The Building Bridges Initiative:

Strategies for Advancing Partnerships and Improving Lives

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National Building Bridges Initiative

Advancing Partnerships. Improving Lives.

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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.

Highlights

- Began in November 2005
- National Steering Committee formed
- Three National Summits held (2006, 2007, 2010)
- Joint Resolution developed at 2006 Summit
  - Identifies Core Principles

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)

Highlights (cont.)

- Workgroups:
  - Outcomes
  - Youth/Family Partnerships
    - Family Advisory Network
    - Youth Advisory Group
  - Social Marketing
  - Cultural & Linguistic Competence
  - Fiscal/Policy
- Documents:
  - Joint Resolution
  - Matrix/Self Assessment Tool
  - Family & Youth Tip Sheets
  - Child Welfare Fact Sheet

    Many now available in Spanish

Highlights (cont.)

- National Publications:
  - National Council for Community Behavioral Healthcare
  - Teaching-Family Association
  - CWLA Special Edition on Residential
- State, County, City and Individual Program Initiatives
- Partnerships
  - Funding (Summits/Webinars)
  - Endorsing Joint Resolution
  - Promoting systems change
- Website: www.buildingbridges4youth.org

Future Products/Resources

- Teaching-Family article on Outcomes
- Successfully Engaging Families & Youth
- Hiring & Supporting Youth Advocates
- Successful Fiscal Strategies to Implement BBI
- Fact Sheets:
  - Residential
  - Outcomes
  - Community Partners

A first step…

- Endorse the Joint Resolution
  - State your commitment to operationalizing BBI principles
  - Receive periodic updates from SAMHSA Child, Adolescent & Family Branch Chief, Dr. Gary Blau
  - Receive advance copies of new resources
  - Sit on national work & task groups
  - Preferential invitation to future BBI summits and forums
  - Enhance your knowledge base & improve outcomes

Some of the Critical Issues

- Research on effectiveness
  - Recidivism
    - 68% in one state (2009) for all licensed residential programs vs. Damar Services (BBI implementer) with ranges from 3-11%
  - Lengths of Stay
    - 18-24 months in one state vs. FL (6 months) and RI (3 months)

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Where is BBI happening?

- Comprehensive State initiatives (MA, NH, CA, IN)
- Initial State level activities (AZ, WV, FL, MD)
- County level initiatives (Monroe/Westchester/Erie, NY & Maricopa, AZ)
- Other programs across the country

Massachusetts

- Adoption of BBI framework
- 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

Massachusetts (cont.)

- 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)

New Hampshire

- Six residential programs
- Adoption of BBI framework
- Concurrent community improvement initiative
- Focus on family driven/youth guided
- Three primary goals:
  - Engage youth, their families and communities in transition from residential treatment to community and permanency
  - Provide normative experiences to teach developmentally appropriate knowledge and skills while in residential and through the transition
  - Help youth make permanent connections to adults who will make a lifetime commitment and help them successfully navigate the transition

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California

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

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California (cont.)

- Transitions to an intensive short-term intervention tasked with returning children to their own homes or another permanent and stable family setting in as short a time possible.
- Provides for the range of behavioral and/or therapeutic interventions necessary to overcome major obstacles to returns to family settings (two new and critical categories of services: family support and post-discharge)
- Defines major program features, including comprehensive up-front assessment, matching of individual children's needs with an appropriate RBS program and numerous others

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Indiana – Damar Services, Inc.

- Collection of recidivism data for 5 years post-discharge

2005	**4%**
2006	**11%**
2007	**9%**
2008	**3%**
2009	**8%**

Recidivism typically within first 12 months after discharge

Indiana – Damar Services, Inc. (cont.)

Damar 2008 Pilot (N=26)

Control group matched for age, gender, dx, parental involvement, LOS, # of pxs

Pilot Enrollee outcomes compared to Control Group:

- Parental contact/involvement – 60% more
- Aggressive incidents – 73% less
- Pro-social peers – 100% more
- School Attendance – 35% more
- LOS – 4 months (control group – 11 months)
- Recidivism – 0% at 12 months (control group 16%)
- Cost – $1,350,000 less

Indiana – Damar Services, Inc. (cont.)

<u>Critical Incident of Primary Concern</u>

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 for the Agency 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.

New York – 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 and 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 Conference 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 teens
- Beginning in 2005, secured "flex funds" for family support (available to all staff and Parent Advocates)
- Outcomes:
  - Overall median, annual length of stay for teens drop from over 24 months to under 6-months
  - Last year, over 800 teens were discharged in under 40-days

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New York – 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.

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Other steps being taken in 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

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To date, much of the work has focused on…

Family Driven & Youth Guided Care

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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

Why is it important?

Residential-specific research shows improved outcomes with shorter lengths of stay, increased family involvement, and stability and support in the post-residential environment

Source: Walters & Petr, 2008

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What Can I Do?

Possible Steps to Take…

- Hire diverse family advocates (many)
- Families are Partners (24/7)
- Lose the words ‘home-visits’
- Families serve in all staff capacities (e.g., executive team, trainers, all workgroups)
- Families have meaningful roles in program & staff evaluations
- Staff work in residential and community interchangeably
- Family focus groups decide education offerings for families
- Families called everyday to share child strengths/talk with child
- Strong ties between residential and family support groups in the community

Possible Steps to Take…

- Leadership Focus on transformation towards FDC
- Implement Family Finding/Family Search & Engage
- Implement Child/Family Team (CFT)/Wraparound
  - Families choose, prior to child entering residential, extensive family/friend network that will be available to support the child
  - Family voice and choice is always top priority
  - Every family member has choice of diverse advocates for ongoing support/advocacy
  - Program has practices/collaborations that ensure all family needs addressed (e.g., furniture; school clothes; help with rent)
  - Expert facilitators

Possible Steps to Take…

- Create a Welcome letter from CEO
- Open door/phone policy with families (Executive, Management, Direct Care)
- Create a senior management position to focus on family driven
- Established a parent advisory council to CEO and management
- Host family dinners
- Offer nontraditional parent education programming
- Ensure families have dedicated time to talk with front line staff
- Make it a practice to consult with families to seek counsel and engage in decision-making
- Communicate with families regularly not just around issues
- Use the Building Bridges Self Assessment Tool

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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 as well as the policies and procedures governing care for all youth in the community, state and nation. 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 to their culture and beliefs.

Source: Technical Assistance Partnership

Why is it important?

"By framing goals in ways that are about the young person's future, the work automatically focuses on the positive, something hopeful, which yields more active engagement. Also, this future's focus encourages an emphasis on youth strengths rather than deficits."

Rusty Clark, Director, National Center on Youth Transition

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Why is it important?

- Youth with high treatment participation show greater increase in strengths.
- Youth with high treatment participation or satisfaction with treatment show improvement in strengths while those who were less satisfied made no change.
- Youth with high treatment participation improve in their functioning. (Those with lower participation did not improve.)
- Caregivers of youth with high treatment participation had slightly greater reduced strain.

Source: Manteuffel, B. , Gebreselassie, T., Gyamfi, P, , Stephens, R. & Young, L. (2010). Lessons Learned from the National Evaluation, Tampa, FL

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What Can I Do?

Possible Steps to Take…

- Engage youth fully in goal-setting, planning and decision-making
- Allow youth to make choices all of the time
- Deliver services and support in ‘natural’ settings – home, school, community, work
- Teach and apply skills where they will be used
- Balance between structuring for success and allowing youth to learn from mistakes
- For adolescents, embrace the developmental stage of emerging adulthood – not child, not adult

Courtney, M. (2007); Davis (undated); Davis Testimony (2004); TIP Website

Possible Steps to Take…

- Design practices to strengthen youth self-sufficiency
- New models consistent with shorter-lengths of stay
- Collaborate with other service providers in the child and adult systems
- Ensure strong support network throughout the transition years – not just until age 18 or 21
- Understand and be responsive to the youth's culture and beliefs
- Create opportunities for youth to use their experience for positive growth

Courtney, M. (2007); Davis (undated); Davis Testimony (2004); TIP Website

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Possible Steps to Take…

- Hold strategic planning retreats (equal # youth/ staff)
- Youth-led planning conferences
- Youth input for hiring staff
- Youth trained on TCI to participate in staff TCI training
- Youth part of training faculty on issues of permanency
- Meaningful youth councils at all levels of agency

Source: Richie Altman, JCCANY

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Possible Steps to Take…

- Youth provided training/support to lead own treatment team meetings
- Hiring of youth advocates (meaningful roles throughout the organization)
- Providing youth mentors
- Youth advisory group/Governing Body
- Providing leadership training for all youth
- Skill training imbedded everywhere
- Focus on joy, play, fun, gaining competence in extracurricular activities in youth's home community

Possible Steps to 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)
- Meaningful democratic processes (i.e. residential council led by youth)
- Interests/Activities occur in the community – not in program
- Group activities involve families (i.e. siblings/ cousins go roller skating with youth) (very little, if any, residential-based recreation or activities involving residential youth only)

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Assessing Family Driven & Youth Guided…

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	1 Never/ Almost Never	2 Rarely	3 Sometimes	4 Often	5 Always/ Almost Always	Don't Know/ Doesn't Apply
To help *family* members take the lead in treatment planning, they are provided with:						
a. written materials on the family role in services	O	O	O	O	O	
b. training or coaching	O	O	O	O	O	
c. parent advocates	O	O	O	O	O	
The *Child and Family Team* members						
a. listen to the family's recommendations	O	O	O	O	O	
b. make decisions only based on consensus of the Child and Family Team	O	O	O	O	O	
The *youth's Treatment Plan* is based on family members' goals.	O	O	O	O	O	
Family members demonstrate full understanding of treatment plans.	O	O	O	O	O	
Family members of current or former residents are:						
a. employed as staff	O	O	O	O	O	
b. employed in management	O	O	O	O	O	
c. volunteers helping in activities or events on agency committees or the Board of Directors	O	O	O	O	O	
Family members have a choice about:						
a. members of their *Child and Family Team*	O	O	O	O	O	
b. providers and services when options are available	O	O	O	O	O	
Services are available from *"Family Partners" or "Parent Advocates."*	O	O	O	O	O	
Staff are trained in family-driven practice.	O	O	O	O	O	

Activity…

- Assume the role of a family member (parent/caretaker) or youth who is currently receiving or has recently received services from your residential program
- Answer the questions ***from this perspective***
- Be honest – you don't have to share if you don't want to
- Take a risk – look at yourself critically and identify the places where:
  - You are really doing well; and
  - You might see opportunities for growth and development
- Think about an action plan…
  - What one or two things can I go back and do on Monday to move our practice into closer alignment with Family Driven and Youth Guided Care?
  - What one or two things can I go back and start to do that will be longer term goals for us with respect to Family Driven and Youth Guided Care?

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Some Closing Thoughts…

Critical Questions to Consider

- What biases or preconceived notions do we hold regarding families and young people?
- Do we recognize the distinction between inviting a family or young person to a planning meeting and actually engaging them in the process?
- Do we really believe families and youth have something to offer? Can they help us?
- Do we really believe that children have a right to be seen and heard?
- How often do we ask young people what they want or need **AND** accept their counsel?
- Do we think young people should earn their right to see their family?

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Identify what you can do right now within your current sphere of influence at your agency.

Do what you can from where you are today. Before you leave write down at least ***one*** thing you will go back and implement.

Preliminary Findings
Top Components of Success

- Family conferencing/Child & Family Teams
- Sustained visionary leadership
- Fiscal creativity
- Fundamental shift in philosophy on how to view Family
- Trust in partnerships
- Youth Guided philosophy changes practice
- Strong Continuous Quality Improvement

BBI Fiscal/Policy Group: Preliminary summation from successful leaders who have achieved positive outcomes

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