

Building Bridges: An Approach for Advancing Partnerships to Improve Outcomes

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Goals for the Session

- Develop an understanding of the National Building Bridges Initiative
- Understand the critical best practice components of a well-integrated system of care
- Be provided with specific examples from other communities on strategies to integrate Building Bridges principles into practice

Where do memories belong?





Top Five Trends to Expect

(in the next three to five years)

1. Expecting less money from local, state and federal governments.
2. Service purchasers increasingly want to buy results and not services.
3. Emphasis on durable results that can be sustained for 6 – 12 months.
4. Movement from child-centered to family-focused service delivery.
5. Faster moves toward permanency for children not returning home.

Source: Tom Woll's 40 Trends Report, January 2014





BBI Mission

Identify and promote practice and policy initiatives that will create strong and closely coordinated **partnerships and collaborations** between families, youth, community- and residentially-based treatment and service providers, advocates and policy makers to ensure that comprehensive services and supports are **family-driven, youth-guided, strength-based, culturally and linguistically competent, individualized, evidence and practice-informed, and consistent with the research on sustained positive outcomes.**



BBI Core Principles

- **Family Driven & Youth Guided Care**
- Cultural & Linguistic Competence
- Clinical Excellence & Quality Standards
- Accessibility & Community Involvement
- Transition Planning & Services (between settings & from youth to adulthood)



Some Critical Issues

Research on Residential Effectiveness

- Recidivism (youth involved with all systems)
 - 68% in One State (2009) for all Licensed Residential Programs vs. BBI implementer (Damar) with ranges from 3-11%
- Lengths of stay (youth involved in MH system)
 - NYS (Average: 14 months in 12+ years) vs. Florida (<6 months in 3 years) and Rhode Island (3 months) & Oklahoma (40+ days)



Critical Elements

- Residential-specific research shows improved outcomes with:
 - Shorter lengths of stay,
 - Increased family involvement,
 - Stability and support in the post-residential environment

Source: Walters & Petr, 2008



Family Driven

What's it all about?

What is Family Driven?

Family Driven means families have a primary decision making role in the care of their own children as well as the policies and procedures governing care for all children in their community, state, tribe, territory and nation.

This includes:

- Choosing culturally and linguistically competent supports, services, and providers;
- Setting goals;
- Designing, implementing and evaluating programs;
- Monitoring outcomes; and
- Partnering in funding decisions.

Source: Federation of Families for Children's Mental Health



Why is it important?

- Strongest predictor of post-transition success, after education, is support from family
- Fifty percent (50%) of youth who have aged out will live with some member of their family within a couple of years (about equally divided between parents and other relatives)

Source: Courtney, M., 2007; Courtney, M., et al, 2004

- “Work with family issues and on facilitating community involvement while adolescents are in residential treatment may have assisted these adolescents to maintain gains for as much as a year after discharge..”

Source: Leichtman, M., et al, 2001



Why is it important?

“The effectiveness of services, no matter what they are, may hinge less on the particular type of service than on how, when, and why families or caregivers are engaged in the delivery of care. While traditional forms of care approached mental health treatment in a hierarchical top down approach (with the clinician maintaining some distance from the recipients of treatment), this approach is not reflected in newer forms of service delivery. It is becoming increasingly clear that family engagement is a key component not only of participation in care, but also in the effective implementation of it.”

Source: Burns, B. et al, 1999, p. 238



Youth Guided

What's it all about?

What is Youth Guided?

Youth Guided means that young people have the right to be empowered, educated, and given a decision-making role in the care of their own lives.

This includes giving young people a sustainable voice and the focus should be towards creating a safe environment enabling a young person to gain self-sustainability in accordance with their culture and beliefs.

Through the eyes of a youth guided approach we are aware that there is a continuum of power and choice that young people should have based on their understanding and maturity in this strength based change process.

Youth guided also means that this process should be fun and worthwhile.

Youth MOVE National, Inc. (2008)



Why is it important?

- Youth engagement is associated with positive relationships and increased motivation. Youth who actively engage in treatment tend to develop strong relationships with service providers, express a willingness to change, and participate and collaborate with others in the context of treatment - **Smith, Duffee, Steinke, Huange, & Larkin (2008)**.
- Residential settings that limit opportunities for choice and exploration do not promote this normative developmental process, leaving youth ill prepared to re-enter the community. Therefore, it is essential to provide concrete opportunities for youth to express their choices and opinions regarding helpful services. - **Mohr & Pumariega; Warner, & Yoder; Joyce & Shuttleworth**





BBI in Practice

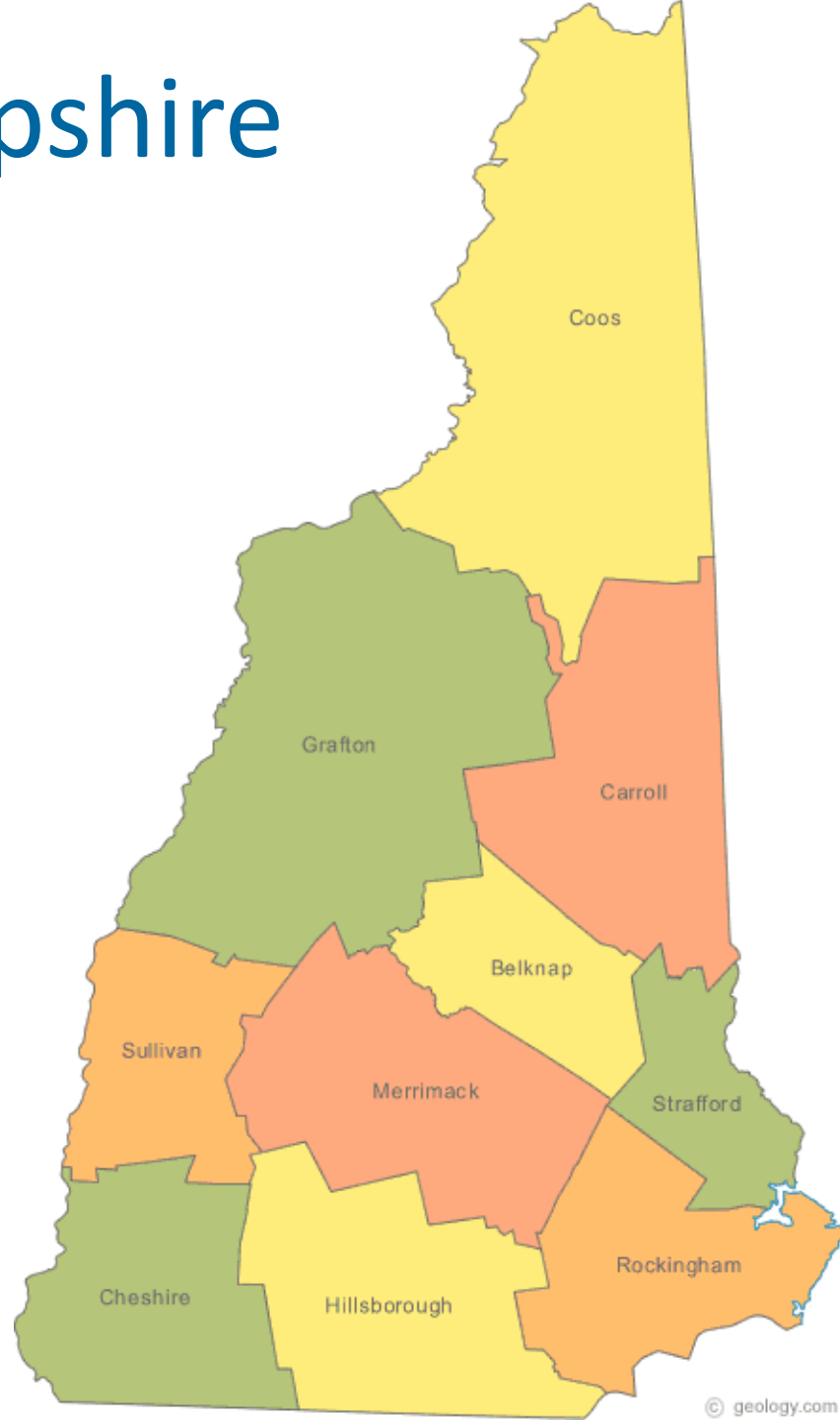
What's being done with BBI?

Examples

- Comprehensive state initiatives (DE, IN, MA, NH-initially 6 residential programs, CA-initially 4 regions)
- Initial state level activities (AZ, FL, LA, NM, ND, OK, SC, WA, WV & Georgia; in CA & MD-Provider Associations leading)
- County/City level initiatives (City: NYC; Counties: Monroe/Westchester, NY & Maricopa, AZ)
- Many individual residential and community programs across the Country



New Hampshire





NFI North, Inc.

NFI North - Davenport School takes great pride in the Building Bridges Initiative and decided from the start of this project that the only way to evoke on this journey was to do so through a lens that allowed for ***open and honest examination of practices as well as open and honest communication*** amongst Family, Youth, and Staff.

NFI in NH

Prior to BBI Kick-off

1. Home Visits
2. Limited phone calls
3. Apply for Community Service
4. Level Systems
5. No PC (Personal Contact)
6. Going home every other weekend
7. Clinician Led Tx Meetings
8. Focus on Transition last 90 days
9. Scheduled bedtimes
10. Pre-arranged community service
11. No Parent Support Groups

4 Months Later

1. “Going Home”
2. Unlimited access to phones
3. Unrestricted access to community
4. No level system
5. High Fives and Fists Bumps
6. Home every opportunity possible
7. Youth Led Tx Meetings
8. Focus on Transition from day 1 !
9. Youth decided bedtimes
10. Youth designed community service
11. Parent Groups offered once a month





NFI North Contact Information

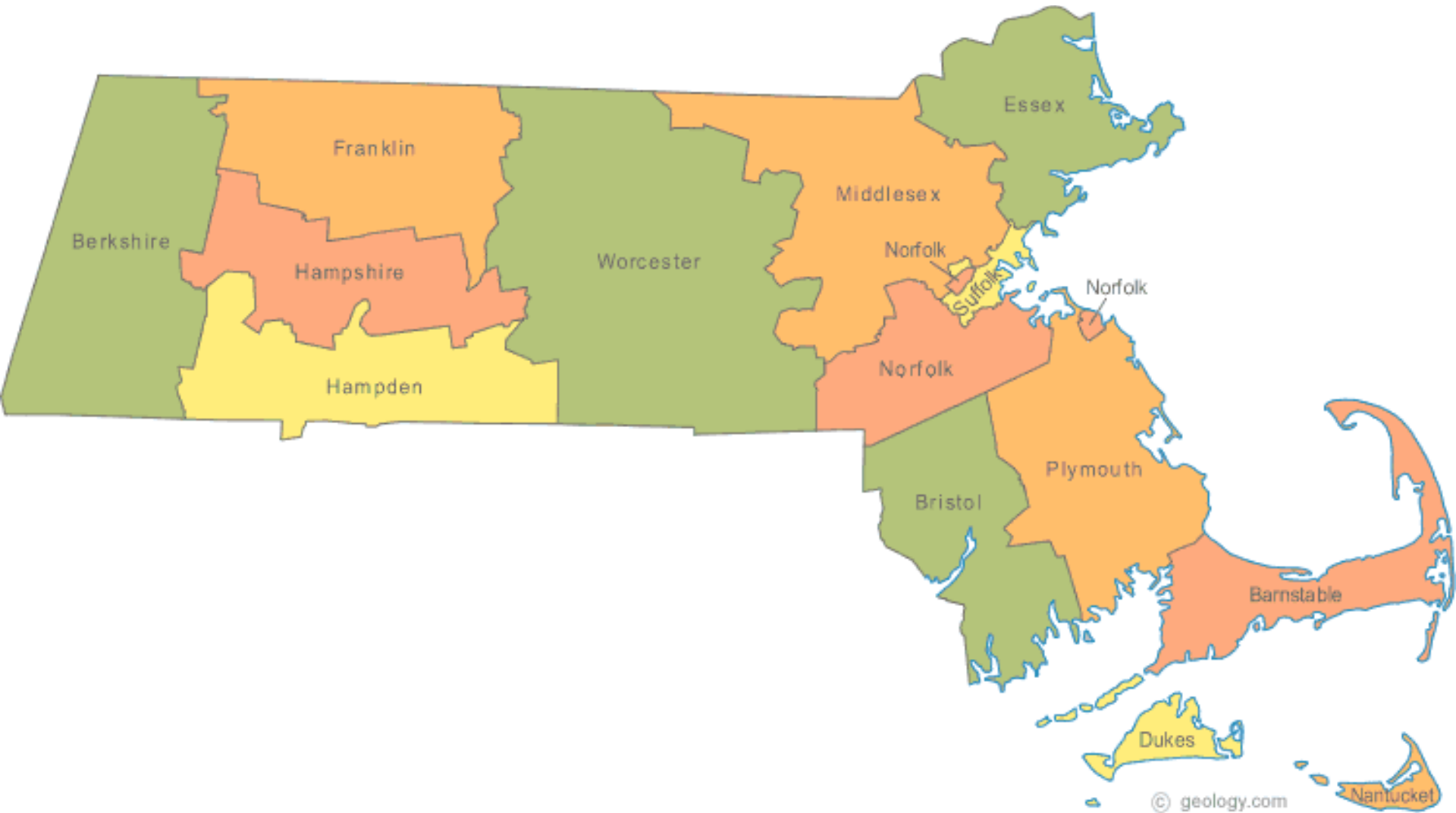
NFI North Array of Services

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Massachusetts



BBI in Massachusetts

- Adoption of BBI framework for Rebidding Process
- Adoption of Interagency Restraint/Seclusion/Six Core Strategies©
- Commitment to Trauma-informed Care
- Development / expansion of Family & Youth roles
 - Parent Partners
 - Peer Mentors
- Development of:
 - Occupational Therapy in more intensive programs
 - High intensity community services



BBI in Massachusetts

- Flexible service models
 - Following into community
- DCF & DMH will jointly:
 - Develop standards & outcomes
 - Oversee implementation
 - Provide oversight
 - Coordinate utilization management
 - Engage in quality management activities
 - Develop and implement IT (reporting/documentation)



The Plummer Home for Boys

Vision:

Adopted 2009



The Dream

Proposed 2015

A Community Committed To
Providing All Children The
Support Necessary To
Successfully Navigate Into
Adulthood

Every young person has
a family unconditionally
committed to nurture,
protect, and guide them
to successful adulthood



The Plummer Home for Boys

- Better programming did NOT = better outcomes
- Primary focus on Permanency
- Focus on Family Search and Engage & Parenting Support/Education
- Focus on building community support network



Contact Information

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California





California Residential Project

Transformation from long-term congregate care and treatment to short-term stabilization and treatment with follow along community-based services





Vision: LA County RBS Project

The creation of a strength-based, family-centered, needs-driven system of care that **transforms residential facilities from long-term placements to short-term family driven open therapeutic communities**, which are **not place-based and concurrently provide seamless transitions to continuing community care**, which support the safety, permanency and well-being of children and their families.



Benefits to Child and Family

- One Child and Family Team across all environments
- Care planning unifies Residential and Community Treatment (Wraparound)
- Family search, engagement, preparation and support from Day 1
- Building life long connections and natural supports from Day 1
- Concurrent community work while in Residential
- 24/7 Mobile Crisis support when in Community Phase
- Crisis Stabilization without replacement (14 days)
- Respite in the community





Additional RBS Resources

Information on the California RBS Reform Coalition project and other County models can be found at: www.rbsreform.org





Contact Information

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The Children's Village

- CEO, COO and all VPs/Directors required to have open door policy to any family member
- Hired Parent Advocates (full-time, salaried with benefits)
- Provide evidence-based parent education in English and Spanish
- Trained and launched Family Team Conferences (FTC)
 - Since some parents could not attend, developed mobile FTC Centers
- Developed a variety of successful short-term (21-day, 28-day, 40-day, 100-day) residential models to provide stabilization and crisis respite for adolescents
- Beginning in 2005, secured “flex funds” for family support (available to all staff and Parent Advocates)
- Outcomes:
 - Overall median, annual length of stay for youth dropped from over 24 months to under 6-months
 - Last year, over 800 youth were discharged in under 40-days



The Children's Village

Outcomes for MST Intervention for 15% at “highest risk” (who previously consumed 75-85% of all aftercare/flex resources)

Outcomes 2008 – 2010 6-month treatment	MST/WAY Treatment 25 youth and families	Comparison 23 youth and families
In School	19 (76%)	10 (43%)
Arrests	4 (16%)	12 (52%)
Failure to remain at home	5 (20%)	16 (70%)

CV privately funded specialized MST teams to provide these families with the intensive support they needed.





Contact Information

The Children's Village

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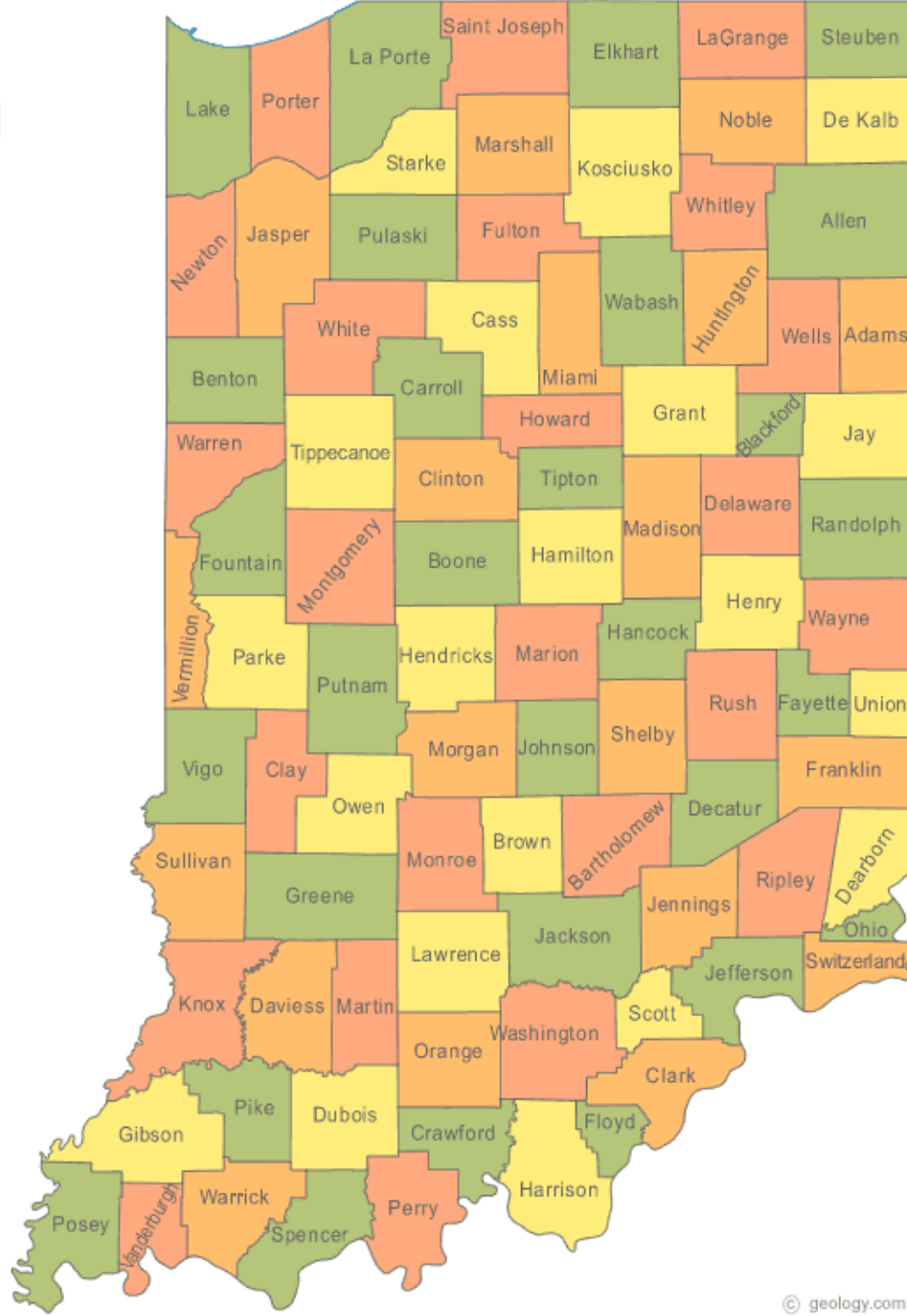
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Indiana



Damar Services, Inc.

Practice Improvement

Definition of “Recidivism”

During the 5-years post “discharge” from the residential care setting, the youth is not placed in a similar or higher level of care.

Damar Services, Inc.

Collection of recidivism data for 5 years post-discharge

2005	4%
2006	11%
2007	9%
2008	3%
2009	8%
2010	6%
2011	7%
2012	8%

Recidivism typically within first 12 months after discharge

Damar Services, Inc.

- **Critical Incident of Primary Concern**

If 24 hours goes by and a youth is not with his/her family and/or in his/her home community, it is considered a Critical Incident and a plan of action/correction must be submitted to the COO*. **(Note: Phone calls do not count.)**

*Internal Quality Plus Threshold is 95% for Agency. If it's not measured, it's not managed.



Damar: Now We Know!!

Our job is not to cure youth but rather to help young people and their families negotiate the basic tasks of everyday life.

Residential treatment should not be oriented to removing “problem kids” and bringing them to care, but toward establishing conditions that allow children and families to manage symptoms and crises more effectively at home and in the community.



Contact Information

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Other Steps from Other Places

- Using BBI documents to provide guidance to residential and community providers
- Holding regional and/or statewide BBI forums
- Rewriting regulation/licensing based on BBI principles/practices
- Developing BBI teams and developing plans for state-specific projects
- Revising fiscal strategies to support replication of BBI informed program models



Ideas for State/County Agencies and Systems of Care

- Family Finding/Family Search & Engage
- Family Team Conferencing/Child & Family Team/High Fidelity Wraparound
- Flexible Fiscal, Policy and Practice models that support Residential as a short-term intervention, w/ long-term support in community
- Funding flexible community programs & supports
- Funding training & supervision for clinical staff in evidence-based clinical models (e.g. MST, FFT, etc.)



Ideas for State/County Agencies and Systems of Care

- Family/Youth Advocates in every community who can follow in & out of residential
- Family/Youth Support Services in every community
- All Staff from all state agencies trained in focus on BBI Principles/Best Practices and Permanency
- FDC/YGC Training/Consultation for staff/programs
- Permanency Roundtables for high need youth
- Cross-agency data systems that support tracking long-term outcomes



Consistent Challenges Faced

- Other systems (e.g., juvenile justice, child welfare) challenged by focus on reunification/working with family in home/community
- Lack of urgency around expanding informal and natural support network
- Gaps in the community-based service array



Family Driven

What can you do?

Some specific steps you can take

- Establish agency/organization values that include family driven and youth guided
- Ensure job descriptions for all positions include expectation for family driven practice
- Implement family driven practices
 - Family Search & Engage/Family Fining
 - Wraparound
 - Clinical interventions such as Functional Family Therapy, Multi-Systemic Therapy, Respite, other in-home support
 - Staff who work in both residential and community (with titles that reflect this “reunification specialists”)
- Ensure fiscal strategies that support working with families in their homes and communities during and post residential stays



Some specific steps you can take

- Have family members greet new families
- Have family members contact families post-discharge
- Work to recruit/retain staff who are representative of the families who receive services
- Families are welcomed at any time in any part of the organization (classroom, bedrooms, common areas)
- Physical space that is welcoming and inviting
- Omit the word Homevisit (youth are visiting residential)
- Conduct family focus groups & education on topics identified by families
- Contact families every day with strength-based news
- Allow youth to contact family whenever



Some specific steps you can take

- Ensure families have dedicated time to talk with frontline staff
- Consult with families to seek counsel and engage them in decision-making
- Create opportunities (i.e. Weekend Camping) for families to be make memories and be proud of their
- Offer support to siblings
- Individualize recreation and create opportunities for families to engage in recreation together



Some specific steps you can take – long distance considerations

- Youth can call and email as many family members and friends whenever they want/need to
- Have many phones and reduce limitations on phone use
- Allow cell phones
- Facilitate Skype/Google Chat daily
- Create community-based programs in areas where youth come from or partner with agencies in these areas
- Ensure ability for regular times at home
- Conduct therapy via secure video-conference or phone



Be cautious about...

- Events on residential campuses
- Lack of sophisticated/committed supervisors and staff
- Group residential recreation
- Residential holiday traditions

ALWAYS ASK YOURSELF, is this about the program or about the youth/family?

Youth Guided

What can you do?

Some specific steps you can take

- Hire staff with expertise in this process
- Use peers who are already living in the community to teach/model skills
- Have youth learn and use skills in their daily activities in residential care
- Normative experiences should not be treated as privileges or withheld to manage behavior
- Residential providers in remote areas should plan programs and housing to move older youth into the community with support.
- Use community schools as much as possible
- Maintain & build network of support.
- Services accommodate the critical role of peers and friends

Courtney (2007); Davis & Koyanagi (2005)



Some specific steps you can take

- Youth provided training/support to lead own treatment team meetings
- Hiring of youth advocates (meaningful roles throughout the organization)
- Youth/youth advocates are on EVERY program committee/workgroup
- Providing youth mentors (home community)
- Youth advisory group – meaningful
- Providing leadership training for all youth
- Skill training imbedded everywhere



Some specific steps you can take

- Staff interactions are respectful, inquisitive and empowering – not directive/authoritarian (i.e. more “How do you feel about that?” vs. praise)
- Individualized approaches – not level or point systems (Mohr & Pumariega, 2004)
- Interests/Activities occur in the community – not in program
- Former youth on Boards of Directors



What Can You Do?

How can you improve outcomes for youth and families touched by residential interventions?

Endorse the BBI Joint Resolution

- Go to BBI website (www.buildingbridges4youth.org)
- Read BBI Joint Resolution (JR)
- E-mail Dr. Gary Blau (Gary.Blau@samhsa.hhs.gov) or Beth Caldwell (bethcaldwell@roadrunner.com) that your organization would like to endorse the BBI Joint Resolution
- Be added to the BBI Listserv for updates and newly developed documents
- Be the first to be invited to BBI events



BBI Joint Resolution

Includes a commitment to:

“...strive to eliminate coercion and coercive interventions (e.g., seclusion, restraint and aversive practices)...”

<http://www.buildingbridges4youth.org/sites/default/files BB-Joint-Resolution.pdf>



Recently Released BBI Documents

- **BBI Guide:** *Family Finding & Engagement*
- **BBI Tip Sheet:** *Youth Advisory Councils*
- **BBI Tip Sheet:** *Working with and Supporting Siblings*
- **BBI Report:** *Building Consensus on Residential Measures: Recommendations for Outcome and Performance Measures*



Documents & articles to support field (including system of care communities), e.g.:

- *Fiscal Strategies that Support the Building Bridges Initiative Principles*
- *Cultural and Linguistic Competence Guidelines for Residential Programs*
- *Handbook and Appendices for Hiring and Supporting Peer Youth Advocates*
- *Numerous documents translated into Spanish (e.g., SAT; Family and Youth Tip Sheets)*
- *Engage Us: A Guide Written by Families for Residential Providers*
- *Promoting Youth Engagement in Residential Settings*

BBI Web-based Training Programs

- Cultural and Linguistic Competence in Residential
- Best practices in Medication for Residential
- Recommended 1st Best Practice Steps for Residential Leaders focused on Sustained Positive Outcomes
- Best Practices in Family-driven Care for Residential
- Best Practices in Youth-guided Care for Residential
- Hiring and Supporting Residential Family Peer Advocates
- Hiring and Supporting Residential Youth Peer Advocates
- Successful Strategies for Tracking Long-term Outcomes

Available at:

https://theinstitute.umaryland.edu/onlineTraining/programCategory.cfm?ottype_id=30



Order the Book

Residential Interventions for Children, Adolescents and Families: A Best Practice Guide

There are several options for ordering:

- toll free phone: at 1-800-634-7064
- fax: 1-800-248-4724
- email: orders@taylorandfrancis.com
- website: www.routledgebehavioralhealth.com (20% discount w/ web orders using code IRK71; free global shipping on any orders over \$35)

Orders must include either: the Title **OR** the ISBN: 978-0-415-85456-

Note: As a federal employee, Gary Blau receives no royalties or any other remuneration for this book. Any royalties received by Beth Caldwell and Bob Lieberman will be used to support youth and family empowerment consistent with BBI.



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