess the seven Sanctuary Commitments. The Andrus Environmental Scale has been used in a number of prior efforts to assess the implementation of the Sanctuary Model. Due to the need for a briefer survey, the University of Pittsburgh worked with Andrus Children's

Center colleagues, drawing on the foundation's prior use of the Environmental Scale, to identify a smaller set of items to assess the seven Sanctuary Commitments. After a careful review of the results of the first annual survey, four additional items were added to the survey. Two of these items measured the Sanctuary Commitment to Nonviolence and two measured the Sanctuary Commitment to Creating an Emotionally Intelligent Environment.

To assess broader organizational culture and climate change occurring as a result of the Sanctuary Model implementation, we modified a well established measure assessing an organization's culture and climate, as well as individuals' work attitudes and satisfaction with work, that have previously been used to survey staff to assess organizational culture and climate in child serving systems and in large-scale studies of systems serving children with emotional and behavioral problems.

Six additional questions were added to third annual survey to obtain information on staff perceptions of the role of implementing the Sanctuary Model on staff members' relationships with residents and colleagues. The added questions also addressed the perceived willingness of staff members and organizations to continue to implement the Sanctuary model.

We explored the relationship between residential staff perceived and reported implementation of Sanctuary Commitments and outcomes of interest, including restraints, aggression, and residential facility culture and climate. We tested for statistically significant correlations, but also examined the data graphically to identify any potentially important statistically non-significant trends. In examining trends, we identified those residential facilities across Pennsylvania with the both the highest and lowest staff-reported implementation of the Sanctuary Commitments. We then examined the relationship between these facilities and facilities with the highest and lowest rate of improvement over the observed period for outcomes reported to the state (e.g. restraints, aggression, staff turnover). By doing so, we sought to identify a consistent relationship among the highest and lowest performers in rate of improvement in state reported outcomes and endorsement of Sanctuary Commitments.

## Results

A total of 2203 surveys were received from participating residential facilities during the 2010 survey, an average of approximately 76 surveys per organization. Of the 2203 survey respondents, 664 completed the survey using the pencil and paper version and 1539 completed the survey using the web-based version.

### *Respondents*

The socio-demographic and experiential information of respondents is summarized in Table 1 along with a comparison to last year's survey information. Gender and race/ethnicity of survey participants was very similar to the previous years. The majority of respondents were women, 61%; 77% were white, 15% African American, and 3% Hispanic. Marginal changes from last year were seen in the educational and experience level of participants who tended to be slightly more educated and more experienced in the mental health field. Twenty-six percent of the respondents had advanced degrees, 43% Bachelors, 21% Associates or some college, 3% vocational or technical school, 7% high

school education, and 1% less than high school education. Over one third of respondents had worked in the mental health field for more than 10 years, with 17% working 7-10 years, 17% 4-6yrs, 19% 1-3 years, and 6% less than 1 year.

The professional and facility experience of respondents was largely unchanged. In regards to professional role, the majority of respondents, 57%, were direct service providers with regular contact with clients, 17% were managers or supervisors with some client contact, 5% were senior management, and 20% indicated that they were other staff including IT, HR, facilities, administrative support, etc. Ninety-three percent were full-time staff. Sixty-five percent of respondents indicated that they felt very confident in performing their job in their current position, 29% felt confident, 5% were somewhat confident and only 1% reported feeling not confident.

Changes were observed in participants' experience with the Sanctuary Model. When asked to describe their experience with the Sanctuary Model, 56% indicated being trained in the Sanctuary Model (staff training or leadership training), 28% were in the process of being trained in the model, 13% were familiar with the model but not trained in it, and 3% reported not being familiar with the Sanctuary Model. This is a substantial improvement over the past three years as only 30% were trained at the time of the first staff survey and 49% were trained at the time of last year's staff survey.

Table 1. Socio-demographic Characteristics of Sanctuary Survey Respondents

Characteristic	2008 Results		2009 Results		2010 Results	
	N	%	N	%	N	%
<b>Gender</b>						
Female	1525	65	1301	64	1304	61
Male	836	35	740	36	852	40
<b>Race/Ethnicity</b>						
White	1917	82	1737	82	1665	77
African American	266	11	244	12	323	15
Hispanic	62	3	49	2	62	3
Other	38	4	98	4	128	5
<b>Education</b>						
Grade School	38	2	25	2	21	1
High School Graduate or GED	235	10	173	8	158	7
Some College	284	12	252	12	258	12
Vocational or Technical School	76	3	60	3	59	3
Associates Degree	224	10	206	10	189	9
Bachelors Degree	929	39	868	41	933	43
Masters Degree or Above	583	25	543	26	555	26
<b>Experience in Mental Health</b>						
Less than 1 year	211	9	143	7	131	6

Characteristic	2008 Results		2009 Results		2010 Results	
	N	%	N	%	N	%
1-3 years	483	21	423	20	419	19
4-6 years	414	18	360	17	375	17
7-10 years	372	16	354	17	361	17
More than 10 years	873	37	849	40	883	41
<b>Role of Respondent</b>						
Direct Service Provider	1361	58	1269	59	1247	57
Manager/supervisor	367	16	355	16	376	17
Senior/Executive Management	123	5	124	6	115	5
Other Staff	511	22	419	19	446	20
<b>Position Status</b>						
Full-time	2179	92	1989	93	2018	93
Part-time	189	8	144	7	153	7
Not employed			1	0	7	0
<b>Confidence in Performing Job</b>						
Not confident	15	1	18	1	13	1
Somewhat confident	123	5	103	5	116	5
Confident	718	30	629	29	636	29
Very confident	1515	64	1387	65	1416	65
<b>Experience with the Sanctuary Model</b>						
Not familiar	257	11	132	6	62	3
Familiar, has not attended trainings	331	14	144	7	92	4
Familiar, has not completed training	365	16	158	7	204	9
Currently completing training	920	39	673	31	596	28
Completed staff training	314	13	851	39	1021	47
Completed Sanctuary leadership training	173	7	210	10	202	9

### *Sanctuary Commitments*

To assess the perceived implementation of the seven Sanctuary Commitments within child residential facilities, survey participants were asked whether they Strongly Agree, Agree, Neither Agree/disagree, Disagree, or Strongly Disagree with a series of statements.

Table 2 provides the mean score for each of the Sanctuary Commitments for the 2008, 2009, and 2010 surveys.

Table 2. Commitments of the Sanctuary Model

<b>Sanctuary Commitment</b>	<b>2008 Mean</b>	<b>2009 Mean</b>	<b>2010 Mean</b>
Commitment to Nonviolence	3.68	3.70	3.71
Commitment to Creating an Emotionally Intelligent Environment	3.30	3.39	3.48
Commitment to Culture of Inquiry and Social Learning	3.41	3.38	3.43
Commitment to Shared Governance	3.11	3.06	3.12
Commitment to Open Communication	3.27	3.30	3.32
Commitment to Social Responsibility	3.40	3.38	3.42
Commitment to Growth and Change	3.71	3.69	3.69

\* A score of 1.0 indicates that respondents strongly disagree with the statements associated with the implementation of that commitment, a score of 3.0 indicates participants neither agree nor disagree, and a score of 5.0 indicates participants strongly agree.

These results suggest that overall across all sites the level of agreement with Sanctuary commitments improved from the first and second years to the third year of implementation. Consistent with the two previous years, staff reports higher levels of agreement regarding the Commitment to Nonviolence and the Commitment to Growth and Change, with lesser agreement regarding the Commitment to Shared Governance and the Commitment to Open Communication

More detail regarding responses to individual Sanctuary Commitment items can be found in Appendix A, and Appendix B provides information regarding levels of agreement and disagreement to each Sanctuary Commitment item.

*Child Residential Facility Culture and Climate*

To assess the organizational characteristics of participating organizations, respondents were asked if they agreed with a series of statements. Response options included, “Not At All, A Slight Extent, A Moderate Extent, A Great Extent, or A Very Great Extent.” Items pertaining strictly to resident-staff member interactions included a ‘Not Applicable’ option for staff members without routine interactions with residents. Items were grouped into seven different domains of organizational culture and climate.

Table 3 provides the mean score and for each of the culture and climate domains for the 2008, 2009, and 2010 surveys. A score of 5 indicates that respondents agreed to A Very Great Extent with the statements associated with that domain and a score of 1 indicates that participants agreed Not At All with the statements of that domain. Table 3 also provides a summary of what higher scores and lower scores in each domain mean. In Appendix C, we provide examples of questions from each scale.

Table 3. Organizational Culture and Climate Results

<b>Organizational Domain</b>	<b>2008 Mean</b>	<b>2009 Mean</b>	<b>2010 Mean</b>	<b>Higher Scores</b>	<b>Lower Scores</b>
Rigidity	2.90	2.91	2.85	Staff feel that the organization is more rigid and centralized	Staff feel that the organization is less rigid and run more

Organizational Domain	2008 Mean	2009 Mean	2010 Mean	Higher Scores	Lower Scores
					locally
Proficiency	3.90	3.86	3.85	Staff feel that they and their colleagues are more competent and proficient at their jobs	Staff feel that they and their colleagues are less competent and proficient
Resistance	2.28	2.30	2.25	Staff feel that they and their colleagues are more passive in their jobs and/or more critical of their colleagues	Staff feel that they and their colleagues are less passive in their jobs and/or less critical of their colleagues
Stress	2.50	2.56	2.57	Staff feel that the organization is a more stressful and bureaucratic place to work	Staff feel that the organization is a less stressful and bureaucratic place to work
Engagement	3.86	3.80	3.80	Staff feel that they and their colleagues are more engaged and personally invested with the individuals they serve	Staff feel that they and their colleagues are less engaged and personally invested with the individuals they serve
Functionality	3.17	3.10	3.11	Staff felt that there are greater opportunities for growth and advancement	Staff felt that there are fewer opportunities for growth and advancement
Morale	3.41	3.29	3.30	Staff feel that they and their colleagues have higher levels of job satisfaction and commitment to the organization	Staff feel that they and their colleagues have lower levels of job satisfaction and commitment to the organization

Across all respondents and residential facilities, the organizational culture and climate at the residential facilities appears to have remained relatively stable from 2008 through 2010.

#### Impact of Sanctuary on Staff Relationships with Residents and Other Staff Members

Additional questions were added to the 2010 surveys to assess staff perceptions of the role of Sanctuary implementation on staff member's attitudes and relationships with residents and other staff members. The questions also addressed staff members' thoughts on

individual's and organization's commitment to continuing to implement the Sanctuary model.

Table 4 below shows the level of agreement with items addressing the overall impact of the Sanctuary model.

Table 4. Staff Perception of the Impact of the Sanctuary Model

Sanctuary Impact Item	% Strongly Agree or Agree	%Neither Agree nor Disagree	%Strongly Disagree or Disagree
I feel as though I do a better job in working with children at our organization	61.4	33.0	5.7
Overall my relationships with residents/children have improved	61.0	34.4	4.5
My patience in working with our children has improved	58.9	33.8	7.2
I feel better equipped/prepared to help the children we serve	65.0	28.2	6.8
I am less likely to lose my temper with the children we serve	61.4	31.4	7.2
I am less likely to lose my temper with my co-workers	62.2	29.2	8.7
I am committed to continuing to support the Sanctuary model at our organization	79.2	17.3	3.5
I am confident that leadership in our organization will continue to support the Sanctuary model	71.3	19.3	9.4
I am confident that my coworkers will continue to support the Sanctuary model	63.8	26.1	10.1

Across all respondents and residential sites, we found that approximately 60% of respondents felt that Sanctuary had improved their ability to work with the children in their residential site.

*Relationship between Sanctuary implementation and Outcomes*

*Overview*

In any effort to implement a new program, such as the Sanctuary Model, the success of organizations in implementation will naturally vary due to a wide range of factors. In examining the relationship between the Sanctuary Commitments and a range and outcomes, we found a clear and persistent trend toward more positive outcomes at residential sites where staff endorsed a greater level of perceived implementation of Sanctuary. Although not statistically significant in all areas, consistent and broad findings across a range of outcomes supports the conclusion that positive outcomes were enhanced in sites that were able to more successfully implement the Sanctuary model. Below we provide an overview of these analyses.

### *Effectively Implementing Sanctuary Improves Residential Site Culture and Climate*

To better understand the effect that Sanctuary was having on the residential site culture and climate, we examined the relationship between staff reported implementation of Sanctuary in 2010 and the residential sites culture and climate. We found a high and statistically significant relationship between Sanctuary and improvements in the culture and climate across all domains. Specifically, we found that sites in which staff reported more effective implementation of Sanctuary through greater endorsement of the Sanctuary Commitments had significantly lower staff stress (correlation  $-0.69$ ,  $p < 0.001$ ) and higher staff morale (correlation  $0.86$ ,  $p < 0.001$ ). Staff at these sites reported feeling more competent and proficient at their jobs (correlation  $0.67$ ,  $p < 0.001$ ) and more invested in the children served (correlation  $0.70$ ,  $p < 0.001$ ). Staff at sites with more effective implementation of Sanctuary also felt that they had greater opportunities for growth and advancement (correlation  $0.86$ ,  $p < 0.001$ ), were less critical of their colleagues (correlation  $-0.57$ ,  $p < 0.01$ ), and felt their workplace was less rigid (correlation  $-0.46$ ,  $p < 0.05$ ).

Approached and described in another way, if we look at the residential sites that were in the top quarter of effectively implementing Sanctuary and compare them with the quarter of sites that were least effective in implementing Sanctuary, a similar pattern is observed. The top Sanctuary sites include 6 of the top 7 sites with the best morale and 5 of the top 7 sites with the lowest stress. The lowest Sanctuary sites contain 6 of the 7 sites with the lowest morale and 4 of the 7 sites with the highest levels of staff stress. The top Sanctuary sites include 4 of the 7 sites with staff reporting being most proficient at their jobs and 5 of the 7 facilities where staff reported being most invested in the individuals they serve. In contrast, the lowest Sanctuary sites include 4 of the 7 sites where staff reported being least proficient at their jobs and 5 of the 7 sites where staff reported being least invested in the individuals they serve. Similar patterns were observed for the other domains of residential site culture and climate.

In summary, there is a strong and consistent relationship between the extent to which staff reported that a residential site was able to implement the Sanctuary Model and indicators of a positive culture and climate at the residential site.

### *Effectively Implementing Sanctuary and its Relationship with State Reported Outcomes*

We found a similar trend when examining the relationship between the implementation of the Sanctuary model and site reported restraints. Specifically, there was a relationship between greater staff reported implementation of Sanctuary at a residential site in the 2010 survey and a greater rate of decrease in overall restraints over the life of the project (correlation  $-0.24$ ,  $p = 0.22$ ). When we looked at the residential sites that were in the top 25% of effectively implementing Sanctuary and compare them with the quarter of sites that were least effective in implementing Sanctuary, we found that the top Sanctuary sites contained 3 of the 7 sites that had the greatest rate of decline of overall restraints, while the lowest Sanctuary sites included 2 of the 7 sites that had the least improvement in restraints over the life of the project. This finding is encouraging, particularly in the context of a range of other initiatives to decrease restraints in residential settings, and the trend is suggestive that Sanctuary may be having a beneficial impact with respect to decreasing restraints. We

did not observe a similar pattern with respect Sanctuary implementation and resident aggression.

Given the observed relationship between Sanctuary and residential sites' culture and climate, we also explored if there was a relationship and direct staff turnover. While not statistically significant, we did observe a modest trend, with a relationship between greater endorsement of the Sanctuary commitments and a modest decrease in staff turnover during the life of the project.

### Summary

As part of our evaluation of the implementation and impact of the Sanctuary Model in child residential facilities in Pennsylvania, this report reflects three years of survey data results of staff perspectives on Sanctuary implementation, residential facility organizational climate and culture change, and state-reported outcomes. Overall, the results suggest that organizations that were able to more successfully implement the Sanctuary Model, as indicated by staff endorsement of the Sanctuary Commitments, had improved organizational culture and climate at their site compared with organizations who were not as successful in implementing the Sanctuary Model. In addition, it appears that those sites who more successfully implemented the Sanctuary Model may also have had greater success at more rapidly decreasing restraints, and may also have had a modest decrease in the rate of staff turnover. These findings are encouraging and reflect the benefits of the hard work and commitment of many of these organizations across Pennsylvania. The results also provide information suggesting that despite hard work and challenges in implementing the Sanctuary Model, doing so has benefits for the residential organization, its staff, and most importantly the children served.

## 2010 Report: APPENDIX A

## Mean and Standard Deviation of Individual Sanctuary Commitment Items

<b>Sanctuary Commitment Item</b>	<b>2008 Mean*</b>	<b>2009 Mean*</b>	<b>2010 Mean*</b>
<b>Commitment to Nonviolence</b>	3.68	3.70	3.71
Destructive or violent incidents are addressed nonviolently and openly reviewed as soon as possible.	3.88	3.89	3.91
I often feel unsafe at the facility.**	2.12	2.27	2.27
Destructive or violent incidents are viewed as problems of and for the entire community.	3.49	3.54	3.61
Destructive or violent incidents are viewed as opportunities for new learning and information gained contributes to change.	3.48	3.50	3.54
De-escalation maneuvers occur routinely***		3.83	3.80
Small escalations are promptly addressed***		3.73	3.70
<b>Commitment to Creating an Emotionally Intelligent Environment</b>	3.30	3.39	3.48
Emotion management skills training is available to staff.	3.12	3.30	3.38
Regular team meetings are held with representatives from all levels of staff.	3.60	3.67	3.72
My supervisor talks with me about work-related stress and helps me manage that stress in appropriate ways.	3.17	3.13	3.28
Emergency/spontaneous team meetings are held when necessary***		3.74	3.80
Affect management skills training is embedded in the program***		3.13	3.21
<b>Commitment to Culture of Inquiry and Social Learning</b>	3.41	3.38	3.43
Every staff member has regular supervision.	3.48	3.37	3.43
There is an expectation that leaders, staff and clients will learn from everyday experience and from each other.	3.84	3.77	3.84
All major decisions are made using a team approach.	3.16	3.14	3.22
Educational materials (e.g. books, handouts, and videos) are easily available to clients and staff.	3.27	3.28	3.31
Problem solving involves parties affected by the problem and is generally done by consensus.	3.28	3.32	3.36
<b>Commitment to Shared Governance</b>	3.11	3.06	3.12
I am able to question decisions made by administrators, manager, and other staff.	3.12	3.09	3.14
Managers and administrators regularly take time to listen to what I have to say and respond in meaningful ways.	3.39	3.30	3.36
Policies, procedures and practices are reviewed regularly by staff at all levels.	3.24	3.22	3.27
Important community/facility decisions (e.g. hiring, program changes etc.) are often made without warning or discussion.	3.31	2.62	3.31

\*\*

## Mean and Standard Deviation of Individual Sanctuary Commitment Items (continued)

<b>Sanctuary Commitment Item</b>	<b>2008 Mean*</b>	<b>2009 Mean*</b>	<b>2010 Mean*</b>
<b>Commitment to Open Communication</b>	3.27	3.30	3.32
The schedule of the program activities and events are available and accessible to clients and staff.	3.70	3.73	3.72
There is a regular and helpful; communication between staff in different shifts or groups (e.g. direct care, clinical, etc).	3.29	3.36	3.38
Staff are often unaware of decisions made around clients. **	2.96	2.94	2.92
All staff are aware of decisions made around policies and procedures.	3.17	3.15	3.19
Difficult topics can be discussed openly and directly within the community.	3.14	3.19	3.24
<b>Commitment to Social Responsibility</b>	3.40	3.38	3.42
Most administrators, manager, and staff do not model positive behavior **	2.37	2.46	2.46
Staff and leaders are able to challenge each other, disagree, collaborate, resolve conflicts, and learn from the process.	3.29	3.29	3.35
Relationship problems (e.g., between clients, clients and staff, or staff and leadership) are addressed and viewed as an opportunity for learning.	3.28	3.31	3.37
<b>Commitment to Growth and Change</b>	3.71	3.69	3.69
Administrators, managers, and staff truly believe in the potential for positive change in the clients we serve.	3.92	3.88	3.88
Change is often discouraged and not supported. **	2.39	2.38	2.38
Inspiration in any form is sought after, appreciated and supported.	3.58	3.55	3.59

\*Scale: 1=Strongly Disagree with the statements; 3=Neither Agree Nor Disagree with the statements; 5=Strongly Agree with the statements

\*\*These items were reversed scored in the calculation of the means for the overall commitment items.

\*\*\*These items were not included on the first annual survey.

2010 Report: APPENDIX B

Agreement and Disagreement with Individual Sanctuary Commitment Items

<b>Sanctuary Commitment</b>	<b>% Strongly Agree or Agree</b>	<b>% Neither Agree nor Disagree</b>	<b>% Strongly Disagree or Disagree</b>
<b>Commitment to Nonviolence</b>			
Destructive or violent incidents are addressed nonviolently and openly reviewed as soon as possible.	73.7	16.1	10.3
I often feel unsafe at the facility. *	16.4	17.7	65.9
Destructive or violent incidents are viewed as problems of and for the entire community.	61.9	21.8	16.2
Destructive or violent incidents are viewed as opportunities for new learning and information gained contributes to change.	59.4	26.6	14.1
De-escalation maneuvers occur routinely**	68.3	23.3	8.4
Small escalations are promptly addressed**	68.1	17.9	14.0
<b>Commitment to Creating an Emotionally Intelligent Environment</b>			
Emotion management skills training is available to staff.	53.0	23.0	24.0
Regular team meetings are held with representatives from all levels of staff.	68.9	13.5	17.6
My supervisor talks with me about work-related stress and helps me manage that stress in appropriate ways.	49.0	23.8	27.2
Emergency/spontaneous team meetings are held when necessary**	72.1	16.6	11.3
Affect management skills training is embedded in the program**	42.1	33.6	24.3
<b>Commitment to Culture of Inquiry and Social Learning</b>			
Every staff member has regular supervision.	56.9	19.1	24.0
There is an expectation that leaders, staff and clients will learn from everyday experience and from each other.	73.1	18.9	8.0
All major decisions are made using a team approach.	47.5	24.2	28.3
Educational materials (e.g. books, handouts, and videos) are easily available to clients and staff.	50.1	26.0	23.9
Problem solving involves parties affected by the problem and is generally done by consensus.	49.7	33.0	17.2

Agreement and Disagreement with Individual Sanctuary Commitment Items (continued)

<b>Sanctuary Commitment</b>	<b>% Strongly Agree or Agree</b>	<b>% Neither Agree nor Disagree</b>	<b>% Strongly Disagree or Disagree</b>
<b>Commitment to Shared Governance</b>			
I am able to question decisions made by administrators, manager, and other staff.	46.8	24.8	28.5
Managers and administrators regularly take time to listen to what I have to say and respond in meaningful ways.	54.5	22.3	23.2
Policies, procedures and practices are reviewed regularly by staff at all levels.	48.1	28.5	23.4
Important community/facility decisions (e.g. hiring, program changes etc.) are often made without warning or discussion. *	44.0	33.0	23.0
<b>Commitment to Open Communication</b>			
The schedule of the program activities and events are available and accessible to clients and staff.	67.5	23.7	8.8
There is a regular and helpful; communication between staff in different shifts or groups (e.g. direct care, clinical, etc).	53.2	26.6	20.2
Staff are often unaware of decisions made around clients. *	28.9	34.1	37.0
All staff are aware of decisions made around policies and procedures.	44.0	28.3	27.4
Difficult topics can be discussed openly and directly within the community.	46.9	29.0	24.1
<b>Commitment to Social Responsibility</b>			
Most administrators, manager, and staff do not model positive behavior.*	18.1	22.6	59.3
Staff and leaders are able to challenge each other, disagree, collaborate, resolve conflicts, and learn from the process.	53.0	26.9	20.1
Relationship problems (e.g., between clients, clients and staff, or staff and leadership) are addressed and viewed as an opportunity for learning.	52.5	27.9	19.6
<b>Commitment to Growth and Change</b>			
Administrators, managers, and staff truly believe in the potential for positive change in the clients we serve.	74.1	17.5	8.4
Change is often discouraged and not supported.*	14.4	24.1	61.6
Inspiration in any form is sought after, appreciated and supported.	60.9	25.4	13.6

\* These items were reversed scored in the calculation of the means for the overall commitment items.

\*\* These items were not included on the first annual survey.

2010 Report: APPENDIX C: Organization Culture and Climate Domains: Sample Items

<b>Sample Items</b>
<b>Rigidity</b>
<i>I have to ask a supervisor or coordinator before I do almost anything</i>
<i>There is only one way to do the job – the boss’s way</i>
<b>Proficiency</b>
<i>Members of my organizational unit are expected to find ways to serve clients more Effectively</i>
<i>Members of my organization unit are expected to be thoughtful and considerate</i>
<b>Resistance</b>
<i>Members of my organizational unit are expected to go along with group decisions</i>
<i>Members of my organizational unit are expected to be competitive with coworkers</i>
<b>Stress</b>
<i>I feel burned out from my work</i>
<i>To what extent are you constantly under heavy pressure on your job</i>
<i>How often do you feel unable to satisfy the conflicting demands of your supervisors</i>
<b>Engagement</b>
<i>I have accomplished many worthwhile things in this job</i>
<i>I worry that this job is hardening me emotionally (reversed scored)</i>
<b>Functionality</b>
<i>This agency emphasizes growth and development</i>
<i>I know what the people in my agency expect of me</i>
<i>When I face a difficult task, the people in my agency help me out</i>
<b>Morale</b>
<i>This organization really inspires the very best in me in the way of job performance</i>
<i>How satisfied are you with the feeling of accomplishment you get from your job</i>

**Appendix 4**  
**Community Care Online Report**

[http://www.ccbh.com/pdfs/articles/Sanctuary\\_Model\\_3Pager\\_20110715.pdf](http://www.ccbh.com/pdfs/articles/Sanctuary_Model_3Pager_20110715.pdf)

## 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.

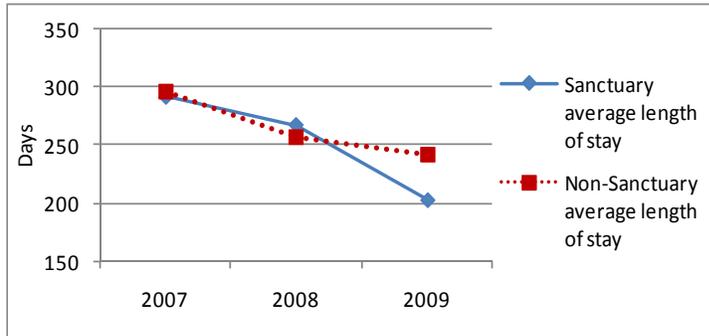
### *What we did*

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.

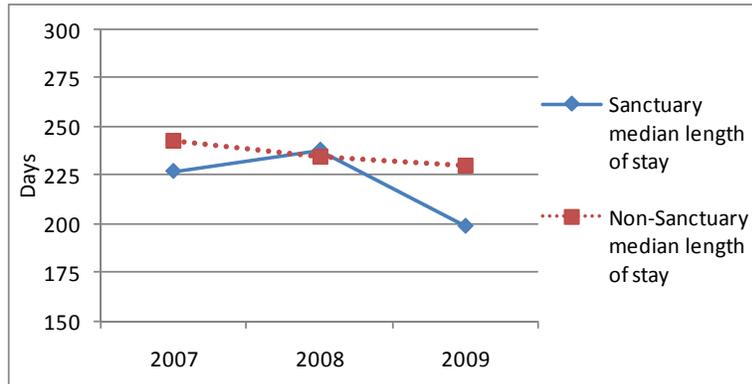
- The Sanctuary Model<sup>®</sup> is a full-system intervention focused on helping injured children recover from the damaging effects of interpersonal trauma through changing the organizational culture
- Many Community Care staff and providers have participated in Sanctuary training
- The Sanctuary Model<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*

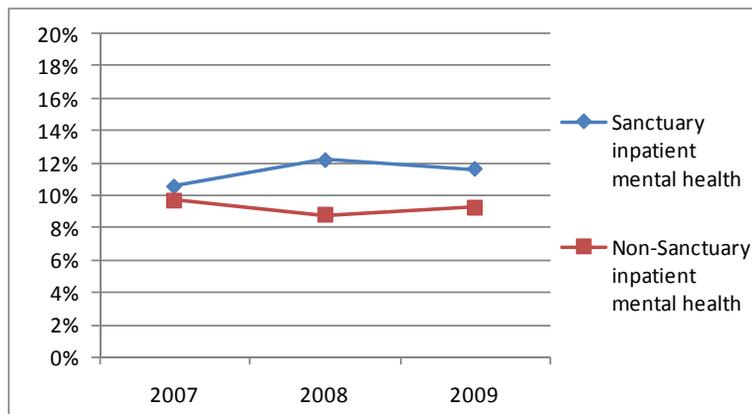
We found that RTFs from both groups had a similar average (mean) length of stay in 2007, the year prior to Sanctuary implementation. However, by 2009, RTF providers implementing Sanctuary had a substantially shorter length of stay than RTF providers not implementing the Sanctuary Model®.



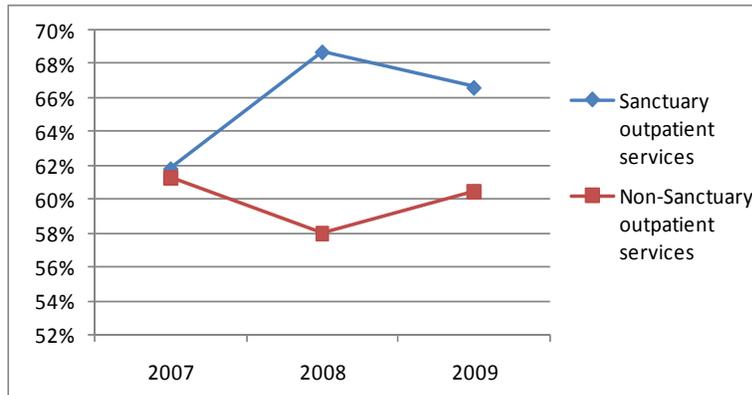
We also found that RTF providers implementing Sanctuary also had a somewhat greater decrease in median length of stay from 2007 to 2009 than did RTF providers that did not implement Sanctuary.



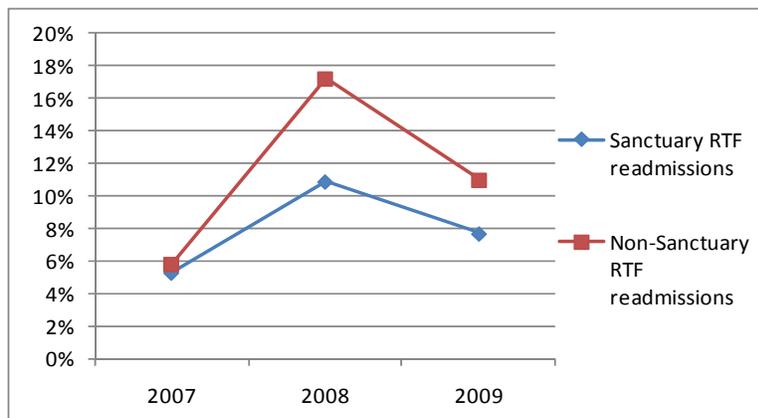
Despite the decreased length of stay, there was little difference in the percentage of discharged youth hospitalized in the 90 days following discharge.



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.