

---

# Outcome & Accomplishment Report

Fiscal Year 2008

**spurwink** services

Going the distance, Changing lives

---

Table of Contents

I. Executive Summary ..... 1

II. Spurwink Services at a Glance.....4

    Service Areas & Programs .....4

    Number of Persons Served.....5

III. Departmental & Program Accomplishments & Goals Attained.....6

    Clinical Services .....6

    Educational Services .....7

    Information Technology Services (ITS) .....9

    Finance .....9

    Human Resources (HR) .....10

    Training.....10

IV. Outcome Measurement & Research (OM&R) .....11

V. Clinical & Educational Programs & Services Outcomes.....12

    Children’s Residential & Day Treatment Clients Served .....12

    Occupancy Rates.....12

    Out of State / Out of Country Residential Clients.....12

    Length of Stay .....12

    Improvement in Functioning: Discharge Disposition .....13

    Graduation or Return to Public School .....15

    Client Safety.....15

VI. Utilization Review (UR).....17

    Case Utilization Review Meetings.....17

    Managed Care .....17

    Referral Admission Efficiency.....17

VII. Continuous Quality Improvement (CQI) .....18

    CQI Functions & Activities .....18

    Measurement of Satisfaction.....20

VIII. Community Relations .....23

IX. Professional Accomplishments.....24

    Publications .....24

    Presentations .....25

    Media .....27

    Professional & Community Affiliations / Activity .....27

# I. Executive Summary

This year's Spurwink Services' Outcome and Accomplishment Report highlights the many strides the agency has made this past fiscal year. This year has been economically and programmatically difficult at the national, state and local levels for non-profit and for-profit health related or mental health organizations. Despite these challenges, many organizational goals of Spurwink Services' strategic plan were met this year including the development of an internal leadership training program and the development of multiple business plans for alternative revenue generation. Creativity and flexibility describe the behaviors of the staff and the agency this year as it has become clear that a successful organization needs to respond in a "nimble" fashion in order to remain healthy in today's uncertain economic climate. Although financial factors seriously impacted services, the agency "turned lemons into lemonade" as evidenced by four examples:

- Upon closing the psychiatric medication management clinic due to retirements and inadequate financial support, a creative and successful reorganization allowed continuation of the Treatment and Evaluation Clinic, Autism Diagnostic Clinic, Attachment Clinic and Child Abuse Program.
- Due to the elimination of Maine Care funding for the Intensive Community Integration program for adults at the Portland Help Center, the program swiftly launched a related, but more intensive, evidence-based community support model known nationally as Assertive Community Treatment (ACT). In addition, funding was secured from the DHHS Bureau of Mental Retardation to help fund services provided to clients with the dual diagnoses of developmental disability and mental health disorders. Both accomplishments were instrumental in providing the financial support necessary to sustain this valuable service to the community.
- Redefinition and consolidation of Case Management rules for Medicaid/Maine Care sent shockwaves through the behavioral health and educational sector, both private and public. The financial implications were difficult to predict, except to estimate that the impact would be substantial for Spurwink Services. Community Based services were reorganized into an Evidence-Based Community Practices Division (EBCPD) and simultaneously brought all of the agency's case management services into compliance with the new corresponding Medicaid/MaineCare rules.
- Agency leadership and managers quickly implemented the state awarded contract for Alternative Response Program (ARP) services to York and Cumberland County within weeks of its receipt.

Highlights of this year's noteworthy accomplishments include the following:

- **Managed care for mental health services was successfully implemented** across the agency. Great effort and attention was required of virtually every department and clinician in the agency.
- **The agency reached its goal of serving 10% of clients from out of state or out of country.** This development of new revenue resources allows Spurwink Services to decrease reliance on state and federal funding.
- **The agency contributed to the child welfare and mental health professional fields** with 6 publications in peer-reviewed professional journals and textbooks (2 more are in-press), 25 in-state presentations and 5 out of state professional conference presentations in 2006 and 2007.
- **While 31% of child clients were admitted to residential treatment from less restrictive environments, 81% were discharged to less restrictive places to live.** These data affirm a desired outcome that residential treatment seeks to achieve in its support of children and families.
- **The incidence of safety holds was reduced by 11% from last year.** Sixty percent (60%) of Spurwink's day and residential child clients had no holds during this fiscal year and only 2% of clients had more than 25 holds in the course of the year.

- 
- **Spurwink Services was awarded the state grant for an Alternative Response Program (ARP) to operate in Regions I and II.** This service will provide community-based interventions to families needing support with their children's safety and well-being due to allegations of low to moderately severe abuse and/or neglect. ARP providers partner with families to plan for the safety, permanency and well-being of their children.
  - **The agency was awarded federal dollars to expand training opportunities for staff to learn early intervention strategies for the treatment of autism spectrum disorders.** The SCERTS (Social Communication, Emotional Regulation, and Transactional Supports) educational treatment approach will be offered to all clinicians and educators as a baseline framework to guide intervention.
  - **The Education and Information Technology (IT) Departments worked collaboratively to enhance the use of technology in the classrooms.** This was accomplished through the purchase and installation of educational software and 200 wireless laptops for student use along with carts for safe storage and portability. Electronic Whiteboards were also purchased to further enhance the classroom experience.
  - **The Outcome Measurement & Research (OM&R) Department completed a pilot study** examining the feasibility of implementing standardized outcome measures in a large, decentralized, multi-site, community-based residential treatment program. Results indicated that it was possible to apply a rigorous research methodology and collect outcomes using standardized instruments. These findings were presented at two national conferences and a manuscript of this work has been submitted for professional peer-reviewed journal publication.
  - **The new Chelsea Staff Intensive (CSI) Program opened in August.** This residential program is designed for youth with emotional health challenges that are in need of more support than community-based residential treatment. Staffing provides a minimum of 1:1 programming and creates additional supports/safety with round-the-clock programming. The CSI Program includes a variety of treatment modalities that are considered to be best practice and/or evidence-based approaches by the National Institute of Mental Health.
  - **The agency's appeal toward social responsibility prompted a green energy plan with initial efforts targeted at fuel consumption, recycling and purchasing used and more fuel efficient vehicles.** The Maine Energy Education Program (MEEP) promoted energy consciousness at agency day treatment sites. The agency utilized [www.CampaignEarth.org](http://www.CampaignEarth.org) to promote an "every person approach to sustainability of the earth's resources".
  - **An Emergency Management Planning Committee, comprised of individuals from across the agency, has been working on the development of an agency-wide, comprehensive disaster plan** for day treatment sites, residential homes and outpatient clinics.
  - **The agency established a new internet presence** on two family-focused sites: [www.MaineMoms.com](http://www.MaineMoms.com) and [www.kidznme.com](http://www.kidznme.com).
  - **Hannah Pressler, MHS, PNP, at Spurwink Services' Child Abuse Program was interviewed on a WMTW newscast.** "Talking with Your Child About Abuse", aired on November 1, 2007.
  - **The Council on Accreditation (COA) approved this year's agency Maintenance of Accreditation (MOA) report.** The work on the Pilot Outcomes Research Project was reported as the detailed description of a quality improvement project undertaken by Spurwink Services

- **Spurwink Services' students and residents may now apply for up to \$2500 financial support to assist them with their continuing educational plans.** An application form for the Peter McPherson Scholarship Fund was created by a newly formed Scholarship Committee and distributed across the agency.
- **The music program at Roosevelt was one of 12 programs nationwide to be recognized by the MECN: The National Association for Music Education.** The program was highlighted in a recently published book, *Model Music Programs: Ideas for Everyone* authored by Blakeslee, Brown & Hofmann.

This “state of the agency” report provides information and data about service effectiveness, while also portraying the myriad accomplishments that stem from the day-to-day work by both staff and the clients touched by their efforts. While this report is largely objective, it is important to note that none of these accomplishments would be possible without the commitment and tireless work of Spurwink Services' 850 staff members. Enjoy an informative read.



Dawn Stiles, LCSW  
President

---

## II. Spurwink Services at a Glance

Spurwink Services, established in 1960, is a nationally accredited non-profit organization that provides mental health and educational services and evidence-based treatment to effectively meet the diverse needs of youth, adults and families facing emotional, behavioral and developmental challenges.

All services provided by Spurwink Services are fully accredited by the Council on Accreditation of Services for Families and Children (COA). The Agency is an organizational member of the Child Welfare League of America (CWLA) and the American Association of Children's Residential Centers (AACRC). Spurwink Services holds the following licenses and certifications granted by the State of Maine Department of Health and Human Services:

- Mental Health Agency
- Alcohol and Drug Program
- Therapeutic Preschool Services
- Residential Child Care
- Adult Assisted Living

In addition, Spurwink Services' Day Treatment programs for children are approved as Special Purpose Schools (K-12 ungraded) by the Maine Department of Education.

### Service Areas & Programs

Spurwink Services provides a wide array of services at many locations throughout the state. Services are provided largely to Maine residents, but the agency receives inquiries and referrals from other states and Canada. Services and program locations are listed below:

#### Day & Residential Treatment for Children & Adolescents with mental illness, behavioral disorders and/or developmental disabilities

- Auburn
- Chelsea
- Roosevelt (South Portland)
- Casco
- Cummings (Portland)

#### Staff Secure Residential Programs for Children & Adolescents

- Brunswick
- Cornville

#### Staff Intensive Residential Programs for Adolescents with developmental disabilities & autism spectrum disorders

- Chelsea
- Sanford

#### Day & Residential Programs for Adults with mental retardation, autism and other developmental disabilities

- Limerick
- Portland
- West Buxton
- North Yarmouth
- Steep Falls/Standish
- Westbrook

#### Short-Term Family-Focused Residential Diagnostic Services

- Chelsea
- Gardiner
- Waterville

#### Educational Programming for Children in psychiatric hospital setting

- Spring Harbor Hospital

#### Adventure-Based Program

- Casco

## Outpatient Services

- Treatment Clinic
- Attachment Clinic
- Child Abuse Program
- Medication Management
- Evaluation & Diagnostic Services
- Autism Diagnostic Clinic
- Parental Capacity Evaluations

## Portland Help Center

- Psychiatric Medication Management
- Intensive Community Integration (ICI)

## Public School Counseling Services

- Twenty nine (29) schools in twenty two (22) school districts across the state

## Therapeutic Preschool Program for Children with autism spectrum disorders & behavioral disorders

- Saco

## Community-Based Services

- Case Management
- Functional Family Therapy
- Juvenile Risk Reduction Program
- In Home Support Services
- Maine Caring Families
- Spurwink Consultation Services

## Co-Occurring Disorder Integrated Treatment Services (multiple sites)

## Number of Persons Served

Spurwink Services served over 3850 children, adolescents, adults and families during this past fiscal year. Usage of the agency's varied services is detailed below:

**Table 1: Number of Persons Served (FY 08)**

Child Abuse Program	984
Public School Counseling Program	569
Portland Help Center	379
Residential Treatment (Child)	227
Treatment, Evaluation & Diagnostic Clinic	552
Day Treatment (Child)	300
Targeted Case Management	482
Maine Caring Families	164
Therapeutic Preschool	69
Day Program (Adult)	43
Residential (Adult)	43
In-Home Support	5
Juvenile Risk Reduction Program	421
Functional Family Therapy	154

---

## III. Departmental & Program Accomplishments & Goals Attained

### Clinical Services

#### Staff Receive National Recognition

Adult Program therapeutic couple, Joyce and Mahlon Willis, received national recognition from ANCOR (American Network of Community Options and Resources) as Maine State winners of the Direct Support Professional Award. Joyce and Mahlon traveled to New Orleans to accept this award among the many other state and national winners. The couple has worked for Spurwink Services for more than 15 years and have shown an extraordinary level of commitment to the agency and to the individuals in their care.

#### Grant Awarded for Alternative Response Program

The Maine DHHS, Office of Child and Family Services, has awarded Spurwink Services two renewable Alternative Response Program contracts, for Districts 1 (York County) and 2 (Cumberland County). The Alternative Response Program (ARP) provides community-based intervention services to families who have been reported to DHHS with allegations of low to moderate severity child abuse and/or neglect. ARP providers partner with families to plan for the safety, permanency and well-being of their children. Services include assessment, family plan development, case management and flexible fund disbursement

#### Collaborative Problem Solving (CPS)

Baseline training of Ross Greene, Ph.D.'s CPS treatment approach was offered to all clinical and educational staff within residential and day treatment programs. Advanced training was also provided to representatives from each site. This evidence-based treatment approach is being successfully integrated and established in its use throughout programs.

#### Evidence-Based Practices

Focus continues on agency-wide use and support of evidence-based practices. Currently used treatments include Dialectical Behavioral Therapy (BDT), Trauma-Focused Cognitive Behavioral Treatment (TF-CBT), Functional Family Therapy (FFT), Schools Attuned, and Alternative Response Treatment.

#### Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

Spurwink Services was selected as a participant in the THRIVE initiative which promotes the use of and training of TF-CBT. Six clinicians were trained and receive ongoing support through this initiative. The agency was also selected as a steering member representative in the Community Collaborative to further expand the use of TF-CBT and train additional clinicians in the Cumberland County region.

#### Autism Training

The agency was awarded federal funding to expand training opportunities for staff to learn early intervention strategies for the treatment of autism spectrum disorders.

#### Child Abuse Program

A child abuse evaluation clinic was reestablished in Bangor, with Hannah Pressler, NP (Nurse Practitioner) performing exams and conducting consultations at Eastern Maine Medical Center. Larry Ricci, M.D., led a statewide group in orchestrating a shaken baby prevention program for hospitals across the state of Maine. A new pre-adolescent, adolescent and adult sex offender evaluation program was developed and implemented.

#### Co-Occurring Disorders

The agency continued expansion of treatment across the agency to ensure that mental health and substance abuse problems are treated in a fully integrated manner.

### **Juvenile Risk Reduction Program (JRRP)**

Major risk factors were reduced in high-risk youth: Ninety percent (90%) of youth reported reducing risks related to substance abuse; Ninety-two percent (92%) of youth had improved attitudes towards authority upon discharge and Case Managers reduced family-related risks by 89% in discharged cases. The individual achievements of Risk Reduction Case Managers and the program value to community corrections efforts have been recognized by youth and their guardians, local Offices of the District Attorney and District Court judges, Guardians ad litem and Juvenile Community Corrections Officers.

### **Maine Caring Families (MCF)**

MCF achieved great outcomes in terms of stabilizing families: 41 permanency outcomes, 23 successful reunifications; 17 adoptions; 1 permanency guardianship.

### **Public School Counseling Program (PSCP)**

The PSCP expanded services in Gardiner to include Gardiner Area High School, and increased the amount of clinical services at both Lincoln Middle School in Portland and Bonny Eagle High School in Standish.

### **Portland Help Center (PHC)**

PHC developed an Assertive Community Treatment (ACT) program in response to the elimination of the former funding from MaineCare. ACT is a well-established and nationally recognized evidence-based practice shown to be efficacious for persons with severe and persistent mental illness. An important feature of the ACT model is the provision of substance abuse / co-occurring capable services.

## **Educational Services**

### **New Leadership & Standards**

The 2007–2008 school year brought a change in leadership with Pamela J. Sperry as the new Director of Educational Services. New state Department of Education special purpose private school program standards were met as the agency secured state approval for the seven Spurwink Services' day treatment programs.

### **Desk Occupancy**

Day Treatment census for FY08 remained strong at 93.2%. Day Treatment programs continue to increase the number of out-of-state clients they serve. This increase is due to both the quality of treatment the students receive and the flexibility and willingness of staff to meet the specific administrative requirements of each state's special education system.

### **Artists-in-Residence Program**

Now in its third year, the Artists-in-Residence Program brings visual and performing artists into Spurwink Services' day treatment programs for multi-day enrichment experiences that support the development of students' creative skills while enhancing their communication skills, cooperative strategies and, most importantly, their self-esteem. Film animation, drumming, acting, hip-hop, lyric writing and puppetry were among this year's Artists-in-Residence experiences.

### **The Northwest Evaluation Association (NWEA)**

NWEA began as a pilot project in 2006 and is now in full implementation at all Spurwink Services' day treatment programs. The NWEA's *Measures of Academic Progress* assesses students in the areas of reading, language usage, and mathematics. These assessments are computerized and the results are available to teachers within 24-48 hours. This formative assessment system, administered in the fall and the spring of each school year, is aligned with Maine and national educational standards and supports the development of individual education plans that meet the specific learning needs of each Spurwink Services' student.

### **PLATO® Learning**

This technology-based curriculum and assessment system aligns with Maine's Learning Results and is now available in all day treatment programs and the tutorial program at Spring Harbor Hospital. PLATO® learning

---

provides self-paced instruction that can target specific learning needs and be used as an effective intervention tool. It also offers options for credit recovery when students have been unable to access their educational program due to illness or other reasons.

### **Occupational Therapy Services**

From March to December 2007, Occupational Therapists at Spurwink Services participated in a psychometric study performed by the University of Illinois at Chicago. The pediatric assessment, the Child Occupational Self Assessment (COSA) was administered to 59 Spurwink residential and day treatment youth to assess their perceptions of their occupational competence. Outcomes of this research indicated that the COSA has good content validity, structural validity, sensitivity and generalizability. This research indicates that children with disabilities' perceptions of competence were supported when the environment and activities matched their abilities, needs and interest. While not a surprising result to those involved with direct service to clients, these results are important in terms of demonstrating the effectiveness of well planned therapeutic services.

### **Schools Attuned**

Mary Thornton-Vogel, M.S. OTR/L (aka Mit), Spurwink Services' Senior Occupational Therapist attended *the Schools Attuned Facilitator Development Academy* (SAFDA) to enable her to train others in the *Schools Attuned* model, a professional development and service delivery program that assists educators in using neurodevelopmental content in classrooms to create success in learning. Once Mit has co-facilitated two Schools Attuned workshops, she will be able to facilitate independently and can conduct trainings for Spurwink Services' staff and school districts around the state.

### **The Compass Project**

Nine students from the Cummings and Roosevelt day treatment programs participated in an experiential program that teaches job training and life skills through the process of boatbuilding. This hands-on program resulted in the construction of a seaworthy 12 ft. Echo Bay dory skiff that the students named *Eleanor*, which was purchased by Spurwink Services to be used for fundraising purposes in the coming year.

### **National Association of Music Education**

The music program at Roosevelt, one of twelve programs nationwide to be recognized by the National Association of Music Education (MENC), was highlighted in a recently published book entitled, *Model Music Programs – Ideas for Everyone* by Blakeslee, Brown & Hoffman.

### **Graffiti Exhibition**

The art work of three students from the Cummings' day treatment program was prominently featured at a special student exhibition at the Farnsworth Museum in Rockland, Maine.

### **The Peter McPherson Scholarship Fund**

An educational scholarship fund in Peter McPherson's name was established this past year. The fund provides up to \$2500 in continuing education assistance to eligible Spurwink Services' students and residents. In this first year of the program, two scholarships were awarded to deserving students.

### **Spurwink Consultation Services (SCS)**

SCS is the new name of the agency's experienced team of educators, therapists, and social workers who respond to public school requests for consultation, assessment, training, and program development for students with a wide range of educational, emotional, and behavioral needs, including students with Autism and related disorders. SCS provides an array of services to match the individual needs of school districts, including interdisciplinary team assessments, targeted consultations, staff trainings, and program planning and development.

- This past year, SCS team members responded to eight service requests from seven school districts throughout Maine. Two of these districts have requested ongoing consultation for the '08-'09 school year.

Spurwink Services continues to increase its ability to respond to the needs of school districts in a timely and professional manner by

- Appointing one of our SCS team members to a new position as Special Education Program Consultant in order to better coordinate services and provide the long term consultation currently being requested.
- Providing advanced training for SCS members and others within the agency in a variety of the program models and interventions including Social Communication, Emotional Regulation, and Transactional Supports (SCERTS), Functional Behavior Analysis (FBA), Applied Behavior Analysis (ABA), Picture Exchange Communication Systems (PECS), Social Stories, and Schools Attuned.

These two steps will not only allow the SCS team to meet the increasing number of service requests from public schools but also build internal capacity to better meet the programming challenges of our own clientele.

## **Information Technology Services (ITS)**

The ITS Department worked closely with administrative, clinical and educational services at the agency to achieve their goals in the following areas:

### **Improved Electronic Clinical Record**

- Enhanced and expanded electronic clinical record through collaboration with agency quality improvement personnel.

### **Enhanced Work Capacity & Flexibility**

- Enhanced connectivity and reliability of Spurwink Service's technology infrastructure through the replacement of older servers and network components.
- Introduced high speed laptop air cards for clinical staff who work primarily in the field.

### **Increased Technology Services to Educational Services**

- Provided technical support for the implementation and use of Plato®, a technology-based NWEA and nationally accredited online assessment service.
- Purchased and implemented support for classroom video systems and electronic whiteboard use.

Tracy Hinkley, Sr. Programmer Analyst received the Spurwink Services' Board of Directors' Staff Recognition Award for her efforts in transitioning the agency processes to the managed care system.

## **Finance**

The Finance Department met its goals targeted at improving efficiency and effectiveness of its work in the following areas:

### **Assessed Internal Audit & Implemented Improvements from Independent Audit**

- Implemented policies regarding the use of corporate credit and fixed assets capitalization.
- Spurwink Services' billing capabilities are recognized as exemplary by the State of Maine and the agency is often asked to help in testing new State billing processes. This year's testing included adult waiver billing, claims adjustment processes, voided claims processes and new billing mechanisms for Case Management, ACT, outpatient services and other MeCMS (State software system used to process claims) payment issues.
- Archival of files to paperless format by scanning paper documentation to allow for easy access by multiple users, decreased storage needs and systematic filing.

### **Assessed & Improved Budget Process**

- Reorganized financial reporting/billing/budgeting structures to accommodate the agency's new outpatient regionalization structure.
- Improved processes due to input from structured feedback meetings with clinical and educational staff.

---

## Met Rate Setting Deadlines

- Implemented rate changes for various programs.
- Implemented a State of Maine managed care system including automated information downloads.

Nichole Bishop, Patient Accounts Manager, received the Spurwink Services' Board of Directors' Staff Recognition Award for her efforts in transitioning the agency processes to the managed care system.

## Human Resources (HR)

- Introduced a computerized performance appraisal system, allowing supervisors a more efficient and streamlined format for providing formal staff feedback and evaluation.
- Implemented a 360 degree performance evaluation process for all senior administrative and senior program director positions.
- Completed a review of and revision to two key personnel policies
- Adopted an HR Generalist model to enhance "customer service" to programs and employees. This model divides the agency across three HR Generalists who provide cross-trained information and assistance and can substitute for one another.
- Added an HR Recruiter to dedicate focused effort on developing community relationships to increase the employee applicant pool.
- Conducted over 30 benefits meetings across the agency to introduce a new 3rd healthcare option to employees. Staff were educated on the mechanics of the new Health Plan options and how they can take a more active role in the spending of their personal health care dollars.
- 15% (128 of 827) of employees still work at Spurwink Services after 10 years.
- Staff turnover rates dropped slightly from last fiscal year to 30%.

## Training

### Department Reorganization

The Training Department now includes an Associate Director of Training, a Technology Specialist, and two Training Specialists (one responsible for orientation and one for annual training). This allows for better preparation to meet new needs more effectively and efficiently.

### Online Learning

Staff training went online in September 2007 with half of the orientation topics and two-thirds of the mandatory annual courses available to employees via the computer. Additionally, relevant topics have been identified for staff in all categories from the large Essential Learning Library. These are "advertised" to encourage staff to pursue further education in areas of interest. This coming year will see more courses added both for orientation and annual training needs.

### Direct Care Staff Training

Topics specific to the needs of residential staff were identified, developed and/or revised. Beginning in the fall of 2008, all residential staff will receive at least two topical trainings a year.

### Leadership Bench

Specialty courses aimed at preparing skilled staff to move into leadership positions were identified for a core group: the Leadership Bench. Assistance was provided to determine areas to include, find appropriate courses and fund attendance at trainings.

### External Training and Consultation

Consultation services were provided under three contracts for local public school systems.

## **IV. Outcome Measurement & Research (OM&R)**

Spurwink Services' Outcome Measurement and Research (OM&R) Department works to accurately describe the children and families served by the agency and measure the effectiveness of educational, behavioral and mental health treatment services. The department uses both formal and natural outcome data tracked as a course of treatment and care. Results from outcome research are used to improve existing services and plan for new programs.

### **Studies Completed**

This fiscal year, OM&R completed a pilot study to examine the feasibility of implementing standardized outcome measures in a large, decentralized, multi-site, community-based residential treatment program. Results indicated that it was possible to apply a rigorous research methodology and collect outcomes using standardized instruments. The ethical, clinical and cultural barriers related to performing research in a clinical setting were successfully removed due to careful planning and attention to these details. A manuscript of this work has been submitted for professional peer-reviewed journal publication.

### **Studies Forthcoming**

A follow-up study examining and comparing clients' lifestyle health before and after residential treatment is forthcoming. This work seeks to discover the fiscal and community well-being costs associated with youth's undesirable living activities such as truancy, hospitalizations, legal involvement and substance abuse. The study will explore the frequency and intensity of these events both pre- and post-residential treatment in an effort to examine lasting effects of intervention.

### **Outcome Tracking**

The OM&R Department works to continually expand the agency database of natural client outcomes and opinion survey data, along with developing interfaces with the new electronic clinical record and managed care data requirements.

### **Professional Dissemination**

OM&R contributes to the ongoing exchange among professionals in social science, health care, child welfare, scientific and policy areas through national conference presentations and professional journal publications.

## V. Clinical & Educational Programs & Services Outcomes

The Clinical and Educational Departments at Spurwink Services work very closely with one another to develop and deliver integrated services. The philosophy driving this collaborative effort is that education requires a therapeutic approach and any therapeutic service provides an opportunity to learn. Outcomes for both disciplines are presented below.

### Children’s Residential & Day Treatment Clients Served

Table 2 depicts how many distinct child clients were served during FY08. Annual numbers of clients served are mutually exclusive by service. For the past two years, more clients required the intensity of day and residential treatment services than either individual service.

**Table 2: Number of Day & Residential Clients Served (FY 07 & 08)**

	FY07	FY08
Day Only	137	132
Day & Residential	166	168
Residential Only	71	59
<b>Total</b>	<b>374</b>	<b>359</b>

### Occupancy Rates

#### Residential Beds

The agency achieved an average occupancy rate of 94% for children’s residential beds, slightly below the 95% goal for the fiscal year. This is largely due to a dip in census in the winter months following the holidays because of efforts to reunify families. Regardless, this figure is commendable considering that a statewide survey reported an average occupancy rate of 65-75% for residential programs in the state.

#### Day Treatment Desks

The agency’s average occupancy rate for children’s day treatment desks was consistent throughout the year and averaged 93% annually.

### Out of State / Out of Country Residential Clients

Spurwink Services served clients from New Hampshire, Connecticut and Canada and achieved its goal of 10% out of state / out of country child and adult residential clients. This level of occupancy was maintained or exceeded throughout all four quarters.

**Table 3: Out of State/Out of Country Clients FY08**

	Q1		Q2		Q3		Q4	
	Child	Adult	Child	Adult	Child	Adult	Child	Adult
<b>Total # of Clients</b>	<b>16</b>	<b>3</b>	<b>17</b>	<b>3</b>	<b>15</b>	<b>3</b>	<b>16</b>	<b>2</b>
Client Specific %	11%	7%	12%	7%	11%	7%	11%	5%
Overall Agency %	10%		11%		10%		10%	

### Length of Stay

Average length of stay, in months, for children’s day treatment and residential treatment dropped slightly from the previous two fiscal years.

**Table 4: Children’s Residential & Day Treatment Length of Stay (months)**

	FY06	FY07	FY08
Day	21.1	20.6	19.9
Res	20.1	14.2	14.1

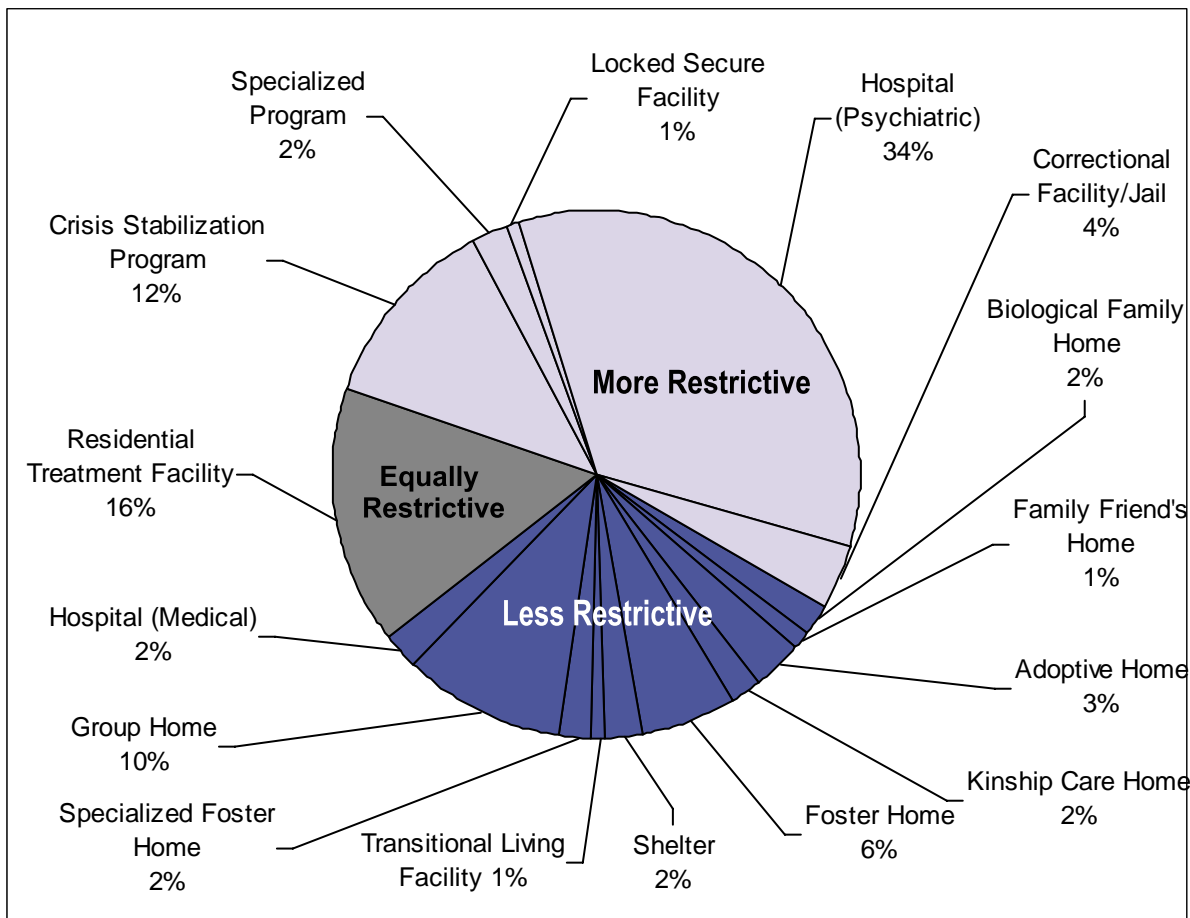
## Improvement in Functioning: Discharge Disposition

A treatment goal for all residential youth is to be discharged to a less restrictive environment than residential treatment offered by the agency. Spurwink Services uses a Spurwink-revised version of the Restrictiveness of Living Environment Scale (SPROLES). To appreciate the improvement in a youth's functioning, it is helpful to consider where they were admitted from prior to residential placement. Both before treatment and after treatment living environments were tracked. The agency is pleased to report an over 80% discharge rate to less restrictiveness environments than residential treatment during fiscal year 2008.

### Admitted FROM

Less Restrictive	31%
Same Level Restrictiveness	16%
More Restrictive	53%

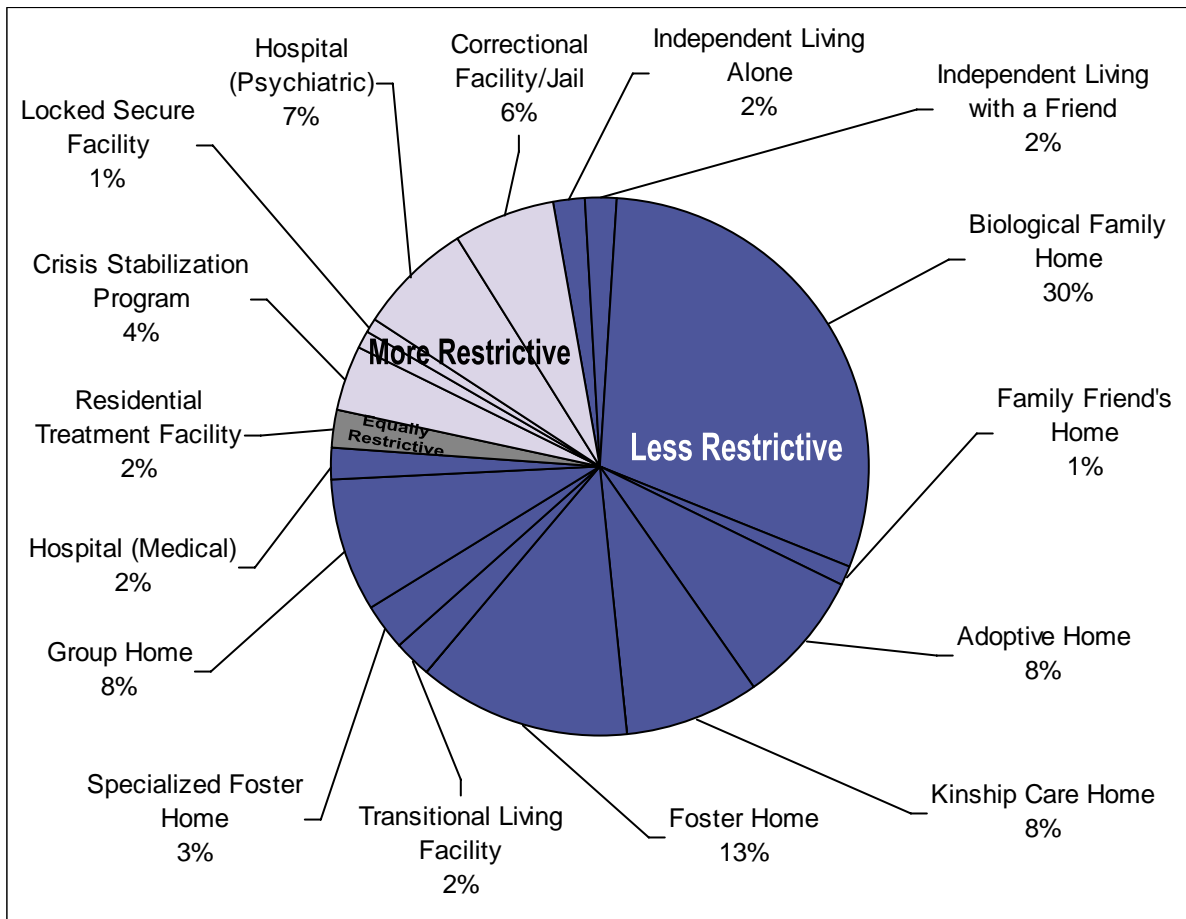
Figure 1: SPROLES Admitted FROM (FY08) N=90



**SPROLES Discharged TO**

Less Restrictive	81%
Same Level Restrictiveness	3%
More Restrictive	16%

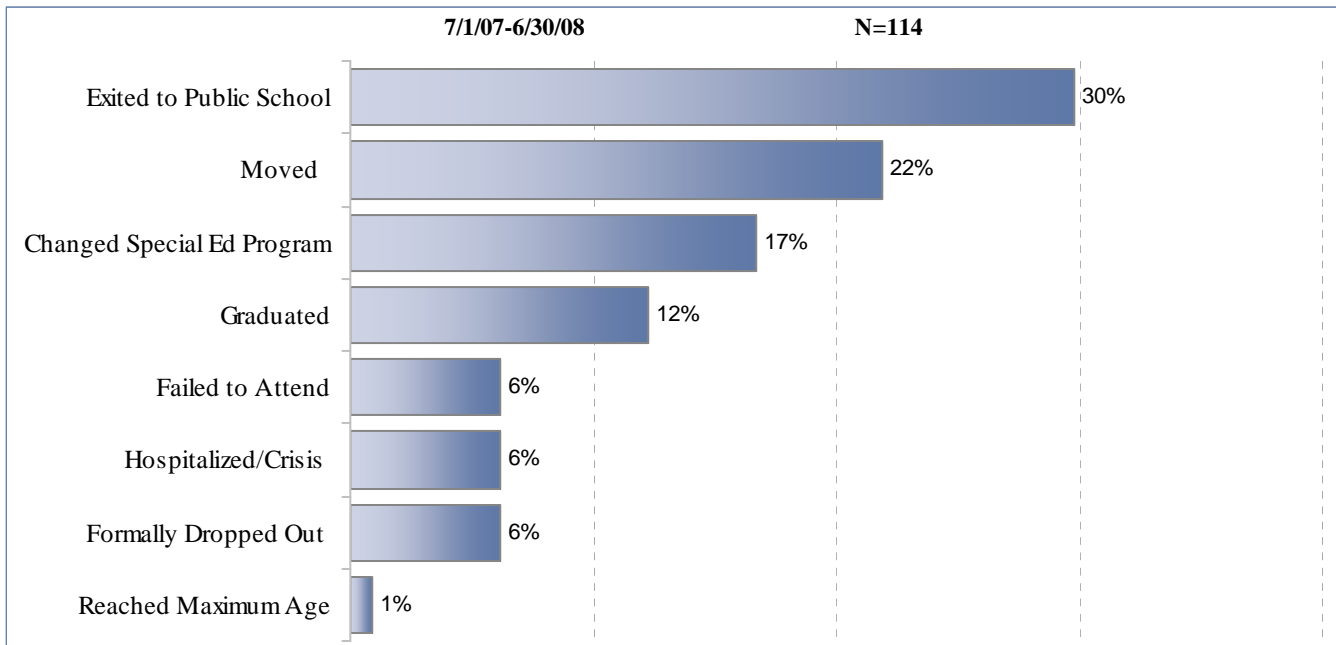
**Figure 2: SPROLES Discharged TO (FY08) N=88**



## Graduation or Return to Public School

Youth receiving day treatment services are discharged for a variety of reasons, with *graduation* or *exiting to public school* as the goal. As illustrated in Figure 3, 42% of students meet this goal.

Figure 3: Day Treatment Program Discharge Reasons



## Client Safety

Client safety and well-being are high priorities. This focus is maintained through various activities including data tracking to inform treatment and programming decisions, ongoing training initiatives to develop and maintain a staff skilled in crisis intervention and behavior management and a review of all incidents involving safety holds or safety concerns.

During fiscal year 2008, Spurwink staff generated over 6,800 incident reports. Typically these are generated by direct care staff, reviewed by a licensed clinician in the program and reviewed a second time by a licensed clinical CQI specialist both for quality and for data extraction.

### Safety Holds & Acute Behaviors

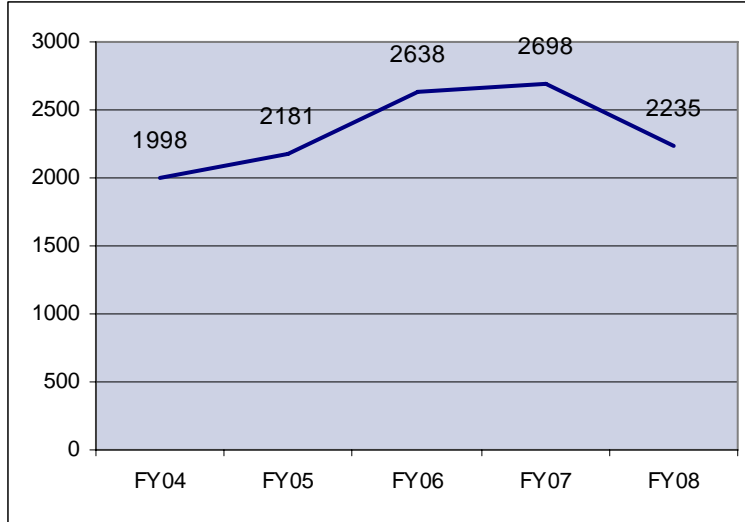
Spurwink Services continues to emphasize the use of physical intervention only when necessary for the safety of clients and staff. Emotional and behavioral dysregulation are symptoms featured in many of the individuals that are served by Spurwink, particularly in its day and residential treatment services. Despite diligent efforts to intervene with less restrictive strategies, safety holds continue to be utilized when required. By definition, safety holds are any interventions requiring compelling physical intervention including escorts in which staff physically assists a client in leaving a stimulating or unsafe environment.

As reflected in both the ratio of holds per 1000 days (Table 5) of service and in the total number of holds (Figure 4), the use of safety holds was reduced in FY08 for clients in day & residential treatment. While the total number of holds dropped by 463, the incidence of safety holds was reduced by 11%, when adjusted for variances in census between FY07 and FY08 (Figure 4). Among the factors that may have contributed to this success are the training of all educational and clinical staff in Collaborative Problem Solving, the increased utilization of local law enforcement personnel, ongoing training in Therapeutic Crisis Intervention, and the regular debriefing of incidents when safety holds are employed.

**Table 5: Holds/1000 Client Days of Service**

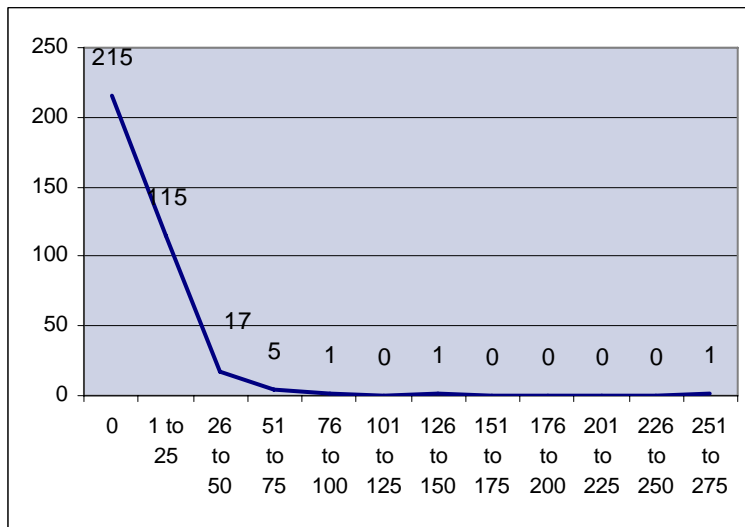
FY07	43.4
FY08	38.4

**Figure 4: Number of Incidents Requiring Safety Holds**



Experience and data indicate that a relatively small number of highly acute clients account for most of the safety holds that are needed. As indicated in Figure 5, 60% of Spurwink’s day and residential child clients had no holds during the 12-month reporting period. Only 2% of clients had more than 25 holds in the course of the year.

**Figure 5: Number of Safety Holds per Client**



## VI. Utilization Review (UR)

The goal of Utilization Review (UR) is to ensure that Spurwink Services provides clinical care for children and adolescents with behavioral or mental health needs that is consistent with best practice standards and meets generally accepted standards of medical necessity. Further goals are to ensure that all agency clients are served at the least restrictive, appropriate level of care; to assess the efficacy of programming to accomplish individualized client treatment goals as set forth in approved individualized service and treatment plans; and to advise Senior Administration regarding this data.

### Case Utilization Review Meetings

Utilization Review meetings offer the needed clinical forum for immediate client case review. These reviews are well attended, focused and dynamic. The collective clinical experience and wisdom that various participants offer tackle highly challenging issues and yield recommendations and support for not only the client but also program staff.

The Director of Admissions and Utilization Review works to

- Review client files and attend Client Comprehensive Reviews at the individual program sites to assess medical necessity and appropriateness of treatment plans
- Review clients' continued need for a particular level of care
- Review clients' progress towards discharge goals and the appropriateness of transition plans

### Managed Care

The managed care system began in Maine and at Spurwink Services on January 1, 2008. An enormous amount of work was expended in preparation for this commencement and included data entry and system and data training for hundreds of staff. Specific tasks learned included:

- A philosophical understanding of managed care terminology
- Writing treatment plans and progress reports that clearly document medical necessity of services
- Technical mastery of the APS website used to complete continued stay reviews and to register transferred clients

### Referral Admission Efficiency

Spurwink Services seeks to increase its efficiency by quickly securing clients in beds as soon as vacancies permit. Two variables are examined to monitor the time it takes to admit a referral: the availability of referrals and the speed that empty beds are filled. The referral efficiency process is tracked by

- The days an open bed waited for an appropriate referral
- The number of days a referral waited for a bed to open.

The closer these numbers are to zero, the better the agency is meeting and fulfilling the demand for the services that referral sources request.

When an open bed waits for an appropriate referral, the agency is not running a "full house" and has underutilized its resources. This means that there is inadequate referral demand for the services offered by a particular bed. When a referral waits for an available bed, the agency is missing an opportunity to care for a youth in need. The average and median number of days a child waited for an available bed and a bed waited for a child is noted in Table 6.

**Table 6: Referral Efficiency**

	Average	Median
Days child referral waited for available bed	48	27
Days an available bed waited for a child referral	38	20

---

## VII. Continuous Quality Improvement (CQI)

Continuous Quality Improvement (CQI) is an ongoing and dynamic process affecting every staff person, client and program at the agency, allowing for the highest standards of treatment for the delivery of care. CQI is imbued in the agency's policies, physical milieu, staff attitudes and therapeutic practice.

### CQI Functions & Activities

#### Internal Quality Monitoring

Internal CQI activities are aimed at ensuring the quality of services provided, and that corresponding documentation meets the agency's standards per policy that has been developed to meet or exceed standards set by accrediting, licensing and regulatory bodies. CQI specialists serve as:

- A primary resource to Program Directors seeking implementation of agency policy and procedure, providing clients with optimal services and pursuing continuous quality improvement
- A monitoring mechanism of service, administrative and support activities
- Advisors to Senior Administration, critical function in a decentralized agency

Feedback loops that support ongoing communication between all levels and departments of the organization are crucial to the effectiveness of the CQI process. Activities that represent and support these loops include the following:

- Case Record Reviews
- Facilities Inspections
- Incident Report Reviews
- Licensing
- Accreditation
- Internal Audits
- Program Director Meetings
- Joint Administrative Meetings
- Staff Meetings

#### Licensing

The State of Maine licenses Spurwink Services through the Maine Department of Health & Human Services (DHHS), Division of Licensing and Regulatory Services, Community Services Licensing. This same Division is responsible for licensing the agency to provide Substance Abuse and Co-Occurring Integrated Treatment services. The agency underwent a Licensing Review this fiscal year and was awarded full licensure to operate the agency's array of clinical services.

- Each of the agency's 50 children's Residential Treatment residences serving children and adolescents is separately licensed by DHHS under its Children's Residential Licensing/Mental Health Module rules
- Each of the agency's Adult 11 residences continues to be licensed by DHHS under its Assisted Housing rules
- Spurwink Services' Children's Educational services continue to hold current "School Approval" from the Maine Department of Education (DOE) as Private Special Purpose Schools, K-12, ungraded, under its Special Education rules
- A full Certificate of Approval as an Alcohol & Drug Treatment Program was granted after DHHS license review

### **Accreditation by the Council on Accreditation for Services to Families and Children (COA)**

Accreditation goes beyond the minimum standards met with licensure to approve programs with optimum or best practice service, corporate, fiscal and administrative standards. Spurwink Services as an agency, and each of the separate services it provides, are accredited by the Council on Accreditation for Services to Families and Children (COA), the premiere independent North-American accrediting body for services Spurwink Services provides. An agency cannot be accredited by COA unless it and all of the services have met stringent standards. The annual “Maintenance of Accreditation Report” required by COA was accepted as excellent and resulted in ongoing accreditation being granted.

### **Policy**

Spurwink Services’ Policy & Procedure Manuals translate the myriad requirements of statute, licensing, accreditation, regulation and “best-practice principles” into concrete guidelines governing service, governance, administrative and support activities.

In embracing CQI, Policy & Procedure Manuals are never “complete.” Established policies and procedures are revised in response to a variety of factors including changes in public policy and related rules/regulations, evolution of “best-practice principles” and staff feedback. This latter, organic bottom-to-top allowance reflects Spurwink Services’ commitment to making the CQI process an agency-wide effort. A new streamlined and staff-friendly approach to gathering input was developed this year to gain input into policy and procedure revisions.

### **Licensing Reports & Grievances**

Reports to the Institutional Abuse Unit (IAU) of the Department of Human Services of suspected institutional abuse or neglect by outside parties, clients or Spurwink Services are coordinated and monitored by the Coordinator of Licensing and Accreditation. The agency takes IAU reports very seriously, and adheres to the letter of state statute and agency policy. This approach reflects a philosophy that values client rights, integrity and a desire to operate openly within appropriate boundaries.

In fiscal year 2008, eight IAU reports were made and investigated by DHHS’ Institutional Abuse Unit. Findings indicated that institutional abuse or neglect did not occur. Recruitment, selection, training, and supervision of staff are among our highest priorities in an effort to eliminate IAU events and any licensing violation citations resulting from an IAU investigation.

---

## Measurement of Satisfaction

During fiscal year 2007, over 1900 Opinion Surveys were distributed to Spurwink Services' clients, legal guardian/parents, guardians ad litem (GAL), referral sources and staff of all day, residential, outpatient and community-based programs. These surveys ask respondents to rank their opinions on a variety of topics including rights, being informed, treatment effectiveness and satisfaction. Survey comments were analyzed using a Qualitative Data Analysis (QDA) procedure, a series of steps that progressively captures data from narrative. Survey return rates from all respondents are noted in Table 7.

**Table 7: Survey Response Rate**

	Rate of Response
Child & Adult	53%
Parents & Legal Guardians	19%
Referral Sources & GAL	34%
Staff	52%

The positive findings from these surveys affirm the quality of the agency's work. The surveys also give the agency's leadership an opportunity to respond to problematic issues or trends before they become embedded or more serious.

Overall, positive comments tended to be more encompassing in nature, although specific personnel or experiences were noted. This can be useful to program and administrative staff in making more global adjustments. Unfavorable comments, on the other hand, were quite precise, and thus more instructive to the agency.

### Day & Residential Child & Adult Clients

Clients were surveyed about how they are treated, the effectiveness of therapeutic care and their involvement with their programming. Survey results from 159 child day and residential & adult clients indicated very positive satisfaction with the Spurwink Services' experience. Highlights included:

- Clients receive communication from staff concerning how they are doing (86%) and their rights as clients (78%)
- Clients feel cared about (84%) and respected (84%)
- Spurwink Services has been helpful (84%) and child clients are learning (73%)

Of returned surveys, 28% of child clients and 39% of adult clients wrote comments. Specific comments included

- *Spurwink has been there for me for five years. Thank you for everything! I really appreciate it.*
- *I feel safe here....*
- *I like staff. I like my old and new house. I like the things in my house.*

### Parents/Legal Guardians

Clients' parents and legal guardians were surveyed about communication, issues of respecting them and their children/wards and satisfaction with services and staff. Responses were tremendously positive. Ninety-eight percent (98%) of respondents stated that staff values their input. Salient patterns included positive responses to the following statements:

- Staff listens to me (98%)
- I am treated with courtesy and respect (98%)
- Staff keep me informed of my child's/ward's progress (98%)
- I have an opportunity to participate in the planning meetings (98%).

The majority of the day and residential clients' parents and legal guardians surveyed were pleased with the programs and services provided to their son, daughter or ward:

- *You [Spurwink] saved my son's life!*
- *Without Spurwink, my daughter would still be struggling with everyday life. I am so grateful to this program. It has helped us in so many ways.*

Parents and legal guardians of clients in the Public School Counseling Program echoed similar opinions:

*I would like to say that my family loves Spurwink. My children both have the same case manager...she has become like a part of the family, a dear friend who is always there to offer advice and support. I don't know what we'd do without her.*

Lastly, parents and legal guardians commented on the high quality of agency staff. Comments included:

- *I am impressed with the level of expertise, firmness with expectations, and quality of house parents.*
- *Dedicated staff. Very cooperative. Very helpful. Professional and admired.*

### **Guardians ad Litem & Referent**

Guardians ad Litem (GAL) and Referents were questioned regarding communication, responsiveness, services and satisfaction. Both groups answered positively at least 89% of the time to all questions. Almost all (95%) of GAL and referents reported having a good working relationship with staff, and 94% are satisfied overall with their experiences with Spurwink Services. Constructive feedback was offered:

- *I only wish we had more counselors to meet the needs of so many students. The small amount of counseling time is really a band-aid*

### **Agency Staff**

Staff were surveyed regarding issues deemed important to morale and overall satisfaction with the difficult work they perform. Returned surveys were representative of all job classifications, with 37% being completed by direct service staff, the agency's largest group of employees. Additionally, 41% of respondents have been employed at Spurwink Services at least five years.

Concerning job satisfaction, responses indicated that staff

- Believe they make a difference in people's lives (97%). This is a 4% increase from last year.
- Continue to get satisfaction from their job (92%)
- Look forward to coming to work (87%)
- Plan to continue working with Spurwink for two or more years (80%)
- Would encourage someone to apply to work at Spurwink (77%)
- Feel part of a team (80%)

Concerning staff's ability to perform their job, responses indicated that staff

- Think they receive sufficient training (91%)
- Find supervision helpful (82%)
- Are aware of their employee rights (94%)
- Receive information necessary to do their work (88%)

Of returned staff surveys, 30% of staff wrote comments. This past year, the agency faced several critical issues focused on program closures and budget cuts and these were evident in staff comments. Comments included

- *Jobs are in jeopardy due to recent cuts*
- *Programs that lose money for the agency each year should be eliminated...*
- *...with falling enrollments in day treatment and cutbacks to residential, I worry about Spurwink....*

---

Written responses clustered around three distinct themes:

- 1) Teamwork / Communication
- 2) Supportive Environment
- 3) Satisfaction with Job/Population/Clients

Teamwork/communication comments were overwhelmingly positive in nature. Statements included descriptions such as *part of a team* and *wonderful coworkers*.

Concerning the supportive environment, staff indicated that they have the tools to do their job successfully. The majority believe they are receiving adequate supervision and training and thus feel supported and appreciated. One staff member stated,

*If you do your best, it's the best place to work: Excellent support system.  
Expectations are clear and supervisors can be very forgiving for mistakes.*

In terms of satisfaction with their jobs and client work, staff commented positively by describing satisfaction. Specifically, they reported getting satisfaction from working with clients and overall are pleased with their jobs. Comments included

- *I am very fortunate to be working in a program that I truly believe in and am proud of.*
- *I believe that I make a difference in their lives and they in mine. I enjoy that part of the job TREMENDOUSLY...*

## VIII. Community Relations

During Spurwink Services' Fiscal Year 2008, the Communications Office was engaged in a number of activities designed to build name recognition, increase public awareness and promote the agency's services:

- Distributed Spurwink Services' Annual Report to 1,800 community members, stakeholders, legislators, donors and political leaders.
- Published and mailed Spurwink Services' quarterly newsletter to donors, friends, community leaders and other service providers.
- Submitted the "Building Healthy Minds" column in Parent & Family Magazine written by Spurwink Services' Clinical Director, Cynthia Dodge, Ph.D.
- Participated in Chamber of Commerce events in Portland, Saco/Biddeford and Lewiston/Auburn.
- Participated in the Maine Association of Non-Profits' day at the Hall of Flags, February 2008.
- Sponsored the Muskie Access to Justice Dinner, May, 2008.
- Exhibited at the MADSEC Directors' Academy, June 2008 (A professional development program of the Maine Administrators of Services for Children with Disabilities).
- Gold Sponsor Participant at the 3rd annual Maine Autism Resource Fair.

---

## IX. Professional Accomplishments

The agency continues its professional activity through the dissemination of work to local, national and international audiences. Publications, presentations and media achievements during fiscal year 2008 are noted below, with Spurwink Services' employees listed in bold. Additionally, agency personnel are engaged in a wide variety of professional and community memberships and affiliations in an effort to keep Spurwink Services a participating member of the towns, cities and groups that influence our care of individuals.

### Publications

#### Child Development

**Dodge, C. A.** (2006 – present). Ongoing psychological column pertaining to topics of interest to parents. *Building Healthy Minds – Parent and Family Newspaper*.

#### Psychopathology & Psychopharmacology

**Oosterheld J.R., Butler L.S., Shader R.I.** (in press). Approaches to the Psychopharmacologic Treatment of Children & Youth. In R.I. Shader (Ed.) *Manual of Psychiatric Therapeutics (4th ed.)*. Lippincott Williams & Wilkins: Philadelphia PA.

Wynn, G.H., **Oosterheld, J.R.**, Cozza, K.L. & Armstrong, S.C. (in press). *Clinical manual of Drug Interaction Principles for Medical Practice: The P450 system*. American Psychiatry Press Inc: Washington DC.

**Oosterheld, J.R.**, Cozza, K.L. & Sandson N.B. (2008). *Oral contraceptives*. *Psychosomatics*, 49 (2), 168-75.

Cozza K.L., Armstrong, S.C., **Oosterheld, J.R.** & Sandson, N.B. (2007). *Study Guide to Clinical Psychopharmacology: A Companion to the American Psychiatric Publishing Textbook of Psychopharmacology (3rd ed.)*. American Psychiatric Publishing: Arlington, VA.

**Oosterheld, J.R.**, Shader, R.I. & Martin, A. (2007). Clinical and developmental aspects of pharmacokinetic chapter and drug interactions. In A. Martin, & F. R. Volkmar (Eds.), *Lewis's Child and Adolescent Psychiatry: A Comprehensive Textbook (4th ed.)* (pp. 742-753). Lippincott, Williams & Wilkins, Philadelphia, PA.

Sandson, N.B., Armstrong, S.C., Cozza, K.L. & **Oosterheld, J.R.** (2007). *Drug-Drug Interaction Primer: A Compendium of Case Vignettes for the Practicing Clinician*. American Psychiatric Publishing: Arlington, VA.

Scahill, L., **Oosterheld, J.R.** & Martin, A. (2007). General principles, specific drug treatments and clinical practice. In A. Martin, F. R. & Volkmar (Eds.), *Lewis's Child and Adolescent Psychiatry: A Comprehensive Textbook (4th ed.)* (pp. 754-788). Lippincott, Williams & Wilkins, Philadelphia, PA.

#### Residential Treatment

**Butler, L.S., Little, L., Grimard, A.R. & Durgin, A.** (2007). Challenges, Realities and Successes of Piloting Outcome Measures in a Decentralized Community-Based Residential Program. On Contributions to Residential Treatment 2007 Annual Meeting [CD ROM]. Milwaukee, WI: American Association of Children's Residential Centers.

**Butler, L.S. & McPherson, P.M.** (2007). Is residential treatment misunderstood? *Journal of Child & Family Studies*, 16, 465-472.

## Presentations

### Child Abuse

- Barter, W.M.** (2008, May). *Health Disparities panel member*. Maine Center for Disease Control (CDC)'s LGBTI Health Summit. Augusta, ME.
- Barter, W.M.** (2008, March). *Forensic Psychology*. Southern Maine Technical College. South Portland, ME.
- Pressler, H.M.** (2008, March). *Anogenital Anatomy*. Grand Rounds at Eastern Maine Medical Center. Bangor, ME.
- Pressler, H.M.** (2008, February & March). *The Developmentally Appropriate Evaluation of the Young Adolescent Sexual Assault Victim*. Presented to Sexual Assault Forensic Examiners. Office of the Attorney General. Waterville & Westbrook, ME.
- Pressler, H.M.** (2008, February). *Recognition of Child Maltreatment for Educators*. University of New England College of Osteopathic Medicine. Biddeford, ME.
- Pressler, H.M.** (2007, November). *The Recognition of Child Maltreatment: A Primer*. Annual Pediatric Conference at Maine Medical Center. Portland, ME.
- Pressler, H.M.** (2007, October). *Anogenital Anatomy for Legal Professionals*. Annual Maine Prosecutor's Conference. Bar Harbor, ME.
- Pressler, H.M.** (2007/8, Fall & Spring). *The Recognition of Child Maltreatment: A Primer*. Annual and semi-annual lecture to RN and nurse practitioner students. University of Southern Maine. Portland, ME.
- Pressler, H.M.** (2007/8, Fall & Spring). *Recognition of Child Maltreatment for Educators*. Teacher certification course. Advocates for Children. Lewiston, ME.
- Pressler, H.M.** (2007/8, Fall & Spring). *Sexual Assault Training: The Developmentally Appropriate Evaluation of Children and Young Teens*. Presented to Sexual Assault Forensic Examiners. Office of the Attorney General. Augusta, ME.
- Pressler, H.M.** (2007, July). *Anogenital Anatomy for the Non-medical Professional*. American Professional Society on the Abuse of Children's 15th Annual National Colloquium. Boston, MA.
- Ricci, L.R.** (2008, April). *Child Abuse Prevention*. Presented to Maine Chapter of American Academy of Pediatrics. Bethel, ME.
- Ricci, L.R.** (2008, April). *Photodocumentation*. Presented to Nurse Examiners. Jackson, MI.
- Ricci, L.R.** (2008, April). *Photodocumentation*. New York State Child Advocacy Conference. Albany, NY.
- Ricci, L.R.** (2008, March). *Child Abuse Medical Evaluation*. Department of Health and Human Services Case Workers. Augusta, ME.
- Ricci, L.R.** (2008, February). *Child Sexual Abuse*. Maine Osteopathic Society. Portland, ME
- Ricci, L.R.** (2007, December). *Child Death Review Panel Results*. Pediatric Grand Rounds, Maine Medical Center. Portland, ME.
- Ricci, L.R.** (2007, December). *Child Sexual Abuse*. Presented to Sexual Abuse Response Teams (SART). Augusta, ME.

- 
- Ricci, L.R.** (2007, October). *Child Death Review Panel Results*. Cops and Case Workers Conference. Augusta, ME.
- Ricci, L.R.** (2007, September). *Failure to Thrive as a Manifestation of Child Neglect*. 12th Annual Northern New England Conference on Child Maltreatment. South Portland, ME.
- Ricci, L.R. & Drach, K.M.** (2007, September). *Medicine Mental Health Collaboration: Abusive Head Trauma & Parental Risk Assessments*. 12th Annual Northern New England Conference on Child Maltreatment. South Portland, ME.
- Ricci, L.R.** (2007, August). *Child Abuse Medical Evaluation*. Presented to Pediatric Residents at Maine Medical Center. Portland, ME.
- Ricci, L.R.** (2007 – present). *Ongoing monthly case discussions on Child Abuse with Pediatric Residents*, Maine Medical Center. Portland, ME.
- Wientzen, J.** (2007, October). *Conducting Forensic Interviews with Developmental Sensitivity*. Cops and Caseworkers Conference. Augusta, ME.
- Wientzen, J.** (2007, September). *Conducting Forensic Interviews with Developmental Sensitivity*. 12th Annual Northern New England Conference on Child Maltreatment. South Portland, ME.

### Information Technology

- Hinkley, T.** (2007, October). *Introduction to Customizing MT Schedule*. Regional CMHC User Group. Hartford, CT. National CMHC User Group. Orlando, FL.
- Hinkley, T.** (2008, April). *Payroll Time and Attendance Upload Process*. National CMHC User Group. Orlando, FL.

### Residential Treatment

- Butler, L.S., Little, L., Grimard, A. & Durgin, A.** (2007, October). *Challenges, Realities & Successes of Piloting Outcome Measures in a Decentralized Community-Based Residential Program*. American Association of Children's Residential Centers 51st Anniversary Annual Meeting. Orlando, FL.
- Butler, L.S., Little, L., Grimard, A. & Durgin, A.** (2007, September). *Findings From a Pilot Study Measuring Standardized Outcomes in a Community-Based Residential Treatment Program*. CWLA Mid-Atlantic 2007 Training Conference: Crisis in Child Welfare: Strengthening Public Policy and Practice. Baltimore, MD.

### Youth Development & Education

- Dodge, C.A.** (2008, April). *Attachment primer: A public policy, public health issue*. South Portland, ME: Moving Mountains: A Summit on Childhood Development, Parental Participation and Permanency Success.
- LeClair, K.** (2007). *I Would Rather be Bad than Stupid*.  
(October). Learning Disabilities Association Conference. Freeport, ME.  
(September). Central Maine Community College's What Families Want Conference. Lewiston, ME.  
(July). University of Maine Special Education Seminar. Orono, ME.

- LeClair, K.** (2007, December). *The Silver Lining School*. University of Maine Students at Risk Seminar. Orono, ME.
- Mangum, J. & **Normand, J.** (2008, March). *Managing the Explosive Child*. The Family Medicine Center: Maine Health Learning Resource Center. Falmouth, ME.
- Melquist, M. & Thornton-Vogel, M.I.** (2008, April). *Learning Styles and Problem Solving with Youth with EBD*. First Jobs Academy Enhanced Mentor and Leadership Training. Scarborough, ME.
- Melquist, M.** (2008, May). *Problem Solving and Communication with Adolescents*. Brunswick High School. Brunswick, ME.
- Raymond, L.** (2008, February). *Children's Mental Health*. NAMI's Crisis-in-Training Program for Law Enforcement. Gardiner, ME.
- Spencer-Sears, J.** (2008, June). *Teaching Students with Exceptionalities in the Regular Classroom*. York School Department York Summer Institute. York, ME.
- Strick, B.** (2007, April). *Risk Reduction Case Management: The Work, the Domains & the Power of Protective Factors*. Greely High School. Cumberland, ME.
- Thornton-Vogel, M.** (2007, September). *Occupational Therapy in Children with ASDs*. Maine Autism Resource Fair, Augusta, ME.

## Media

- Huang, J. (2008, May 12). House Parents Bring Family Feel to Spurwink Agency Homes. *The Portland Press Herald*, p. A1.
- Pressler, H.M. (2007, November), *Talking with Your Child about Abuse*. WMTW ABC Television interview of Spurwink Services' Child Abuse Program. Portland, ME.
- Shaw, J. (2008, June). *Spurwink Services' Music Program*. WCSH NBC Television news feature, Portland, ME.

## Professional & Community Affiliations / Activity

William M. Barter, Ph.D., Psychologist, Child Abuse Program

- Faculty, Southern New Hampshire University in the Department of Psychology

April L. Berry, B.S., Special Education Teacher, Cummings Program

- Maine State Personalized Alternative Assessment Portfolio (PAAP) Standard Setting Committee

Daniel M. Bonner, LCSW, Vice President of Operations

- American Network of Community Options & Resources, State Representative
- Maine Association of Community Service Providers (MASCP) Member

Linda S. Butler, Ph.D., LCSW, Director of Research & Special Projects

- Clinical Assistant Professor, Department of Psychiatry, University of Vermont
- Maine State Task Force on PDD Systems of Change, Advisory Committee Member
- Governor's Task Force on Early Childhood Education

---

Cynthia Dodge, Ph.D., LCSW, Director of Clinical Services

- Clinical Assistant Professor, Department of Psychiatry, University of Vermont
- Office of Child and Family Services' Evidence-Based Practices Committee
- SAMHSA's Project THRIVE Senior Leadership Committee
- National Child Traumatic Stress Network's Trauma-Focused CBT Steering Group
- Children's Committee of the Maine Association of Mental Health Providers
- APS Advisory Committee

Nancy Irving, Treasurer

- Department of Health & Human Services' Collaborative Savings Workgroup
- Maine Development Foundation's Leadership Maine Healthcare Committee

Deborah Long, Portland Help Center

- Greater Portland Charitable Furniture Bank Board member and volunteer
- Employment Collaborative of Southern Maine (ECOSM) member

Jana Mailman-Keegan, JRRP Cumberland County Lead Case Manager

- Biddeford Recreation Department's Kids' Fish Day volunteer

Mary Melquist, Ph.D., Director of Admissions & Utilization Review

- Adjunct Faculty, Southern Maine Community College
- Board of Examiners of Psychologists for the State of Maine (appointed by the Governor)
- Cumberland County Collaborative
- Residential Standards Workgroup
- Family Centered Practice Standards Subcommittee
- Mental Health Treatment Standards Subcommittee
- Treatment/Discharge Planning Standards Subcommittee
- Timely Transitions Committee at Spring Harbor Hospital
- The First Jobs Academy with SMCC, Core Development Team
- Future Search Committee for Cumberland County

Susan Murphy, B.A., Senior Program Director, Adult Services

- Maine Association of Community Service Providers (MASCP), Secretary

Stephanie Norton, JRRP

- Juvenile Fire Safety Collaborative, Franklin County, coordinator & facilitator

Hanna M. Pressler, MHS, PNP, Child Abuse Program

- Community Clinical Faculty, College of Medicine, University of New England
- Clinical Instructor, Department of Pediatrics, College of Medicine, University of Vermont
- Sexual Assault Forensic Examiners (SAFE) Workgroup
- Child Abuse Evaluation Credentialed to perform child abuse evaluations at Maine Medical Center, Eastern Maine Medical Center, Central Maine Medical Center and The Aroostook Medical Center
- Office of the Attorney General's Sexual Assault Forensic Examiner Advisory Board
- Advisory Board & Multidisciplinary Team, Androscoggin County Child Advocacy Center
- Reestablished the Pediatric Forensic Clinic at Eastern Maine Medical Center

Laurie A. Raymond, LCSW, Regional Clinical Administrator

- Community Faculty, The College of Health Professions, University of New England
- Augusta DHHS District Child and Family Collaborative Board's Future Search Committee

Roy Siegfriedt, M.A, LCPC, JRRP Program Director

- Juvenile Fire Safety Collaborative, Steering Committee Board and Executive Committee Board
- Department of Corrections Jurisdictional Team Planning Core Groups