

Lessons Learned by the EAST Program

What supported success?

1. Clear connection to fundamental mission of the organization; this program is not seen as an aside, but as central to the direction of the Mid-Valley Behavioral Care Network.
 - a. As a result, when budget cuts hit, the program was prioritized and strengthened.
2. Consistent leadership by policymakers and administrators.
3. Partnerships/leveraging with foundations.
 - a. Initial grants were for 3 years.
4. Ability to document previous successes by similar programs internationally (Canada, United Kingdom, Australia).
 - a. Ongoing data collection.
5. Compelling and clear need.
6. Ability to point to successes early on, as young people “proved us right” in our optimism.
7. Ownership throughout five-county network; implementation team was employed by a variety of mental health centers.
8. Highly skilled, committed staff assigned to the project.
 - a. Frequent meetings for planning and training- weekly for a year, then every other week
9. Gradual movement from centralized to local accountability and responsibility.
10. Specific practice guidelines guiding implementation.
 - a. General culture supporting evidence-based best practices.
 - i. Other evidence-based practices segued nicely into EAST.
11. Availability of technical assistance and consultation.
12. Clinician time “set aside” for project allowed them to focus.
13. Flexibility and creativity in meeting needs is encouraged.
14. Persistence and the belief that we will succeed!

Challenges to success

1. Clinicians have competing responsibilities and some have large caseloads outside of EAST.
2. Current funding system is fragmented and many young people experience lack of insurance.
3. Large number of undocumented immigrants who don't have access to health insurance.
4. Numerous cultures represented among clientele, along with a variety of belief systems and practices.

5. Turnover of staff means have to continually develop additional people with expertise.
6. Steep learning curve for staff.
7. Relatively small program within agencies creates a challenge for administrators in having enough time to give it enough focus.
8. Challenges to normal procedures: relationship building often must precede formal acceptance of services; much if not most work done through outreach.
9. Developmental age of people served means most don't yet have much experience with independent living and work.