



**A LITTLE HELP TODAY**

**A LIFETIME OF DIFFERENCE**

FY19 ANNUAL REPORT



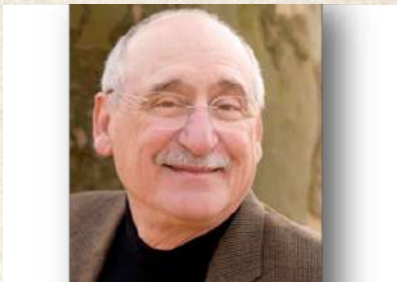
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**DAVID WASHINGTON, LCSW-C,  
LCADC**



**DEBRA AMBROSE, LCSW-C**



**LUCA HAWKINS, LGPC**



**CHRISTINA NEGRETE, LCSW-C**



**JERICA WASHINGTON, LCSW-C**



**KACY VANWESTENBERG**



**MELANIE GRIMMER**



**BRENDA TAYLOR**

## **NEW IN FY20**



**CHRYSTAL DEWOLF, LCPC**



**KRISTA HEALY-SCHAEFER, LGPC**



**MELISSA PHILLIPS, LCSW-C**

DEAR FRIEND OF SAN MAR,

THE JACK E BARR CENTER FOR WELL-BEING CELEBRATED TWO YEARS OF PROVIDING SERVICES TO CHILDREN, ADULTS AND FAMILIES ON OCTOBER 23, 2018. IN OUR VISION OF PROVIDING THE INDIVIDUALS THAT WE SERVE WITH TOOLS TO COPE AND RESOLVE ISSUES IN THEIR LIVES, WE HAVE GROWN TO PARTNER WITH NEW THERAPISTS, ASSISTED IN THE SKILLS AND DEVELOPMENT OF CLINICIANS DEDICATED TO CHILDREN, FAMILIES AND THE COMMUNITY. THIS PAST YEAR ALLOWED US TO RECOGNIZE THAT ALTHOUGH WE WORKED HARD TO MEET WITH CHILDREN AND FAMILIES, OUR REACH COULD BE FURTHERED BY PROVIDING MORE OPPORTUNITIES TO MEET CLIENTS WHERE THEY ARE, IN LOCAL COMMUNITIES. THIS ALLOWED FOR US TO PARTNER WITH MORE SCHOOLS AND THERAPISTS, AND HAVE THE CAPABILITY TO MEET WITH CHILDREN'S FAMILY MEMBERS CONSISTENTLY AND MORE OFTEN.

AS BEHAVIORAL HEALTH CONTINUES TO EXPERIENCE CHANGE, THE CENTER LOOKS TO THE FUTURE IN DEVELOPING STRATEGIES TO RESPOND TO THE CHALLENGES OUR COMMUNITY MEMBERS FACE IN THEIR HOMES, CHILDREN LIVING IN RESIDENTIAL SETTINGS, AND STUDENTS DURING THEIR SCHOOL DAY. AS WE INCREASE OUR CLIENT LOAD, WE ALSO LOOK TO INCREASE THE CAPACITY TO PROVIDE SUPPORTED CARE COORDINATION TO OUR FAMILIES, BY ADDRESSING BASIC NEEDS AND PROVIDING TREATMENT OF THE WHOLE PERSON.

THANK YOU FOR YOUR SHOW OF SUPPORT ON BEHALF OF MENTAL HEALTH SERVICES. DURING A TIME OF HIGH DEMAND FOR SERVICES, WE REMAINED FOCUSED ON ENSURING THE HIGHEST PROVISION OF QUALITY CARE FOR OUR COMMUNITY. OUR ABILITY TO COLLABORATE AS A TEAM WITHIN THE CENTER, WITH SAN MAR'S BESTER COMMUNITY OF HOPE AND TREATMENT FOSTER CARE PROGRAM, OTHER SERVICE PROVIDERS IN OUR COMMUNITY, AND WITH OUR PARTNERS, SETS A HIGH STANDARD FOR MENTAL HEALTH TREATMENT. A LITTLE BIT OF HELP MAKES A LIFETIME OF DIFFERENCE. WE ARE BETTER TOGETHER.

IN PARTNERSHIP,

*Jerica*

JERICA WASHINGTON, LCSW-C

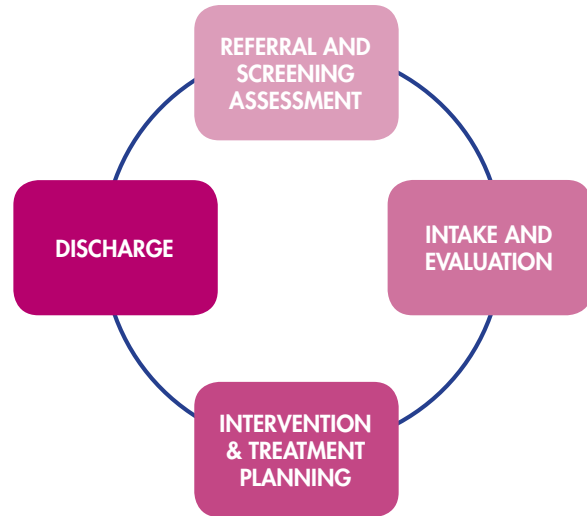
DIRECTOR, JACK E. BARR CENTER FOR WELL-BEING



# THE CHANGE PROCESS

**THE CENTER FOR WELL-BEING CHANGE PROCESS IS CENTERED ON CLIENT CENTERED TREATMENT. FROM INTAKE TO DISCHARGE, THERE IS A TEAM APPROACH TO AID IN THE CLIENT'S SUCCESS.**

The Center saw the need for a point person for the multiple challenges our clients face. The Center added a care coordinator to the team, who serves as the gatekeeper of referrals, and supports clients in any need for concrete resources and navigating systems of care. The Care Coordinator serves as the billing manager for the Center.



## MEET OUR CARE COORDINATOR

Melanie has several years of experience working in the mental health field including years of case management. She came to the clinic in 2018 and has since become an essential factor in promoting positivity and an open minded approach when it comes to working with any and all clients. Melanie has graduated with her Bachelor of Science in Psychology from Frostburg State University. She continues her education through regular online trainings and conferences. Melanie is dedicated to providing excellent care coordination and linking clients with the resources that best fit their needs.

# OUR CLIENTS

FROM THE MOMENT OUR HANDS TOUCH A REFERRAL, WE ARE READY TO MEET THE CLIENTS WHERE THEY ARE, WITH OUR FIRST PHONE CALL. CAREGIVERS AND CLIENTS CONTACT US VIA PHONE OR EMAIL TO CONNECT TO OUR SERVICES.



Our work with Mt.Aetna Adventist School led to a partnership with the high school, Highland View Academy. This gave us a wonderful opportunity to follow the students graduating from middle school and helping them through their journey to high school.

## REFERRAL SOURCES

- US Fellowship (Oak Hill House)
- Washington County Mental Health Authority
- San Mar Treatment Foster Care
- San Mar Bester Community of Hope
- Washington County Public Schools
- The Children's Doctor
- Mt. Aetna School
- Highland View Academy

Since the inception of the Center, we have served the residents of Oak Hill House, a home for adolescent males. Thanks to our flexible therapists, we have been able move our therapeutic service to Oak Hill house, meeting with residents weekly. This allows for more adolescents to be seen, and for staff at the Home to effectively operate. The space at the Home allows for therapists to use their therapy toolkit in creative ways, spending time outdoors on their campus and being in the residents space.



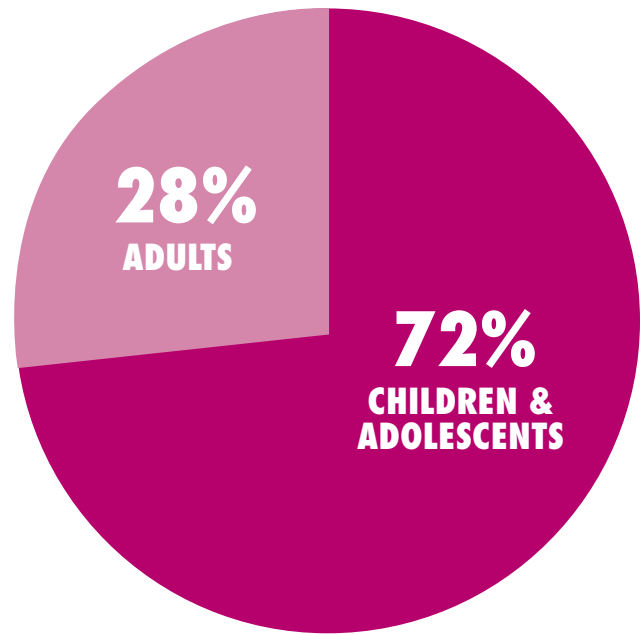
# 2018-2019 BY THE NUMBERS

## CLIENTS

- 235 Clients Served
- 47 School Based Clients
- 106 Client Admissions
- 100 Client Discharges

## PAYMENT

- 80% Medicaid
- 7% Medicare
- 2% Private Insurance
- 10% Private Pay
- 1% Pro Bono



**"LUCA HAS BECOME A VERY SPECIAL PERSON IN MY DAUGHTER'S LIFE. SHE DOESN'T MIND SPENDING EXTRA TIME TALKING TO OUR FAMILY ABOUT ISSUES. WE HOPE THAT SHE CAN CONTINUE TO HAVE SESSIONS WITH HER AND THAT SOME OF MY DAUGHTER'S FRIENDS AT SCHOOL WILL SET UP AN APPOINTMENT TO MEET WITH LUCA AS WELL."**



# BETTER TOGETHER

THE ABILITY TO UTILIZE SPACE OFF-SITE AT BESTER COMMUNITY OF HOPE HAS BEEN TRULY AN ADVANTAGE TO ALLOW FOR IMMEDIATE SESSIONS TO COMPLETE PAPERWORK, AND SPACE FOR ACTIVE LITTLE ONES TO ENJOY THEIR TIME WITH THEIR PROVIDER.

This co-location also offers an opportunity for therapists to meet family support workers, and workers to be involved in sessions if client requests, in a centralized location.

With 1 in 5 adults experiencing mental illness in a given year and 1 in 5 youth experiencing a severe mental disorder at some point in life, our need for mental health services continues to grow. What is a day like at the center? The simple answer is: there is no such thing as a "normal day." Our phone rings with moms who are concerned with what will happen because their child will not



get out of bed for school, school counselors referring families who have families in their office, individuals looking for an evaluation from a psychiatrist. Our doorbell rings constantly during after school hours with kids coming for therapy, while our staff hands out after school snacks, and kids color while their parents are in therapy sessions. Therapists sitting in with their clients during their session with Dr. Lourie or consulting between administration and the Doctor.

One of the things that makes this job meaningful is seeing progress. A former client, we will call her Chloe, was dealt some tough cards early in life. She was a fighter-resilient and brave, and always had her guard up - it's what was normal to her. She was a social misfit, a girl who skipped school, picked fights and was not such a good listener. Her school, her parent, said, she's hopeless. This is how she is going to be! One thing that she struggled with was friendships - she refused to acknowledge them or accept if anyone requested. She considered herself a leader of her own team of one. She would fight at school and at home, and then show feelings of anger when she was alone. We understood quickly that, she was fighting against our human nature of a need for connection. As she finally let her guard down after we connected through a weekly session, she shared her history. At times we were there to give hope, at times we were there to listen, at times we were speechless, at times we felt, to be honest, just sad. She was comfortable enough to allow us into her journey, sharing her pain. We're happy to say that she ended her therapy with one new person she now considers a friend. She wasn't hopeless after all, we weren't the ones who made that happen, but allowed her to see the hope she had within herself. This work may be tough, it may be noble, but it is worth it.

# FOSTERING RELATIONSHIPS

The Center's relationships with prospective clients is essential. Taking the step in beginning therapy can be therapy. Navigating insurance, the right time, location and therapists are all aspects to the first appointment and ongoing treatment for clients. Fostering relationships by providing our information to clients, schools and the community by offering information on each therapist, and their specialties, aids in making the start of the process, easier!

## MEET THE THERAPISTS

### KIM COPPOLA

Kim Coppola, LMSW, received her Master's Degree in Social Work from the University of Pennsylvania and received her Bachelors in Child and Family Studies from Ohio University. Her past experience includes providing therapy in the home, school and community settings with children, adolescents, and adults.

Kim works from a strengths' perspective while incorporating concepts from cognitive behavioral therapy. Kim is passionate about working alongside clients to achieve their mental health goals.



### CHRYSTAL DEWOLF

Chrystal DeWolf, an Army veteran, is a Licensed Clinical Professional Counselor. She received her Bachelor's degree in Christian Ministries, from Emmanuel College, and Master's degree in Pastoral Counseling from Loyola University Maryland.

Her past experience includes working with individuals and families from ages 3 to 63 in a community mental health center, and school aged children in area public schools. Chrystal works alongside clients to identify their strengths while incorporating Cognitive Behavioral Therapy and Mindfulness techniques to promote change within clients.

# OUR STORIES

## **BILL IS ONE OF THE MANY GRANDPARENTS IN OUR CLIENT LOAD WHO HAVE ENDED UP BEING THE GUARDIANS OF THEIR GRANDCHILDREN.**

Living as a senior on social security was difficult for him before his young grandson, Adam, came to live with him. Once Bill got him, things became more difficult. He had a history of having been diagnosed with conduct disorder, and he was having major anger issues at home and at school. Although things were better at home than in school, Bill was continually being called to school about Adam's behavior.

Bill initially came to the JEB Center for help with Adam's behaviors. I did an evaluation of him and felt that he not only had conduct disorder, but also had a mood disorder. I added some mood stabilizing medications to his other medications and suggested that he also get therapy. His grandfather was happy about the medications, but was not sure about the therapy. He also noted the school's failure to help, even though the boy had special education assistance. Adam often missed appointments and Bill failed to call and reschedule. One of the things I do is to keep good records as to when I prescribe medications; I do this as a way to tell if clients are taking the medication correctly. So, it became clear that Adam wasn't taking the medication regularly. Part of my unconditional approach is to give parents, grandparents and guardians the benefit of the doubt. Even though we all thought that Bill didn't appear to be following through with what we thought he needed to do, I felt it was important to get past these blaming feelings and look at Bill as someone who was trying his best given his new role as caregiver, his perceived failure of the schools, and our inability to find the magic medication that would make Adam better.

Our first act of unconditional care was not to dismiss them when they broke appointments and lost touch with us for a while. Next, instead of focusing on the missed visits, the failure to make sure the medication was given regularly, his inability to handle the school's bureaucracy and his anger at us, I chose to see him as someone who was trying his best and feeling like a failure. I'll tell you, this was not easy for me... my first reaction is usually to get angry and blame... to be relieved when they didn't show up. But when they did show up, I turned it around and demonstrated how glad I was that they had come. I would agree with him that his life was tough and that Adam was a troubled youngster who was hard to care for. I listened without blaming. I gave him credit for knowing about his grandson and the medications. When he suggested a change, I listened and if appropriate went with him suggestions. Over time things began to change. First, Bill and Adam began to trust us. Bill began to relax, and when he came in for visits, while his complaints were essentially the same, he appeared less overwhelmed and more willing to see the improvements. He was even able to accept treatment methods that were rejected in the past. While I still hadn't found the magic cure for Adam, things became more workable the more and more Bill and Adam accepted the unconditional care we had given them.



*- Irv Lourie, MD*

*\*Names and aspects of story have been changed to protect the privacy of the client.*

# TEAM APPROACH

## CENTER MONTHLY MEETINGS

The Center's monthly meetings allow for therapists to relax while receiving Center updates, sharing therapeutic models, tips and tricks to make therapy work for all.



## NATIONAL PSYCHOTHERAPY NETWORKER SYMPOSIUM

**MARCH 21-24, 2019**

The Center Director had the opportunity to attend the National Psychotherapy Networker Symposium, which allowed to bring back strategies to assist clinicians with tough cases, creative approaches and innovative models to create a thriving practice.

## THE 21ST NATIONAL CONFERENCE ON CHILD ABUSE AND NEGLECT

**APRIL 24-26, 2019**

Jack E. Barr Center for Well Being joined other San Mar Program staff at the 21st National Conference on Child Abuse and Neglect, April 24-26, 2019 in Washington, D.C.. Making Child Welfare More Trauma Informed was of specific interest to the Center.



# OUR CLIENTS: A SAFE PLACE

The Center Celebrated two years on October 23, 2018. This former residential building has began to be a bustling place with children, adults and families in and out of its doors. The rooms are now personalized with therapists touches and toys, and other administrative offices are being used as well. In our care coordinator's office, you will find the spreading and sharing of creativity from our clients. Coloring pages to free hand art is displayed for clients to beam over their display of art, and to see and reflect on others. Our young client's have found her office as an alternative space other than the waiting room to decompress after therapy. Young family members of caregivers also flock to this space to connect to a trusted adult while their caregiver receives therapy. This space allows for children to also provide useful information for the therapeutic process, and obtain helpful resources and guidance on basic needs and community supports

**"WORKING WITH DEB LATELY HAS IMPROVED MY OVERALL WELL-BEING. I'M WORKING ON BEING SELF-SUFFICIENT AND SHE'S HELPED ME A LOT. DR. LOURIE HAS ALSO HELPED ME TO HAVE A COMBINATION OF MEDICINE TO HELP STABILIZE ME SO I CAN GROW AND IMPLEMENT NEW COPING SKILLS."**

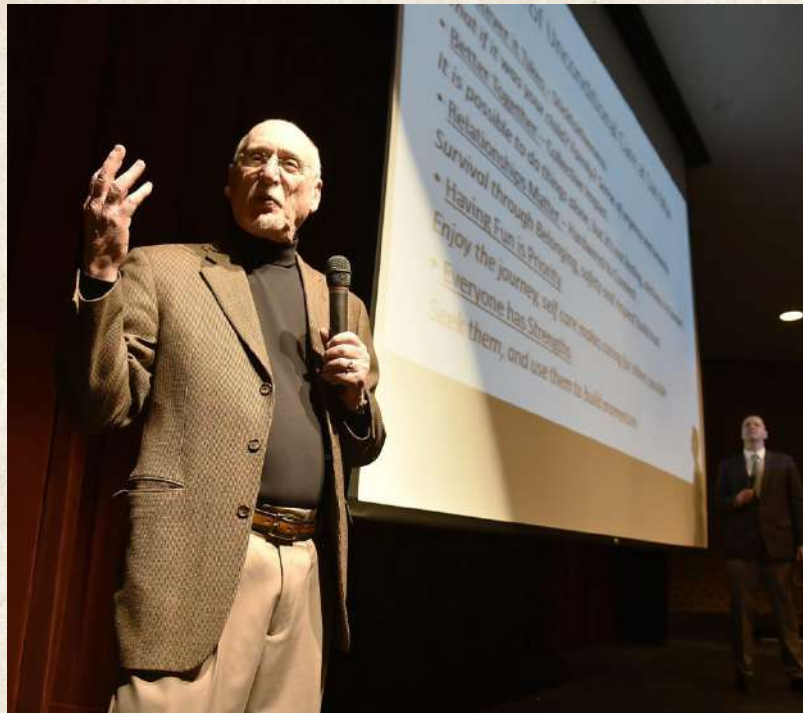


# A LETTER ON UNCONDITIONAL CARE

BY IRA S. LOURIE, MD

**AT SAN MAR IN GENERAL AND AT THE JEB CENTER FOR WELL-BEING IN PARTICULAR, WE PRACTICE WHAT WE HAVE AS OUR PHILOSOPHY AND PRACTICE OF CARE THAT WE CALL, UNCONDITIONAL CARE.**

As the medical director at the JEB Center and San Mar's only psychiatrist, I attempt to continue practicing unconditional care. We borrowed this term from a youth program in Chicago called Kaleidoscope which had practice of not rejecting referrals and no punitive discharges, simply stated, "No Reject, No Eject!" It is based on an underlying principle of providing unconditional care, which the former Director of Kaleidoscope described as we don't give up on our own children, and we should treat the children, adolescents, adults and their families who come to us for care, the same way. A friend of mine once described the 10 principles of Wraparound Services, which are based on unconditional care, as 1) Never Give Up, 2) Never Give



Up, 3) Never Give Up, 4) Never Give Up....10) Never Give Up! We at the JEB Center for Well-Being at San Mar have taken the principles of unconditional care to heart and applied them to care we give in our outpatient community mental health clinic. "What does that look like?," you might ask. Let me try to tell you.

When you start a new clinic, like we did in 2016, it is hard to get the word out that your services exist. So a large percentage of our new patients came from referrals from the County's Mental Health Administration. Many of these folks require services from a new community mental health center because they have been fired by the last one they attended, and often from the one before that and the one before that. Why were they fired? Most often because they failed to show up regularly, constantly rescheduling and/or not showing up at all. You see, state funded clinics can't charge for missed visits, and most clinic treatment staff don't get paid. This causes the clinics to lose the monies needed to run the clinic and treatment staff to move on to clinics with better attendance rates.

At the JEB Center, we make the assumption that a certain number of people who come to us for services have had bad experiences at other clinics, including being “fired” by them. We approach people come to us for service within the context that they have faced impediments to getting services in the past. Sometimes this happens because they are under stress from living in difficult circumstances, where, frankly, keeping putting food on the table by holding on to their job, takes a higher priority to receiving mental health services. . .so, a missed session may often be because they had to show up at work or risk being fired by their employer. Sometimes, people miss because of transportation problems. Sometimes, it’s because another person in the family is sick. Some the folks we work with have problems keeping their lives organized and they just forget. And many times, peoples bad experiences at clinics make is such that they no longer trust or feel comfortable in clinic settings. All this gets compounded by the fact that when these things happen they are treated by the people whose job it is to serve them get angry at them, rather than trying to find out why sessions were missed. We at the JEB Center do our best to understand the experiences that our clients have gone through and are currently going through. We accept that making them feel comfortable with us is our job, a job that often takes time, and often requires us have to overcome our client’s negative view of mental health services. When we are able to do all of this, we find that reluctant clients let themselves get past their bad feelings about mental health services and join with us to them and their families.

I remember a young woman who came to see me for therapy way back when I was in training. She was a nurse who “because of her changing schedules” and “the rigidity in my schedule” kept missing appointments. I had a choice, I could have to her to stop wasting my time and “fired” her or I could find a way to make it easier for her to my client. I chose the latter. I accepted her explanations of why she kept cancelling appointments and responded by saying, “Okay, why don’t we schedule two meetings a week, and you will have a higher probability of making one of them?” She thought that was a good idea and agreed. And, rather than finding ways to have to reschedule both weekly appointments or even getting to one of the two, she began coming twice a week, without missing any! My interpretation of this event was the once I made the move to accept the realities of her life and maybe even some reluctance to really face the issues, she felt more comfortable trusting my commitment to help her, and allowed herself make a stronger commitment to accepting my help. In my forty years of working with mental health service delivery, I have never forgotten this lesson that she taught me. She taught me my first lesson in unconditional care.

## San Mar Principles of Unconditional Care

Serving Size - 5 Core Values

Servings Per Container - Unlimited

**Whatever It Takes - Perseverance.....100%**

**Better Together - Teamwork.....100%**

**Relationships Matter - Build Them.....100%**

**Having Fun - Make Time & Celebrate.....100%**

**Everyone Has Strengths-Build on Them.100%**

**INGREDIENTS:** Long-term sustainability (personal and financial); Creative and Flexible; Valuing innovation; Never give up, don’t lose hope, and whatever it takes is at the center of unconditional care; In the midst of crisis barriers are opportunities; Solution Oriented; Never Give Up; Grounded in perspective of the family and community – They both need to be a part of Better Together; Baby steps; Starting with the end in mind – Results matter; Customer Service; Willing to ask for help and know where you are strong; Building Strong Alliances; Shared outcome measurement responsibilities; Blended perspectives and goals; We don’t need ten treatment plans; Family driven – Walking alongside; Services delivered in natural environment; Nurturing restorative process; Safety and trust first; Trauma Informed – Listening and Understanding; Treating clients and others as their own (What if it was my family?); Culturally competent; Laugh a little and help others laugh – Camaraderie; Providing abundant opportunities; Importance of joy in creating hope; Building emotional resilience; Helping people feel good, it’s for all of us (the giver and receiver); Teach people how to have good clean fun; Self-care for staff and families; All people have potential and strengths – Inherent worth; No judgement, bias imposed regardless of past behavior; Use of strengths to support a foundation for healing and success; Best quality trainings – Enhancing your assets; Expect Nothing Less than the Best



[WWW.SANMARHOPE.ORG](http://WWW.SANMARHOPE.ORG)